Sonoma County Continuum of Care (CoC) Strategic Planning Committee
Agenda for August 19, 2022
9:00am-10:30am Pacific Time

Virtual Meeting: Join Zoom Webinar
https://sonomacounty.zoom.us/j/94233222676?pwd=TlExUDVFdnRpSFkrVGQzSmxZMS9BZz09
Passcode: 976436 **Webinar ID:** 942 3322 2676 **Telephone:** 1 669 900 9128

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Committee Co-Chairs/ CDC Staff	9:00am
1.	Approve Agenda (ACTION ITEM)	8/19 Agenda	Committee Co-Chairs	9:05am
2.	Approve Minutes from 7/15 (ACTION ITEM)	7/15 Minutes	Committee Co-Chairs	9:10am
3.	The City of Sonoma's Homelessness Strategic Assessment	The City of Sonoma's Homelessness Strategic Assessment	Andrew Hening	9:15am
4.	Housing Workgroup Research (ACTION ITEM)	1) Housing Workgroup Research Presentation 2)Data presentations from each of the three workgroup sessions 3) All Home's 1-2-4 data projections for Sonoma County 4) SC Homelessness System Capacity Survey Results	Tom Bieri	9:30am
5.	Homebase Presentation • Strategic Planning Update: Preview information for deep dive sessions • Housing First Discussion (Potential ACTION ITEM)	Homebase PowerPoint Presentation	Homebase Team	9:55am
6.	Discuss Workgroup Progress • Coordinated System of Care • Increasing Income (Potential ACTION ITEM)		Workgroup Leads	10:15am
7.	Public Comment on Non-agendized Items		Committee Co-Chairs	10:25am

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PUBLIC COMMENT:

Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Committee email Araceli.Rivera@sonoma-county.org. Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Committee members. Public comment during the meeting can be made live by joining the Zoom meeting. Available time for comments is determined by the Chair based on agenda scheduling demands and total number of speakers.

The City of Sonoma's

HOMELESSNESS STRATEGIC ASSESSMENT – June 2022

This Assessment

The City of Sonoma retained the services of Andrew Hening Consulting, LLC for this assessment. The research, findings, and recommendations herein were developed between April 1, 2022, and June 1, 2022. Rather than being a comprehensive and deep-diving evaluation or strategic plan, this report is intended to provide a high-level snapshot of what's working, what's not working, and where there are immediate opportunities for improvement within the local homeless system of care.

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I. Process

Background

Recent events related to homelessness have left a strong mark on the community psyche.

In 2021, homeless encampments in or near the Montini Open Space Preserve were connected with multiple fires.

In 2020, a person experiencing homelessness exposed himself in front of a girl near the Field of Dreams.

These incidents have raised concerns about the appropriate location of local services.

And more generally, they have surfaced questions about the effectiveness of the social safety net in a small community.

Guiding Questions for This Report

What are the unique characteristics influencing homelessness in the Sonoma Valley?

What is the level of need among people who are currently homeless or at-risk of becoming homeless?

How is the current homeless system of care designed, and is it effectively responding to local needs?

Are there short or medium-term opportunities to improve the homeless system of care?

Research Method

19 interviews with local, regional, and countywide stakeholders

Toured anchor service providers, including SOS, FISH, and La Luz

Met with the Police and Fire Departments, which included a tour of local “hot spots”

5 interviews with people who are currently or were previously experiencing homelessness

Reviewed past reports, assessments, and parallel planning efforts

II. Homelessness in the Valley

What Makes the Sonoma Valley Unique

Modern homelessness is generally driven by a high cost of living, behavioral health challenges, and relational crises.

The Sonoma Valley's economic reliance on tourism and agriculture provide important nuance to these issues.

With such seasonal industries, many residents struggle during slower winter months. Short-term rentals / second homes are reducing the supply of housing and driving up costs (the local housing vacancy rate is 20% higher than the county average[1]).

Jurisdictionally, there is ambiguity around City and County roles and responsibilities (e.g., geographic boundaries, charters). The entire Sonoma Valley runs north / south from Kenwood on Highway 12 to Highway 37 on the San Pablo Bay

Quantifying the Need: People At-Risk of Becoming Homeless

There is a significant grey area between poverty and how we define homelessness.

Over 66% of renters in some areas are rent burdened, paying more than 30% of their income on housing.[2]

There is significant overcrowding, which has resulted in some cases of as many as 26 people sharing one rental unit.

20% of families with children are in poverty.[3] 92% of farm worker families do not earn enough to meet their basic needs.[4]

Despite these conditions, many people do not view themselves as being "homeless," and some, especially single adults, choose shared living arrangements to maximize the money available for their families.

At-Risk at Any Given Time

= 100 People

3,600

APPROXIMATE HOUSEHOLDS LIVING IN POVERTY

80

PEOPLE EXPERIENCING HOMELESSNESS

Quantifying the Need: People Who Are Currently Homeless

There is a critical distinction between measuring homelessness in the moment vs. homelessness over time.

Local providers report serving upwards of 200 unique individuals *over the course of a year*.

By comparison, *at any given moment*, approximately 80 people are experiencing homelessness.[5]

Roughly half of the people who are currently homeless are residing in a vehicle.

Over 90% of people experiencing homelessness report having roots in the Valley (compared to 88% countywide[6]).

There is no major entrenched, ongoing encampment activity, particularly in busy public areas.

The Impact on Public Safety

It can be very difficult to accurately track public safety calls related to homelessness (e.g., consistent notation in reports, knowing whether a person is actually homeless).

Discussions with and data from Police and Fire reveal several "hot spots" throughout the City (e.g., Maxwell Park, the Sonoma Creek, Napa Street, Field of Dreams).

In 2021, 1% of all citywide calls were to the Field of Dreams. 56% of these calls were for “security checks” or “suspicious person,” referring to proactive police contacts.

Based on discussions with the Police Department, harm reduction strategies seem to be working, such as installing safe needle disposal areas.

Both Police and Fire report no more than a dozen consistent, high-contact individuals who are the primary drivers of public safety utilization.

Homeless

= 1 Person

120

HOMELESS LATER IN THE YEAR

40

CURRENTLY IN A VEHICLE

30

COMPLETELY UNSHELTERED

10

UNSHELTERED HIGH UTILIZERS

Wisdom from People with Lived Experience

There are logistical challenges seeking different services in multiple locations (while mostly on foot).

There are a lack of transformational services (e.g., benefits advocacy, employment) or directly assigned case managers.

Transit is a major barrier to trying to access those types of services in other parts of the county (even Marin County).

Given longstanding community roots, people want local housing solutions (not something along the 101 corridor).

There are unique fears and concerns for women who are experiencing homelessness, especially around safety.

People report feeling a strong disconnect and divide from the community at-large.

III. Findings & Supporting Analysis

Overall Findings

Finding #1: Given regional, state, and national best practices for addressing homelessness, the local system of care could be more effectively configured.

Finding #2: The most immediate problem, as is the case in many communities, is insufficiently supporting people experiencing chronic homelessness.

Finding #3: Any future progress will be dependent on creating a strong foundational structure for collaboration.

Finding #1

Given regional, state, and national best practices for addressing homelessness, the local system of care could be more effectively configured.

Building a Stronger Safety Net: Strengths of the Current System

There has been an incredibly strong in-kind and volunteer response to homelessness, with some organizations not even having paid staff.

These types of in-kind services, such as free food and clothing, are critically important for offsetting costs for low-income residents, thus preventing homelessness.

Though not really marketed, the community seems generally well-informed about FISH's rental assistance program, which is also key for prevention.

Passionate local leaders are successfully raising significant new funding to put towards new services and programs.

Local providers have a scrappy and tenacious track record of finding creative housing opportunities, even outside of the typical County safety net.

“The current approach to serving the needs of people experiencing homelessness in Sonoma Valley seems more like a treasured patchwork quilt made by loving hands than a true system of support that leads to a permanent solution.”

– Dr. BJ Bischoff

Building a Stronger Safety Net: Weaknesses of the Current System

Aside from referrals, there is a lack of any real shared case conferencing or client-level collaboration.

There is no central data tracking or HMIS infrastructure facilitating care coordination.

At present, there is little to no integration of the County's "Coordinated Entry" system.

The Valley is geographically removed from major service hubs in Santa Rosa and Petaluma.

Transit is a major barrier for accessing services in these other regions.

There are seemingly bifurcated entry points for white and Latino households.

Building a Stronger Safety Net: Opportunities for the Current System

SOS moving locations and serving even more clients is a good sign for where the need is.

Outside providers seem open to lending more support (if there is sufficient investment).

Private and philanthropic funding in the Valley creates much more flexibility and opportunity for innovation.

There appear to be early discussions across agencies and boards to find more ways to collaborate.

HAS has secured site control for land that could provide more housing, shelter, and/or collaborative service provision.

Building a Stronger Safety Net: Threats to Progress

People want to be served and housed in their current community - need local solutions.

If left unresolved, structural issues will push more people into homelessness.

Regional providers are struggling to find and retain quality staff.

The lack of a clear vision / plan / taskforce is preventing alignment and more substantial investment.

The lack of a collaborative structure is exacerbated by historical managerial / elected turnover at the City, as well as potential future changes to leadership among service providers.

STEP:
A Template for a More Connected System of Care

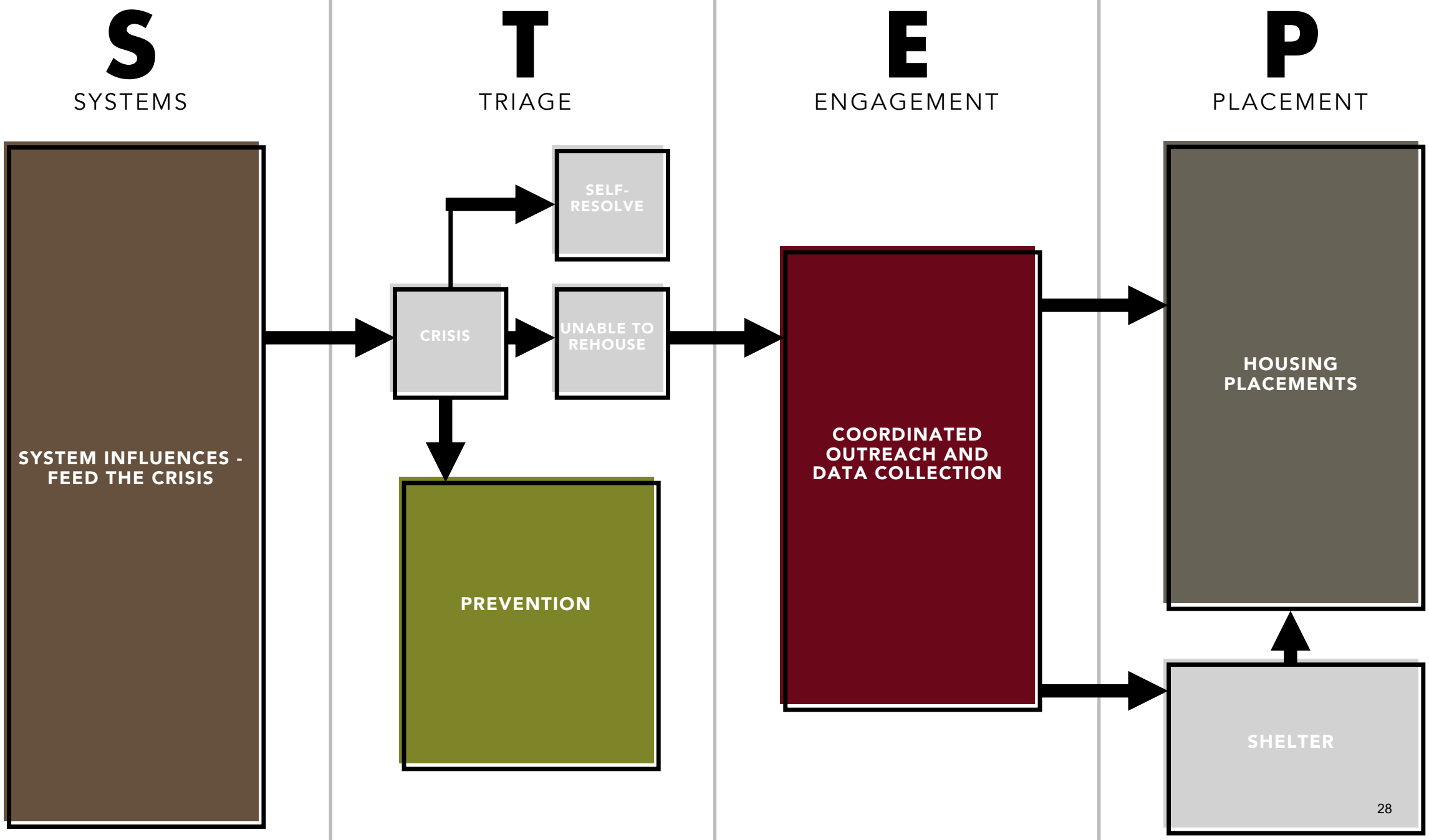
STEP is an example of how to think about a more effectively coordinated system of care.

S – Systems: The conditions that are making it more likely for a personal crisis to result in homelessness

T – Triage: Creating a crisis response system that can quickly prevent and divert people from homelessness

E – Engagement: Having a clear process for identifying and coordinating care for people who are currently homeless

P – Placements: Orienting every point of engagement towards permanent (or temporary then permanent) housing


S
SYSTEMS
T
TRIAGE
E
ENGAGEMENT
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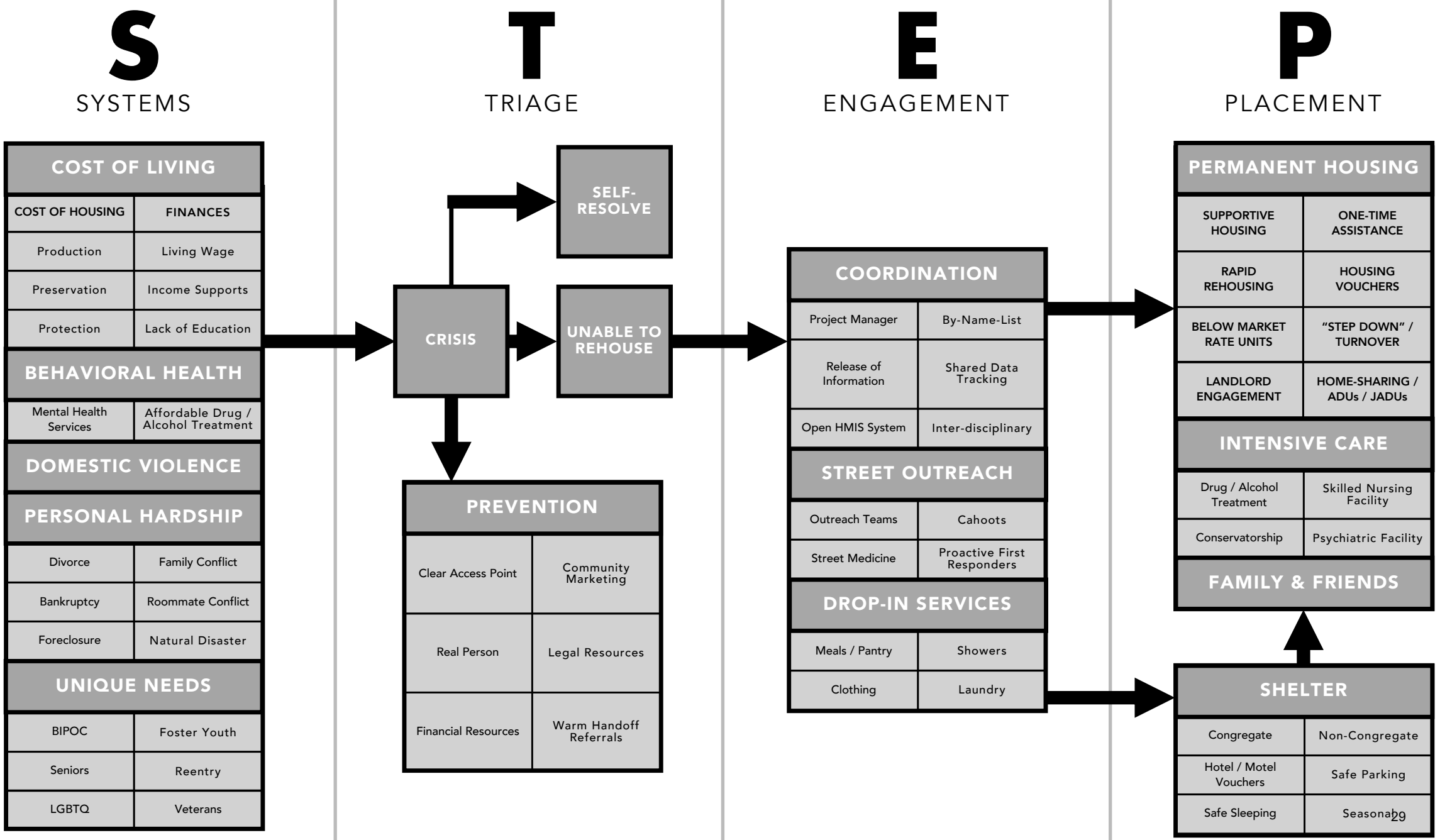
PLACEMENT
SYSTEM INFLUENCES - FEED THE CRISIS
CRISIS
SELF-RESOLVE
UNABLE TO REHOUSE
PREVENTION
COORDINATED OUTREACH AND DATA COLLECTION
HOUSING PLACEMENTS
SHELTER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SYSTEMS
COST OF LIVING
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FINANCES
Production
Living Wage
Preservation
Income Supports
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BEHAVIORAL HEALTH
Mental Health Services
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DOMESTIC VIOLENCE
PERSONAL HARDSHIP
Divorce
Family Conflict
Bankruptcy
Roommate Conflict
Foreclosure
Natural Disaster
UNIQUE NEEDS
BIPOC
Foster Youth
Seniors
Reentry
LGBTQ
Veterans
T
TRIAGE
SELF-RESOLVE
CRISIS
UNABLE TO REHOUSE
PREVENTION
Clear Access Point
Community Marketing
Real Person
Legal Resources
Financial Resources
Warm Handoff Referrals
E
ENGAGEMENT
COORDINATION
Project Manager
By-Name-List
Release of Information
Shared Data Tracking
Open HMIS System
Inter-disciplinary
STREET OUTREACH
Outreach Teams
Cahoots
Street Medicine
Proactive First Responders
DROP-IN SERVICES
Meals / Pantry
Showers
Clothing
Laundry
P
PLACEMENT
PERMANENT HOUSING
SUPPORTIVE HOUSING
ONE-TIME ASSISTANCE
RAPID REHOUSING
HOUSING VOUCHERS
BELOW MARKET RATE UNITS
"STEP DOWN" / TURNOVER
LANDLORD ENGAGEMENT
HOME-SHARING / ADUs / JADUs
INTENSIVE CARE
Drug / Alcohol Treatment
Skilled Nursing Facility
Conservatorship
Psychiatric Facility
FAMILY & FRIENDS
SHELTER
Congregate
Non-Congregate
Hotel / Motel Vouchers
Safe Parking
Safe Sleeping
Seasonal

Finding #2

The most immediate problem, as is the case in many communities, is insufficiently supporting people experiencing chronic homelessness.

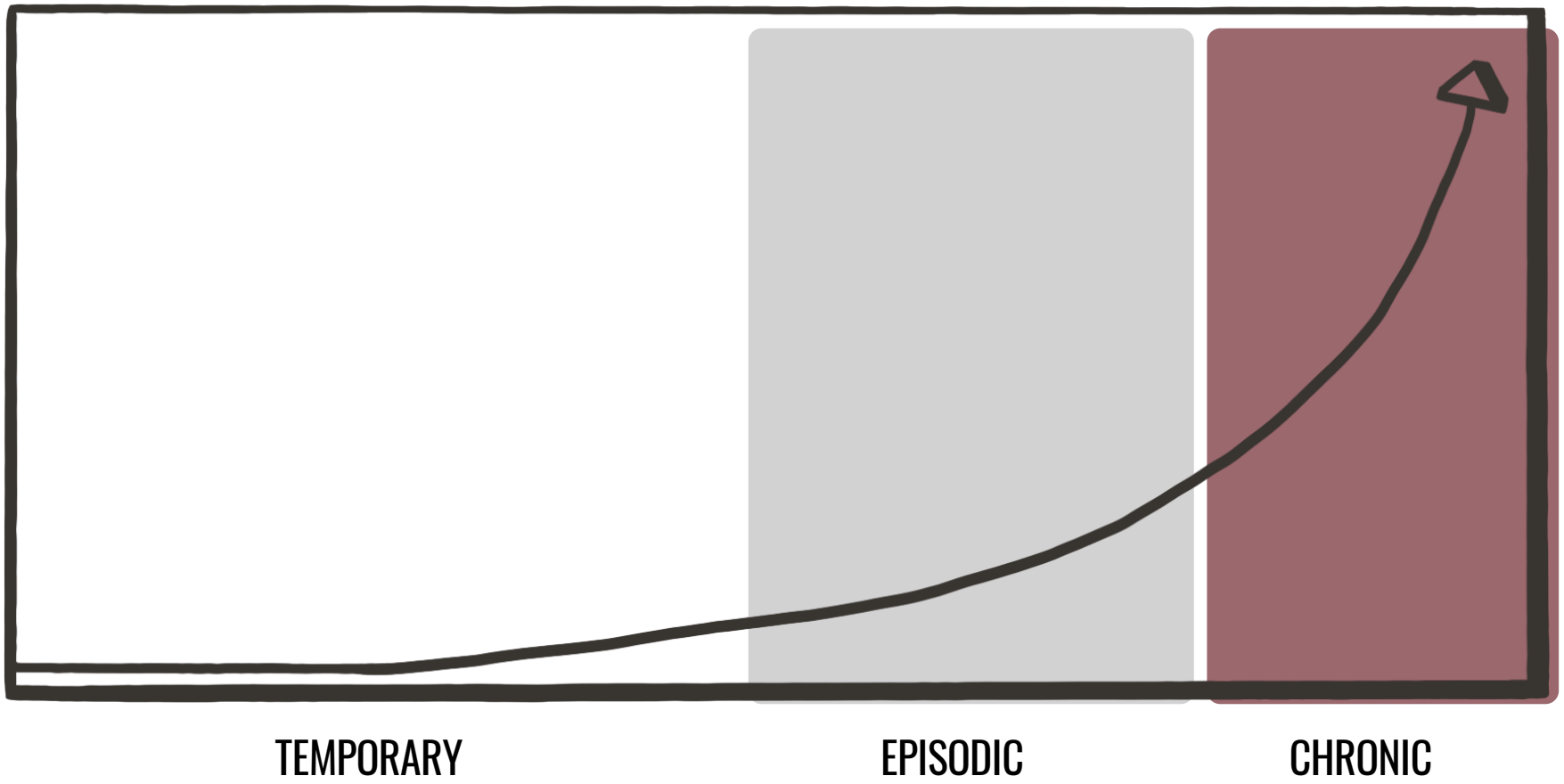
A Definition

Chronic homelessness is long-term homelessness (more than a year or multiple episodes over multiple years) accompanied by a disabling condition (e.g., a mental health issue, a substance use disorder, a traumatic brain injury).

THE CRITICAL INSIGHT

The background issues outlined in the opening of this report were almost certainly tied to people experiencing chronic homelessness. This is not to vilify. These are some of the most vulnerable people in the community.

Service Utilization



Helping the Most Vulnerable: Strengths of the Current System

The level of need is quite manageable.

We know how to solve chronic homelessness – with "Housing First."

The City has a good partnership with SOS to provide outreach when challenging issues arise.

The local homeless community seems to be relatively cohesive and insular, self-policing disruptive behavior.

Sonoma has achieved what many communities dream of doing … co-locating services next to the Police.

Chronic homelessness is generally not manifesting as major, entrenched encampments.

Helping the Most Vulnerable: Weaknesses of the Current System

Housing First is a specific program design / philosophy, which does not seem well integrated or embraced in the Valley, as evidenced by a lack of County / CoC alignment.

Local agencies lack the professionalized staff needed to address the complex physical and behavioral health needs of people experiencing chronic homelessness.

There is no central data tracking or HMIS infrastructure to coordinate care for people visiting multiple agencies, let alone regular case conferencing.

There is a lack of proactive outreach to build relationships with folks who might have become more disengaged from the system.

Co-locating services next to the Police Department is likely pushing some individuals away from assistance.

Helping the Most Vulnerable: Opportunities for the Current System

There are proven models in the North Bay for how to support people experiencing chronic homelessness.

Local organizations are successfully fundraising and adding new staff. This new staff could be trained to support.

County leadership is open to partnership and is actively supporting innovation.

Outside providers seem open to lending more support (if there is sufficient investment).

It's important to humanize the stories and challenges of people experiencing this type of homelessness.

Helping the Most Vulnerable: Threats to Progress

The longer people go unserved, the harder it becomes to help them later.

People become skeptical of the system when it overpromises / does not deliver results.

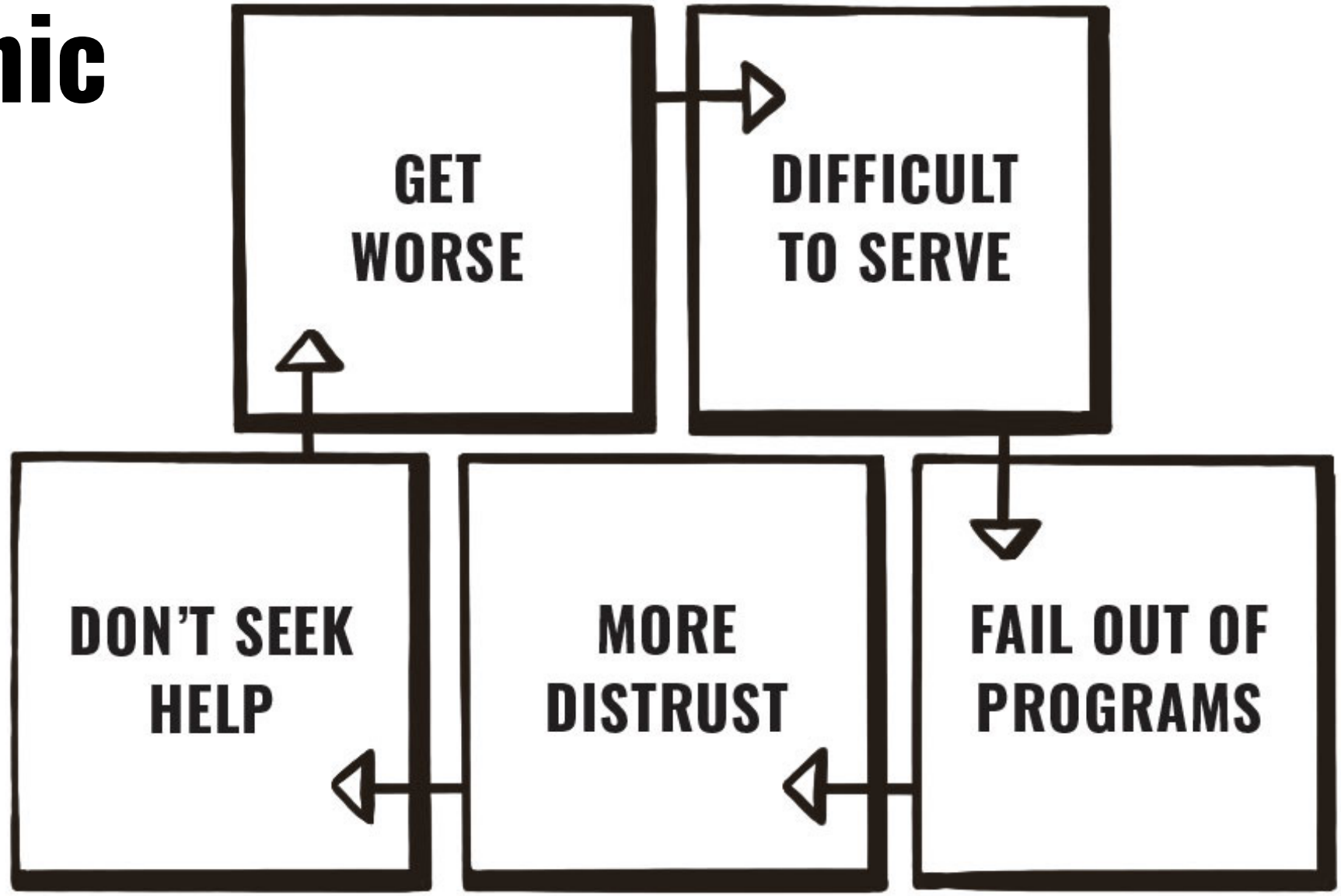
Programs that are overly rules / behavior-based can push people out.

There isn't clear responsibility for who helps the people who fall through the cracks.

It's critical to find and retain quality staff who can develop long-term, therapeutic care relationships.

The County's Coordinated Entry System is often the pathway to supportive housing placements, but it can be an onerous process.

The Chronic Homeless Feedback Loop



Finding #3

There is not a collaborative structure for working together to address either Finding #1 or Finding #2.

A Structure for Coming Together

Community members are understandably concerned, but their issues will not be addressed without a holistic, systems-wide approach.

There are ample models and frameworks for cross-sector collaboration to address homelessness, including in Sonoma County. There is no need to reinvent the wheel.

Any short-term actions that put a wedge between or among stakeholders could significantly jeopardize future progress.

IV. Recommendations

#1: Convene a Sonoma Valley Homeless Taskforce

Timing: Immediate, 0 - 6 Months

What: A public-private partnership of local stakeholders who can help advise on and accelerate new change management initiatives

Idea for Getting Started: Work with a facilitator to convene key partners, such as Supervisor Gorin, Dave Kiff, Sue Casey, two Sonoma Councilmembers, SOS, HAS, FISH, and the Sonoma Valley Catalyst Fund

#2: Hire A Sonoma Valley Social Safety Net "Czar"

Timing: Immediate, 0 - 6 Months

What: A senior-level leadership role to convene local partners (including the taskforce), facilitate collaboration, and represent the Valley's interests to the rest of the County

Ideas for Getting Started: Establish a three-year, fixed-term position jointly funded by the City, County, healthcare system, and local foundations; learn from people in similar roles in Sonoma County … Stephen Sotomayor (Healdsburg), Karen Shimizu (Petaluma), Jenna Garcia / Emily Quig (Rohnert Park)

#3: Establish New Metrics & Create a Data Dashboard

Timing: Immediate, 0 - 6 Months

What: Create shared accountability for homelessness in the Valley by establishing concise and simple metrics focused on outcomes, not outputs

Idea for Getting Started: Multiple jurisdictions in Sonoma County are currently completing strategic planning efforts, including the County itself; rather than starting from scratch, leverage the learnings from other subregions to help create consistent countywide benchmarks

#4:
Begin to Coordinate Services through a By-Name-List

Timing: 0 - 6 Months

What: A "By-Name-List" (BNL) is a national best practice for coordinating individual care plans across multiple community service providers

Ideas for Getting Started: Emulate similar efforts in the North Bay, such as Petaluma's BNL program or the Marin County Homeless Outreach Team program; utilize the County's involvement with the national Built for Zero campaign for technical assistance; keep it simple – who's homeless, what's their path to housing, who's responsible

#5: Clearer Roles & Caseloads for Case Managers

Timing: Medium-Term, 0 - 12 Months

What: Rather than relying on generalized service navigators, move towards professional case management staff with clearly defined client caseloads

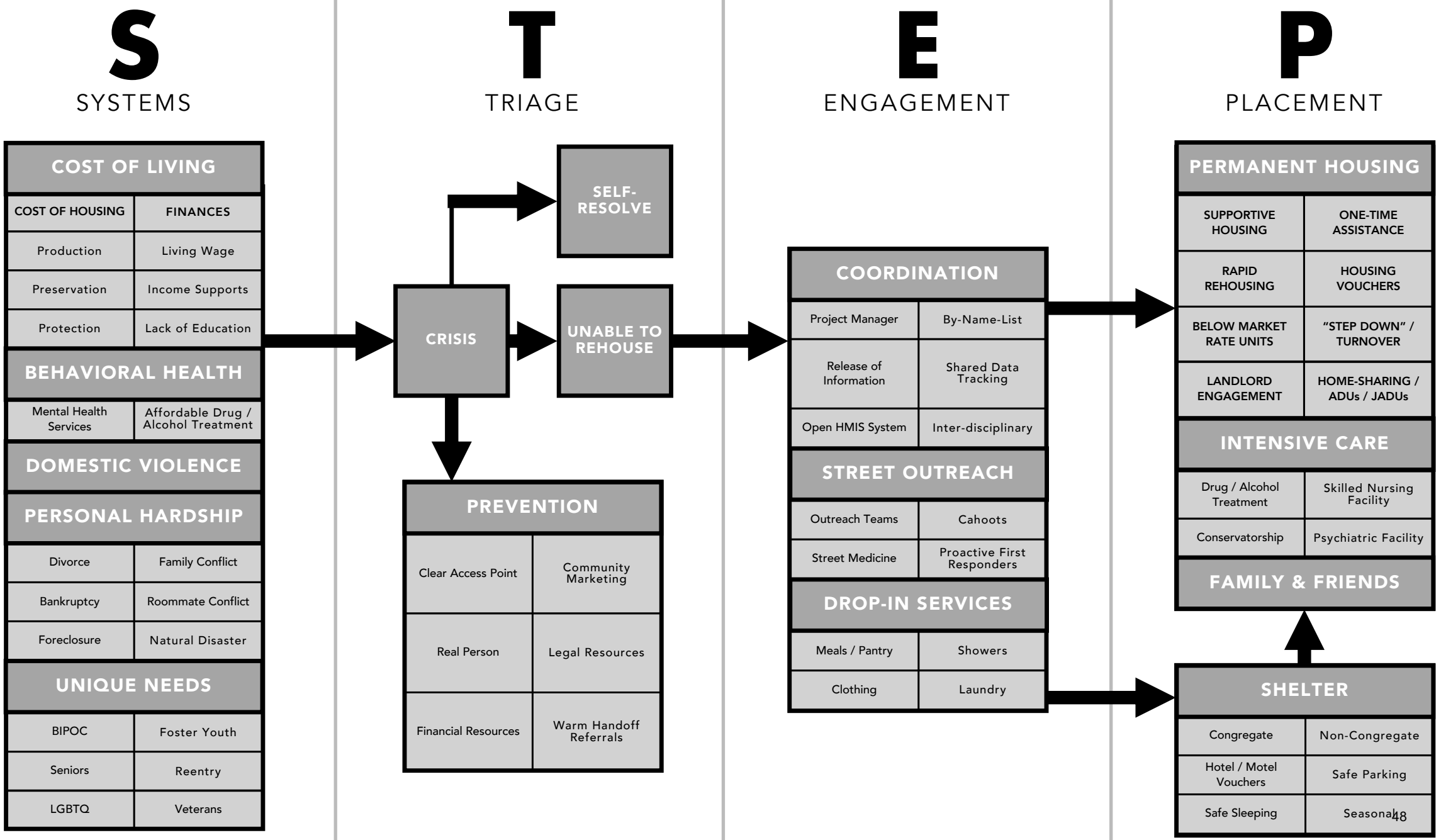
Idea for Getting Started: From other service providers in the county, the County itself, the CoC, to consultants and other outside experts, there are a variety of local resources for learning how to right-size caseloads and create job descriptions / scopes of work for the type of social services needed to support highly vulnerable individuals.

#6: Clearer Articulation of Service Niches & Needs

Timing: Medium-Term, 0 - 12 Months

What: Local providers with clearly developed "theories of change" that are well-defined within a community-level pathway to housing; a gaps analysis of where outside providers might need to plug in to complement

Idea for Getting Started: As the collaborative begins working together more closely, it will be important for different providers to define their area(s) of expertise, including determining where they fit within the STEP framework.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PERSONAL HARDSHIP
Divorce
Family Conflict
Bankruptcy
Roommate Conflict
Foreclosure
Natural Disaster
UNIQUE NEEDS
BIPOC
Foster Youth
Seniors
Reentry
LGBTQ
Veterans
T
TRIAGE
SELF-RESOLVE
CRISIS
UNABLE TO REHOUSE
PREVENTION
Clear Access Point
Community Marketing
Real Person
Legal Resources
Financial Resources
Warm Handoff Referrals
E
ENGAGEMENT
COORDINATION
Project Manager
By-Name-List
Release of Information
Shared Data Tracking
Open HMIS System
Inter-disciplinary
STREET OUTREACH
Outreach Teams
Cahoots
Street Medicine
Proactive First Responders
DROP-IN SERVICES
Meals / Pantry
Showers
Clothing
Laundry
P
PLACEMENT
PERMANENT HOUSING
SUPPORTIVE HOUSING
ONE-TIME ASSISTANCE
RAPID REHOUSING
HOUSING VOUCHERS
BELOW MARKET RATE UNITS
"STEP DOWN" / TURNOVER
LANDLORD ENGAGEMENT
HOME-SHARING / ADUs / JADUs
INTENSIVE CARE
Drug / Alcohol Treatment
Skilled Nursing Facility
Conservatorship
Psychiatric Facility
FAMILY & FRIENDS
SHELTER
Congregate
Non-Congregate
Hotel / Motel Vouchers
Safe Parking
Safe Sleeping
Seasonal

#7: Rally & Synergize around Homekey 3.0

Timing: Medium-Term, 0 - 12 Months

What: Leverage the State of California's unprecedented Project Homekey funding opportunity to rapidly synergize and develop new shelter, housing, and service capacity

Idea for Getting Started: Leverage the support of housing developers, consultants, Sonoma County-based service providers, and/or other contractors who have been through previous rounds of Homekey to help strengthen any potential application.

#8: Structural Improvements to the Conditions Leading to Homelessness

Timing: Long-Term, 12 - 36 Months (commence when the team is ready)

What: Leverage the taskforce model to tackle the root causes of homelessness in the Valley (e.g., the cost and availability of housing, the availability of behavioral health services, rapid prevention assistance)

Workstreams

Workstream	Owner	2022		2023	
#1 Convene a Sonoma Valley Homeless Taskforce	City / County				
#2 Hire a Sonoma Valley Social Safety Net “Czar”	The Taskforce				
#3 New Metrics & a Data Dashboard	The Taskforce				
#4 Begin to Coordinate Services through a By-Name-List (BNL)	The “Safety Net Czar”				
#5 Clearer Roles & Caseloads for Case Managers	The BNL Team				
#6 Clearer Articulation of Service Niches	The BNL Team				
#7 Rally & Synergize around Homekey 3.0	The Taskforce				
#8 Structural Improvements to Upstream Issues	The Taskforce				

V. Conclusion

Final Thoughts

Through the national Built for Zero Campaign, over 90 communities across the country have established quality, real-time data on local homelessness. These communities are then designing systems of care that use that data to demonstrate a measurable reduction in homelessness, in some cases even ending homelessness for certain subpopulations (e.g., people who are chronically homeless). With the right vision, leadership, and strategies, the Sonoma Valley has all the building blocks needed to join these other communities in ensuring homelessness becomes rare, brief, and one-time.

Acknowledgements

The City of Sonoma would like to thank the many stakeholders, community members, people with lived experience, and local service providers that participated and provided valuable input for this strategic assessment.

Sources

#1: City of Sonoma Housing Element Presentation – January 25th, 2022 (Page 12)

#2: A Portrait of Sonoma 2021 Update (Page 30)

#3: Sonoma Valley Community Profile (Page 5)

#4: A Portrait of Sonoma 2021 Update (Page 27)

#5: 2020 Sonoma County Homeless Census Comprehensive Report (Page 12)

#6: Sonoma County Homeless Census & Survey 2020 Executive Summary

This report and strategic assessment process was led by Andrew Hening Consulting, LLC.

Sonoma County Continuum of care Strategic Planning Housing Workgroup

Research and Recommendations August 19, 2022

THANK YOU!

The Housing Workgroup would like to thank Homebase for conducting a housing needs projection for Sonoma County and for sharing best practices in the field.

We are particularly grateful to Homebase for sharing SAMHSA's Permanent Supportive Housing Evidence-Based Practices Kit and for creating the Housing Needs Projection which guided us in the formulation of many of our recommendations.

We would also like to thank Sonoma County Staff for providing us with their perspective, and for the requested data, in a quick and thoughtful manner.

Thank you to the Strategic Planning Committee for allowing us the time to do a gap analysis and create recommendations based on research and evidence-based practices.

SUPPORT FROM THE CDC STAFF:

Dave Kiff
Alea Tantarelli
Madison Murray
Michael Gause
Andrew Akufo

SUPPORT STAFF FROM HOMEBASE CONSULTING:

Dave Kiff
Alea Tantarelli
Madison Murray
Michael Gause
Andrew Akufo

Housing workgroup members:

Tim Miller, West County Community Services
Ben Leroi, Santa Rosa Health
Stephen Sotomayor, City of Healdsburg
Chuck Fernandez, COTS
Tom Bieri, Community Support Network

The Housing Workgroup's Research and Recommendations Includes:

- Housing Needs Projection done in collaboration with County Staff and Homebase (September 2021 – May, 2022)
- Conducting a Capacity Survey in collaboration with the Strategic Planning Committee, County Staff, and the Full COC list of service providers (June - July, 2022)
- Gap Analysis
- Recommending Strategies to Close the GAP

Key Findings from the 2020 Housing Needs Projection

Homebase delivered the final Housing Needs Projection

on May 4, 2022

Annualized Subpopulation Counts From 2020 Homeless Census

Subpopulation	%	# According To Weekly Inflow (9097 People)
Chronic Homeless	21%	1910
Veterans	5%	455
Families	9%	819
Unaccompanied Children and TAY	13%	1183
Over Age 55	24%	2183
DV Survivors	39%	3548
Disabling Condition	40%	3639

This slide is included from Homebase's Housing Needs Projection PowerPoint.

Annualized Disabling Condition Counts From the 2020 Homeless Census

From Homeless Census: "all survey respondents are asked if they are experiencing a range of health conditions. Those who indicate they are experiencing at least one of those conditions are asked follow-up questions to determine if they meet the level of HUD-disabling conditions"

This means frequency of each of these seven conditions is relative to the total homeless population, not the population with disabling conditions

	Total Homeless Population (9097 People)	
Subpopulation	**%**	**#**
Disabling Condition	40%	3639
Drug or Alcohol Abuse	36%	3275
Psychiatric or Emotional Conditions	40%	3639
Physical Disability	23%	2092
PTSD	29%	2638
Chronic Health Problems	23%	2092
TBI	10%	910
HIV/AIDS	1%	91

This slide is included from Homebase's Housing Needs Projection PowerPoint

Disabling Condition Counts From the 2020 Homeless Census

	Total Homeless Population (9097 People)		Chronic Homeless Population (1910 People)	
Subpopulation	%	#	%	#
Disabling Condition	40%	3639		
Drug or Alcohol Abuse	36%	3275	90%	1719
Psychiatric or Emotional Conditions	40%	3639	62%	1184
Physical Disability	23%	2092	36%	688
PTSD	29%	2638	41%	783
Chronic Health Problems	23%	2092	31%	592
TBI	10%	910	19%	363
HIV/AIDS	1%	91	2%	38

This slide is included from Homebase's Housing Needs Projection PowerPoint

Planning for Staffing to House People With Disabling Conditions

HUD Recommended Case Management Ratios

Housing-Based Case Management

Target Population	Supportive Housing Scattered Site Caseload	Supportive Housing Single Site Caseload	Existing Program Stably Housed Tenants
Individuals	10-20	10-20	20-50
Families	10-12	10-12	12-40
Transition-Age Youth (18-24 yrs. Old)	10-15	10-15	15-30

Intensive Case Management Caseloads: Intensive Case Management is a term-based case management approach to working with high-acuity tenants who require ongoing wrap-around services to maintain tenancy and well-being.

Target Population	Scattered Site Caseload	Single Site Caseload	Existing Program Stably Housed Tenants
Individuals	10	15	20
Families	10	15	15
Individuals With Dual DX SUD/SMI	10	10	15
Individuals With ID/DD	10	10	10
Older Adults	10	15	15
Transition-Age Youth (18-24 yrs. Old)	10	15	20

This slide is included from Homebase's Housing Needs Projection PowerPoint.

Planning for Staffing to House People With Disabling Conditions

Types Of Particular Relevance

- Recovery
  - Person-centered Process Defined by the Tenant
  - Program Should Have a Philosophy of Hope
- Mental Health
  - Psychosocial Assessment, Counseling, Group Therapy, Support Groups, Recovery Classes, Peer Mentoring, Psychoeducation, Therapy
- Health/Medical
  - Routine Medical Care, Medication Management, Health/Wellness Education, Nurse Care, Home Health Aids, HIV/AIDS Services, Physical Therapy, Pain Management
- Substance Abuse
  - Motivational Interviewing, Relapse Prevention, Counseling, Methadone Services, AA/NA Groups, Sober Recreation

This slide is included from Homebase's Housing Needs Projection PowerPoint. Source material for this slide includes the Substance Abuse and Mental Heath Services Administration's Evidence-based practices KIT for Permanent Supportive Housing and HUD guidelines.

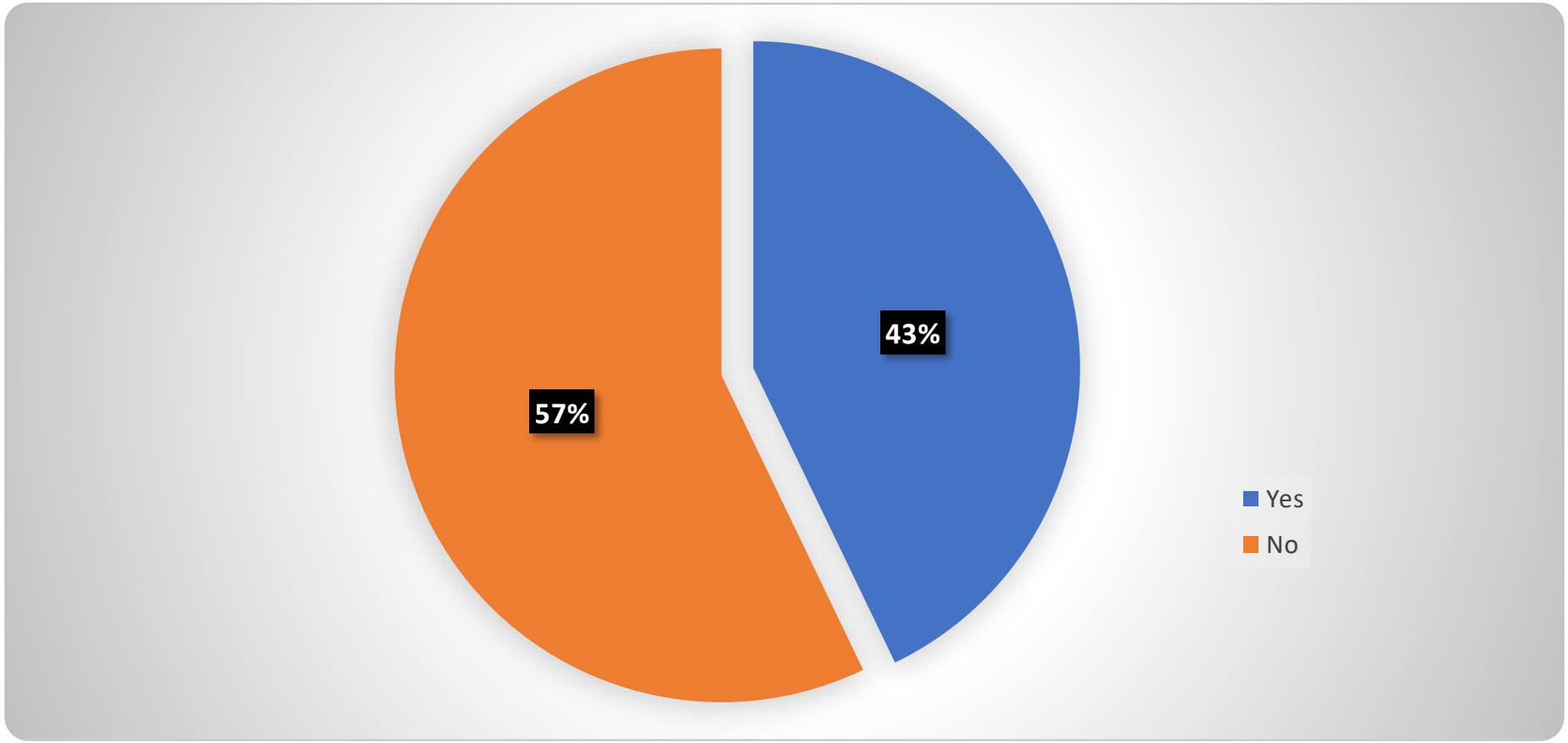
Key Finding from the 2022 Sonoma County Homelessness System Capacity Survey Results

Community Support Network completed the survey on July 21, 2022

64% of the providers on the CoC mailing list completed the survey

(21 out of the 33 providers)

Q3: Does your organization have the capacity to have a case management to resident ratio of 1:15 or lower for the housing program/s you run?



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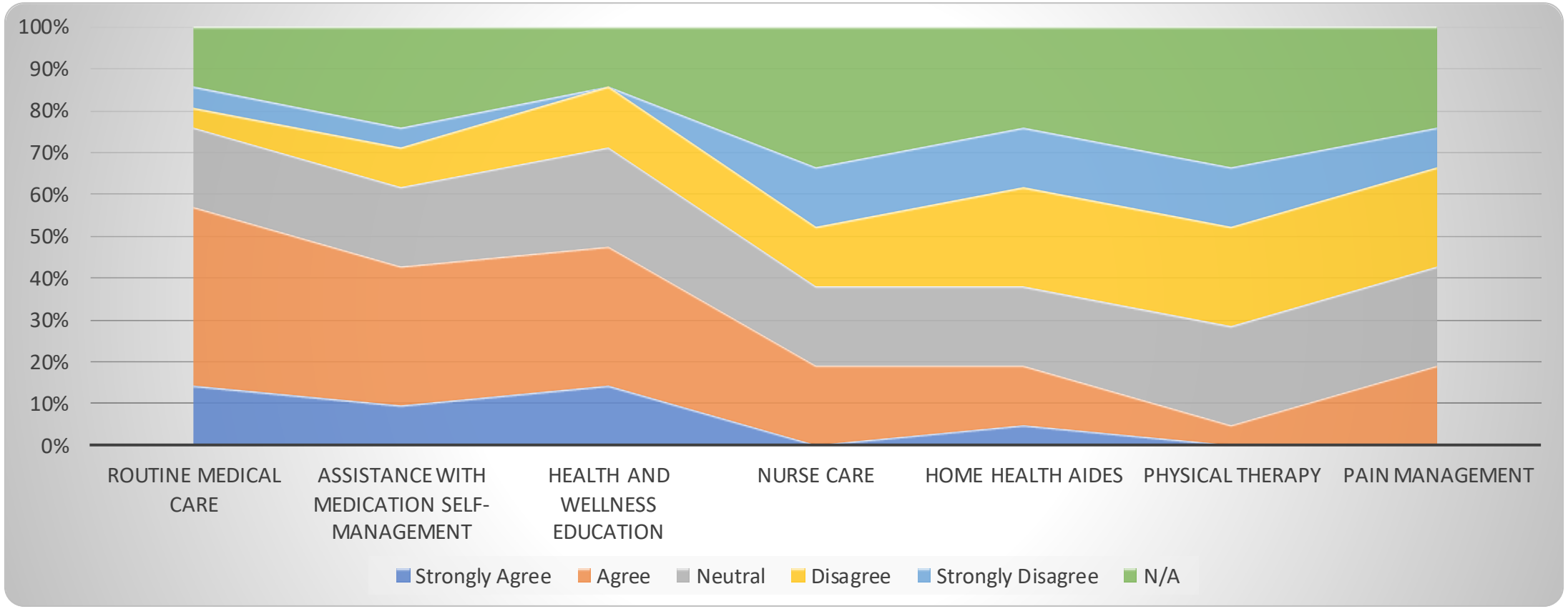
Q4: The residents in the housing program/s we run have readily available access (internally or externally) to Medical Services like:



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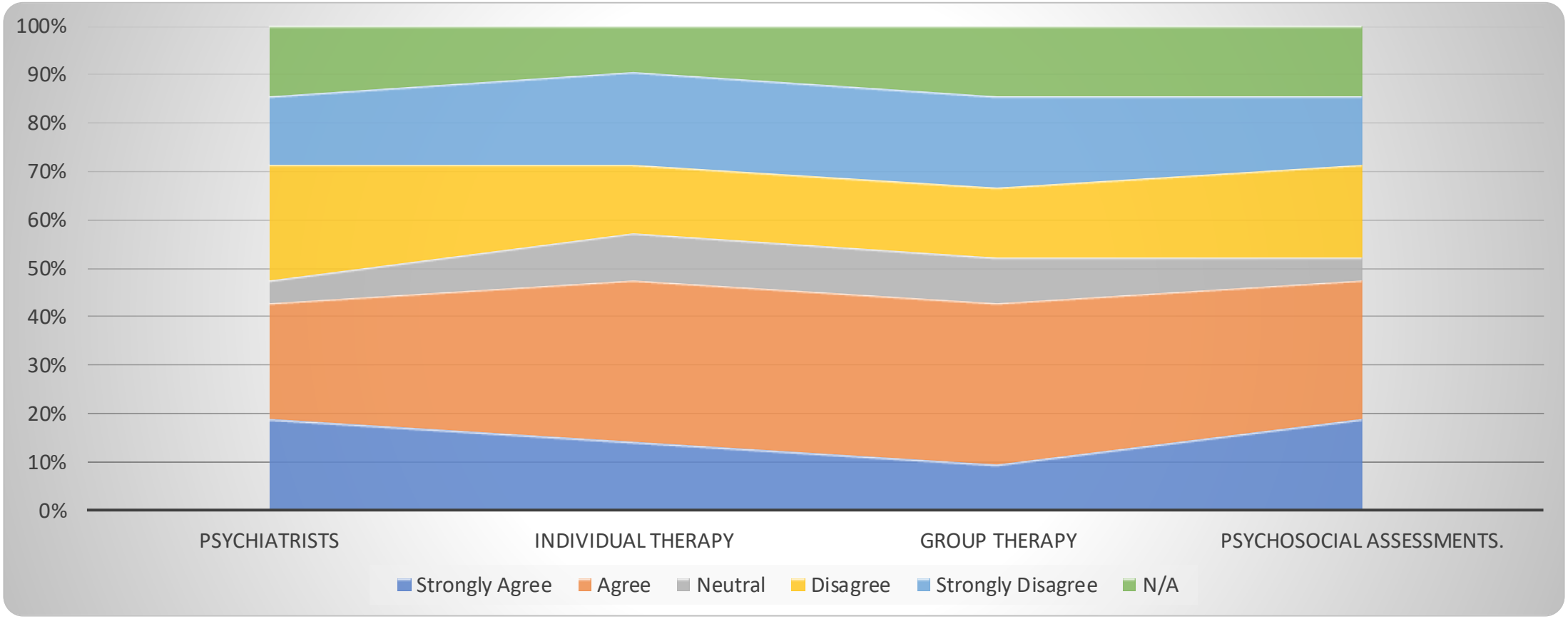
Q5: The residents in the housing program/s we run have readily available access (internally or externally) to mental health services like appointments with:



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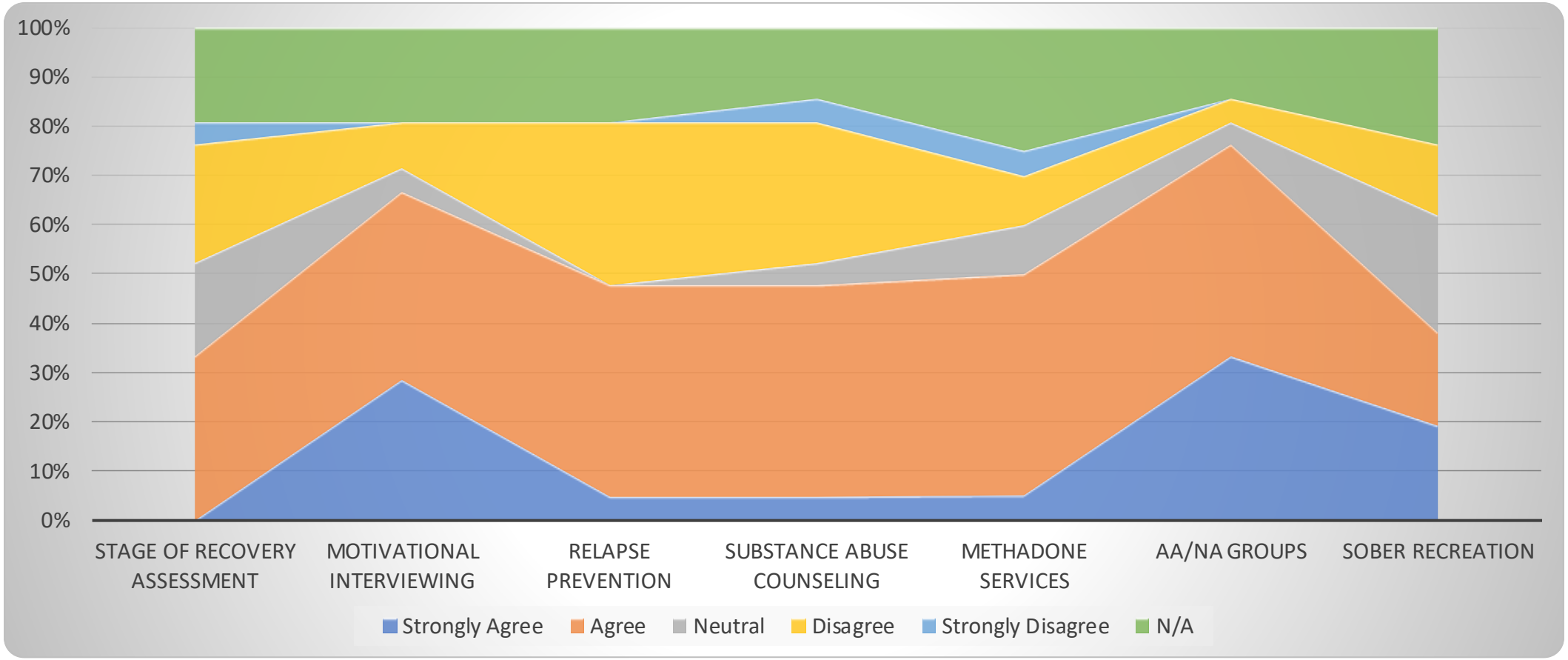
Q6: The residents in the housing program/s we run have readily available access (internally or externally) to substance abuse services:



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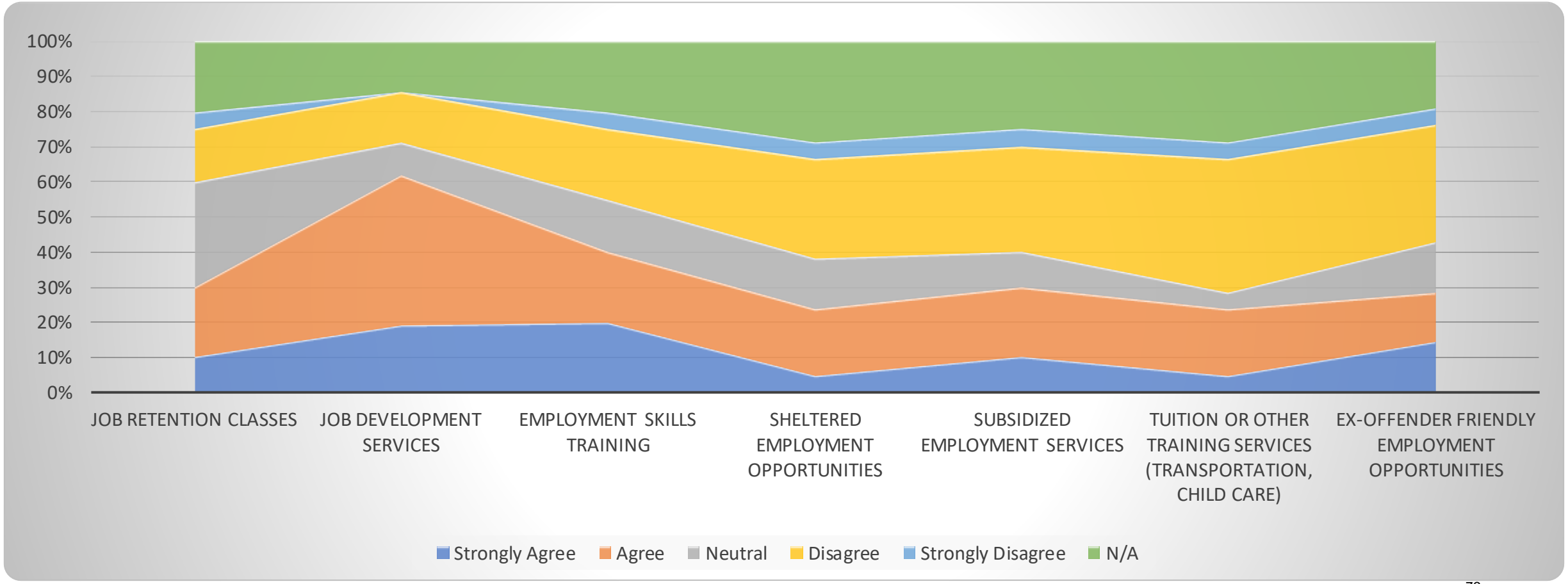
Q7: The residents in the housing program/s we run have readily available access (internally or externally) to Vocational and Employment Services like:



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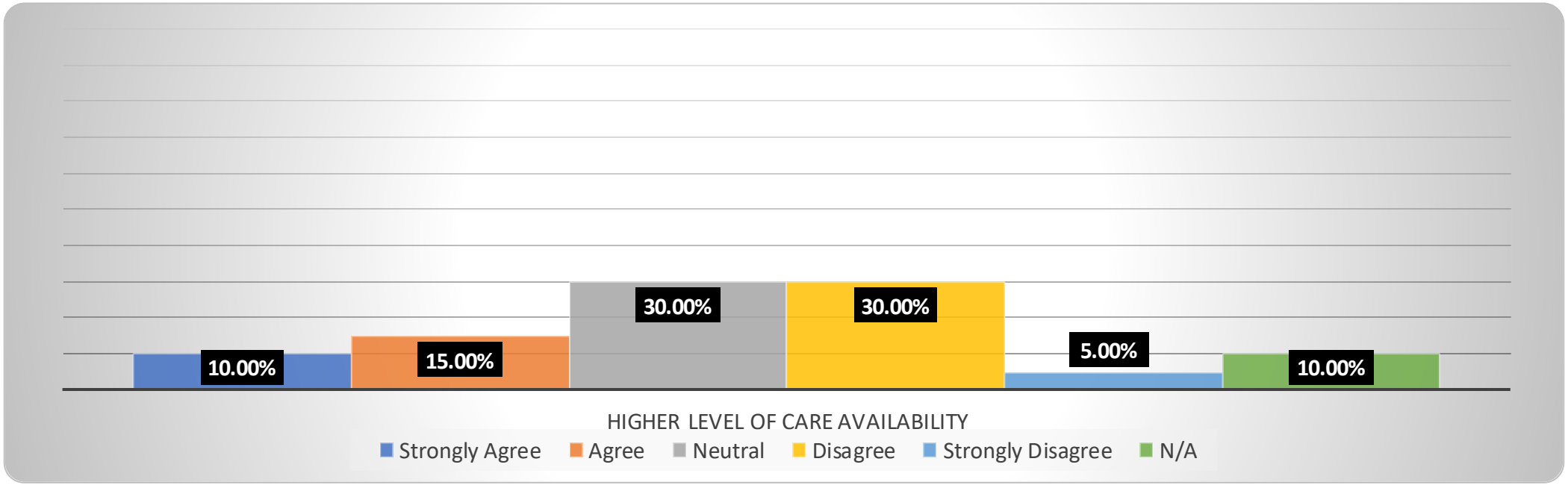
Q9: If someone is referred to our program whose disabilities, challenges, and/or behaviors are so severe that housing them safely would require more resources than we have access to in our program, we are confident that our organization can help them access an appropriate level of clinical care.



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2022 GAP Analysis

Key Findings from the Housing Needs Projection and Capacity Survey

Extraordinary numbers of chronically homeless with disabilities

- 90% report having drug and alcohol abuse issues
- 62% report having psychiatric or emotional conditions
- 36% report having physical disability
- 41% report having PTSD
- 31% report having chronic health problems

2022 GAP Analysis – Behavior Health Resources

Chronically Homeless Population Needs:
90% AOD Issues - 62% Mental Health Issues - 41% PTSD

Key Findings from the capacity survey related to behavior health resources

- 43% of providers report having case management to resident ratios low enough to be in line with SAMHSA recommendations (1:15) for housing individuals with dual diagnosis issues
- 43% of providers report having readily available access to appointments with psychiatrists for their residents
- 47% of providers report having readily available access to appointments with therapists for their residents
- 48% of providers report having readily available access to substance abuse counseling or relapse prevention
- 25% of providers feel confident they can help a homeless person find an appropriate level of care when that person's disabilities, challenges

2022 GAP Analysis – Medical Resources

Chronically Homeless Population Needs:
36% physical disabilities - 31% chronic health problems

Key Findings from the capacity survey related to medical resources

- 19% of providers reported having readily available access to nursing care for their residents
- 29% of providers reported having readily available access to home health aides for their residents
- 5% of providers reported having readily available access to physical therapy for their residents
- 19% of providers reported having readily available access to pain management for their residents

2022 GAP Analysis – Vocational and Employment Resources

Homeless Population Needs: 73% unemployed – 43% report being unable to work

(from 2020 Census and Survey)

Key Findings from the capacity survey related to vocational and employment resources

- 30% of providers reported having readily available access to job retention classes for their residents
- 40% of providers reported having readily available access to employment training skills for their residents
- 24% of providers reported having readily available access to physical therapy for their residents
- 29% of providers reported having readily available access to Ex-offender friendly employment opportunities for their residents

30% of the homeless population reports being able to work and reports being unemployed.

2022 GAP Analysis – Family Services

Homeless Population Needs:

9% family members belonging to a homeless family (from 2020 Census and Survey)

Key Findings from the capacity survey related to family resources

- 25% of providers reported having readily available access to after-school services for their residents
- 20% of providers reported having readily available access to youth leadership activities for their residents
- 40% of providers reported having readily available access to domestic violence services for their residents
- 45% of providers reported having readily available access to family reunification resources for their

PROPOSED STRATEGIES TO CLOSE THE GAP

The following slides include recommended strategies that address some of the gaps that have been identified in our system of care.

Proposed Strategy 1A. Regionally encourage a strategy that surplus public land be used for permanent supportive housing or for very low income housing at the lowest thresholds.

Proposed Strategy 1B. Work with local jurisdictions to increase the number of very low income to extremely low income units required through their inclusionary housing programs and/or regional housing needs allocations that can be accessed for permanent supportive housing.

Proposed Strategy 1C. Do some long-term advocacy around calling for a study in each jurisdiction to see if we can increase the number of units required for supportive housing as a part of low-income housing.

Proposed Strategy 1D. Work with local jurisdictions to consider increasing the percentages of low income set asides required for private developments.

Strategy 1E. Explore how shared housing might be utilized more in Sonoma County to resolve homelessness for some populations without creating new units.

Proposed Strategy 1F. Call for an ongoing review of investments into both short-term and long-term housing solutions to determine when short-term housing solutions can be decreased or paused.

Proposed Strategy 2A. Ensure that proposed strategies support the idea that - Housing First can be done right with an integrated approach that includes consideration of the following:

a. Staffing, training, compensation, safety
b. Supporting behavioral and physical health needs
c. Creating low barrier environments
d. Ensuring that higher levels of care are available when needed

Proposed Strategy 2B. Create and maintain robust support services that are sufficient to address our homeless population's needs in the following areas:

- Vocational Job Development Services
- Mental Health Services
- Addiction Recovery Services
- Medical Services
- Family Services
- Elder Care Services

Proposed Strategy 2C. Suggest that requests for proposals include language that preference will be given to providers who have a case management rate of between 1:10 and 1:15.

Proposed Strategy 2D. Call for asset mapping of care facilities including skilled nursing facilities, memory care facilities, inpatient psychiatric facilities, crisis residential units, crisis stabilization units, social rehabilitation units, and permanent supportive housing units so that we can quantify the gap we face between required services and current housing options.

Proposed Strategy 2E. Advocate for the creation and maintenance of the aforementioned support services and higher levels of care so that everyone

Proposed Strategy 2F. Call for the development of more individual units in conjunction with intensive case management services to safely house individuals who have substance abuse and mental health challenges, have a recent history of harming others, and who want low barrier housing.

Proposed Strategy 2G. Ensure that the Coordinated Entry process maintains a person-centered approach that involves the respectful consideration of the following factors:

- Client Choice
- Client Needs
- Safety Considerations
- The Value of Reducing Barriers as Long as Safety Considerations Are Not Overridden
- Provider Capacity, Expertise, and Competency

Proposed Strategy 2H. Recommend that a proportionate amount of resources be allocated for recovery housing - 9% (see footnote) 117 temporary and 234 permanent housing spots be created/preserved as clean and sober housing sites in Sonoma County's right size system.

- 9% of homeless individuals surveyed in Sonoma County in 2020 wanted "clean and sober" housing

Proposed Strategy 2I. Incorporate peer support into our housing programs and services whenever the literature on best practices indicates that it is appropriate.

Proposed Strategy 3A. Ensure that housing interventions and supportive services offer pathways to independent living and economic self sufficiency whenever appropriate.

Proposed Strategy 3B. Optimize collaboration and networking between homelessness providers, education and training providers, and providers of vocational support.

Housing Needs Projections

Estimating the number of unique people who experience homelessness in a year

[(monthly inflow rate	x	2020 PIT count)	x	11]	+	2020 PIT count
[(.10	x	2745)	x	11]	+	2745

5765 people

2020 Homeless Census did the same with a weekly inflow rate

9097 people

Three ways to estimate the units needed for the All Home 1-2-4 plan

	PIT count (2745 people)	**Monthly inflow** (5765 people)	**Weekly inflow** (9097 people)
1 interim housing (ES, TH)	392 units	824 units	1300 units
2 housing solutions (RRH, PH, OPH)	784 units	1647 units	2599 units
4 prevention	1569 units	3294 units	5198 units

Current housing inventory shortfall

ES + TH units from 2020 HIC: 1112 units
RRH + PH + OPH units from 2020 HIC: 1598 units

	Shortfall according to PIT count	Shortfall according to Monthly inflow	Shortfall according to Weekly inflow
1 interim housing (ES, TH)	-720 units	-288 units	188 units
2 housing solutions (RRH, PH, OPH)	-814 units	49 units	1001 units

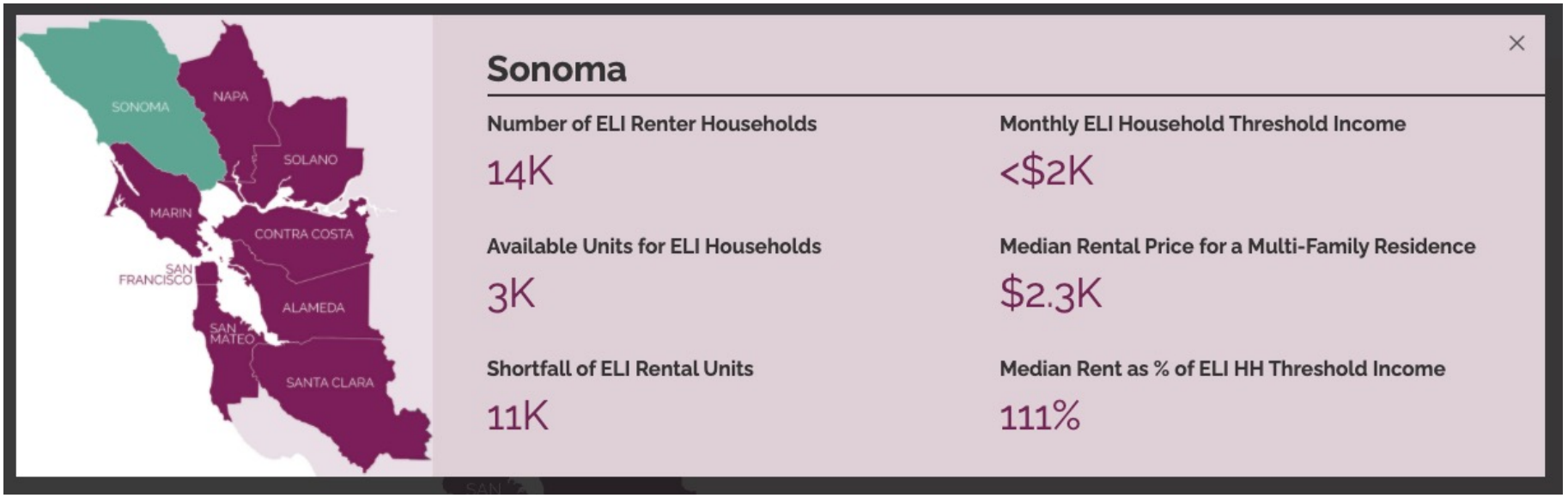
Affordable housing needs

Sonoma County Affordable Housing Gap Estimates

	ELI (0-30%, incl. 0 inc, or Poverty)	Very Low Income (31-50%)	Low Income (51-80%)	Median Income (81-100%)	Above Median Income (>100%)	Total Across all Income Levels
Rental Households within AMI Category	14,681	10,513	14,824	8,234	23,285	71,537
All Rental Households at or below Threshold Income	14,681	25,194	40,018	48,252	71,537	71,537
Units "Affordable and Available and Adequate" at Threshold	3,806	8,423	28,122	43,909	73,290	73,290
Surplus (Deficit) of Aff. And Avail Adequate Units	(10,875)	(16,771)	(11,896)	(4,343)	1,753	1,753
Aff. and Avail. Adequate units per 100 tenants at or below Threshold	**26**	33	70	91	102	102

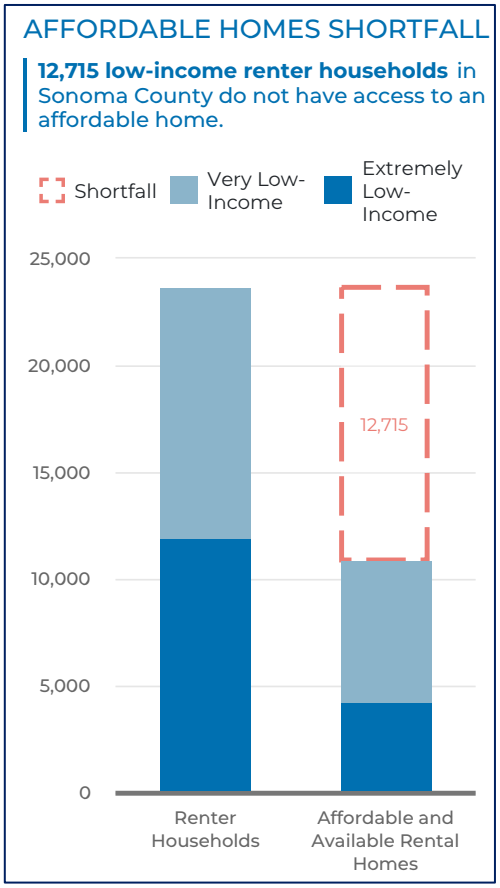
2020 Focus Strategies analysis

Affordable housing needs



All Home analysis

Affordable housing needs



2021 CHP analysis

Housing Needs Projections

Why is it so hard to model homelessness?

- Homelessness is rare
  - Sonoma county has ~500,000 people
    - Weekly inflow estimate for annualized homelessness is 9097
    - So 1.8% of the population experiences homelessness in a year
  - LA County: 1.7% experience homelessness in a year
  - Rare events with small sample sizes are hard to accurately make predictions about and extrapolate from

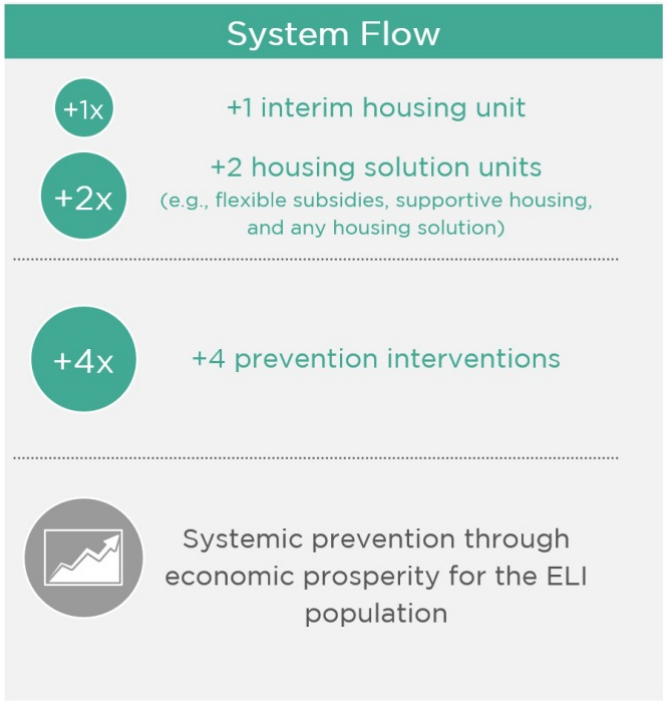
Why is it so hard to model homelessness?

- Homelessness is hard to predict
  - California Policy Lab has a report where they did predictive modeling to estimate homelessness in LA County
  - Of the 3,000 people they estimated to be most at risk of homelessness, only 46% actually became homeless
  - Models can only account for data that is collected from people at the time of interviews – for many people homelessness arises from unpredictable events which by their nature aren't really captured in models

Why is it so hard to model effectiveness of prevention?

- It's hard to target prevention/diversion resources efficiently
  - Chicago study: prevention resources reduced shelter entry by 76% relative to control group, but even in the control group only 2% of people actually ended up needing to go to shelter
    - Resources may be working, but they're working on such a small slice of people because the targeting isn't good
  - New York study: similar conclusions about targeting
  - Success of prevention programs may not look like success – targeting of aid may be efficient but still insufficient to prevent some people's homelessness
  - Different kinds of prevention resources have different success rates – it's hard to generalize

Predictions of who needs prevention and how effective it will be are baked in to All Home's 1-2-4 model



If we're using this as our guideline, we may not need to factor in estimates for prevention

Estimating the number of unique people who experience homelessness in a year

[(monthly inflow rate	x	2020 PIT count)	x	11]	+	2020 PIT count
[(.10	x	2745)	x	11]	+	2745

5765 people

2020 Homeless Census did the same with a weekly inflow rate

9097 people

Estimating the units needed for the All Home 1-2-4 plan

	Weekly inflow (9097 people)	**Existing units according to 2020 HIC**	**Shortfall according to weekly inflow**
1 interim housing (ES, TH)	1300 units	1112 units	188 units
2 housing solutions (RRH, PH, OPH)	2599 units	1598 units	1001 units
4 prevention	5198 units		

Subpopulation counts from 2020 Homeless Census

Subpopulation	%	# According to Weekly inflow (9097 people)
Chronic homeless	21%	1910
Veterans	5%	455
Families	9%	819
Unaccompanied children and TAY	13%	1183
Over age 55	24%	2183
DV survivors	39%	3548
Disabling condition	40%	3639

Subpopulation counts from 2020 Homeless Census

Subpopulation	%	# According to Weekly inflow (9097 people)
Disabling condition	40%	3639
• Drug or alcohol abuse	36%	3275
• psychiatric or emotional conditions	40%	3639
• physical disability	23%	2092
• PTSD	29%	2638
• Chronic health problems	23%	2092
• TBI	10%	910
• HIV/AIDS	1%	91

Estimating who can be helped by prevention/diversion

- National prevention/diversion success data

Population	% of homeless population	# According to weekly inflow	Prevention/ diversion success rate	# helped by prevention/ diversion	# still needing housing
Families	9%	819	30-70%	409	409
Single adults	78%*	7096	30%	2129	4967
Unsheltered people	62%*	5640	10%	564	5076

*calculated from 2020 PIT count

Housing Needs Projections

Last time

- Why is it hard to model homelessness?
  - rare
  - hard to predict
- It's hard to target prevention/diversion resources efficiently
  - Means there aren't great national/regional standards, but we did try estimating who could be helped by prevention/diversion
- Discussion of why prevention/diversion is still valuable
- Annualized subpopulation counts

This time

- Annualized counts for different kinds of disabling conditions
- How to plan for services necessary for housing people with disabling conditions
- Discussion of 1-2-4 model and prevention

Subpopulation counts from 2020 Homeless Census

Subpopulation	%	# According to Weekly inflow (9097 people)
Chronic homeless	21%	1910
Veterans	5%	455
Families	9%	819
Unaccompanied children and TAY	13%	1183
Over age 55	24%	2183
DV survivors	39%	3548
Disabling condition	40%	3639

Disabling condition counts from the 2020 Homeless Census

	Total homeless population (9097 people)	
Subpopulation	%	#
Disabling condition	40%	3639
Drug or alcohol abuse	36%	3275
Psychiatric or emotional conditions	40%	3639
Physical disability	23%	2092
PTSD	29%	2638
Chronic health problems	23%	2092
TBI	10%	910
HIV/AIDS	1%	91

From Homeless Census: "all survey respondents are asked if they are experiencing a range of health conditions. Those who indicate they are experiencing at least one of those conditions are asked follow-up questions to determine if they meet the level of HUD-disabling conditions"

This means frequency of each of these seven conditions is relative to the total homeless population, not the population with disabling conditions

Disabling condition counts from the 2020 Homeless Census

	Total homeless population (9097 people)		Chronic homeless population (1910 people)	
Subpopulation	%	#	%	#
Disabling condition	40%	3639		
Drug or alcohol abuse	36%	3275	90%	1719
Psychiatric or emotional conditions	40%	3639	62%	1184
Physical disability	23%	2092	36%	688
PTSD	29%	2638	41%	783
Chronic health problems	23%	2092	31%	592
TBI	10%	910	19%	363
HIV/AIDS	1%	91	2%	38

Planning for services and staffing to house people with disabling conditions

Planning for services to house people with disabling conditions

Start from bedrock philosophies of individual choice and empowerment

Types of services

- Housing retention
- Independent living skills
- Community integration
- Mental health
- Health/medical
- Substance abuse
- Employment
- Family

Planning for services to house people with disabling conditions

Types of services of particular relevance

- Recovery
  - Person process defined by the tenant
  - Program should have a philosophy of hope
- Mental health
  - Psychosocial assessment, counseling, group therapy, support groups, recovery classes, peer mentoring, psychoeducation, therapy
- Health/medical
  - Routine medical care, medication management, health/wellness education, nurse care, home health aides, HIV/AIDS services, physical therapy, pain management
- Substance abuse
  - Motivational interviewing, relapse prevention, counseling, methadone services, AA/NA groups, sober recreation

Planning for staffing to house people with disabling conditions

- Before deciding staffing patterns, figure out which services will be provided by program staff and which will be provided through referrals
- Staff availability
  - Offer support to meet tenant's needs without feeling institutional
- Staff responsiveness
- Staff location
  - **Colocation of benefits and services**
- Access to services

Planning for staffing to house people with disabling conditions

- Staffing ratios should be determined by the profiles of the people served
- Tenants usually need most intensive support in their first 3 months; assumption is that needs will decrease as they get settled
  - Critical Time Intervention Model
- May need specialists on staff whose services are specific enough that they can't be considered regular staff when coming up with staffing ratios
- Will need to have more training and specific training for staff serving people with disabilities
- **Generally suggest a ratio of 10:1 to 20:1**
  - **Provides an average of 1-2 visits per tenant per week**

Planning for staffing to house people with disabling conditions

HUD recommended case management ratios

Housing-based Case Management[3]

Target Population	Supportive Housing Scattered Site Caseload	Supportive Housing Single Site Caseload	Existing Program Stably Housed Tenants
Individuals	10–20	10–20	20–50
Families	10–12	10–12	12–40
Transition-age Youth (18–24 yrs. old)	10–15	10–15	15–30

Intensive Case Management Caseloads: Intensive Case Management is a team-based case management approach to working with high-acuity tenants who require ongoing wrap-around services to maintain tenancy and well-being.[7]

Target population	Scattered Site Caseload	Single Site Caseload	Existing Program Stably Housed Tenants
Individuals	10	15	20
Families	10	15	15
Individuals with Dual dx SUD/SMI	10	10	15
Individuals with ID/DD	10	10	10
Older Adults	10	15	15
Transition-age Youth (18–24 yrs. old)	10	15	20

Why should we invest in prevention?

Prevention is SO MUCH CHEAPER than providing housing and services for people after they become homeless

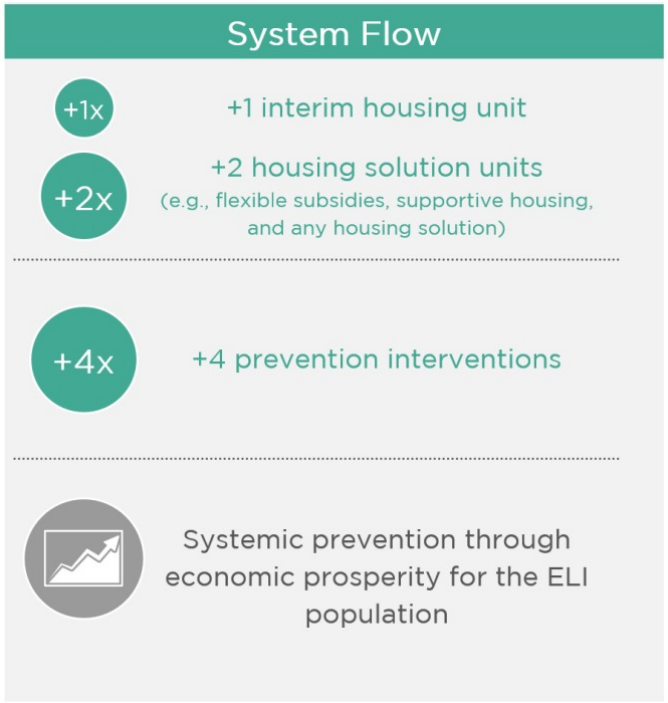
- Chicago study: temporary financial assistance reduced shelter entry within 6 months by 76% relative to control group
  - January 2010 – December 2012
  - Allowed to disperse $300-$900/household
  - Cost of prevention program = $10k/homeless spell averted
  - Cost of shelter + public services + higher mortality = $21k/homeless spell averted

- ESG funds specifically earmarked for prevention and shelter – we should optimize the use of funds specifically meant for prevention or we leave money on the table

Why should we invest in prevention?

- Even if prevention is hard to target efficiently, evidence-based prevention programs save money
- Since the biggest risk factor for homelessness is having been homeless before, prevention is a huge opportunity to change the trajectory of people's lives
- Most communities decide they want some kind of prevention
  - 93% of people live in communities that have prevention programs
  - 15M calls/yr to these programs nationally

Predictions of who needs prevention and how effective it will be are baked in to All Home's 1-2-4 model



- A good thing about this model is that it's based on inflow – because we don't have enough housing immediately or in the pipeline, we have to stem the flow of people becoming homeless
- If we're using this as our guideline, we may not need to factor in our own modeling for prevention

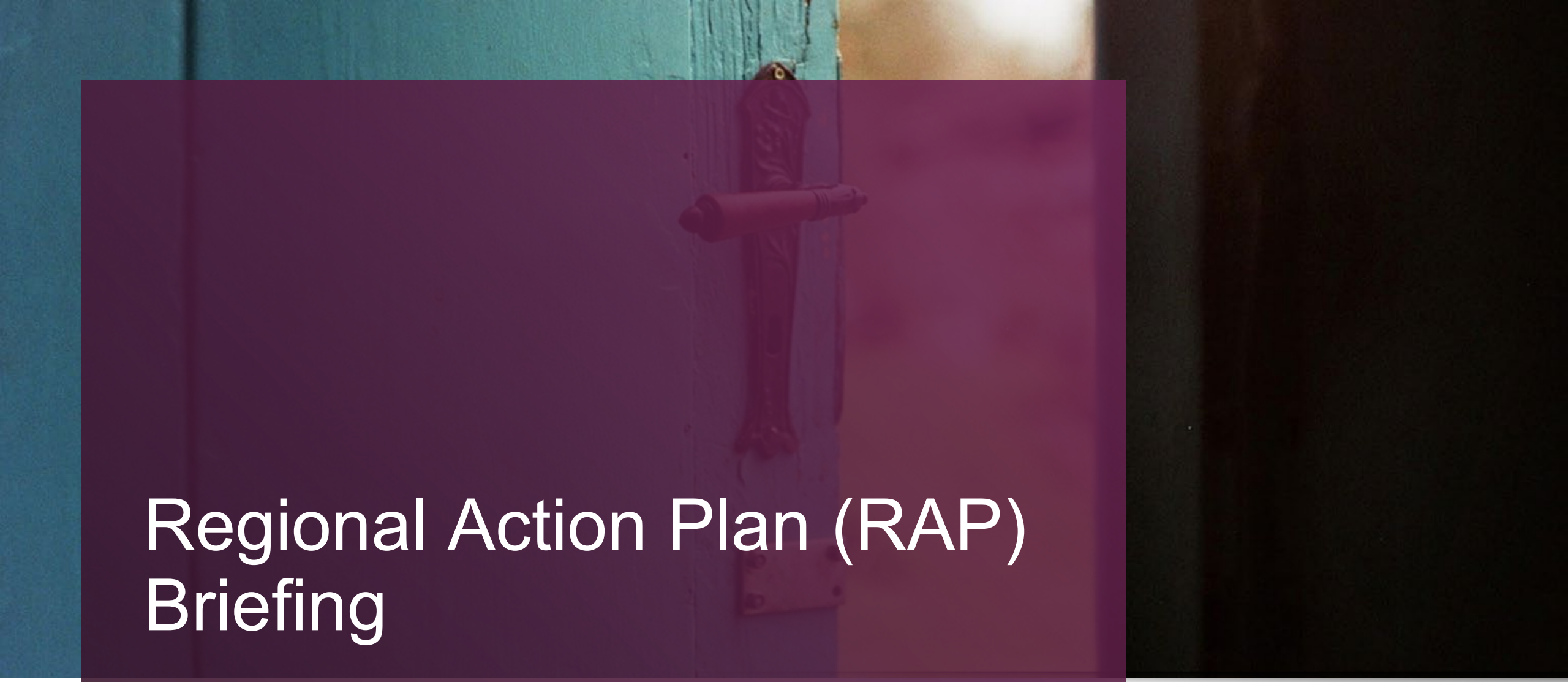
What do we want the SPC to consider?

- Researching evidence-based prevention programs to use as strategies in the strategic plan?
- Sonoma County does its own study and analysis on prevention?
- Adopt 1-2-4 model?
- Other ideas?

- What is the grant amount for prevention that would make sense? What is the typical rent for a given family size?

Next time

- Summarize and reflect on the progress we've made in this workgroup
- Discuss what we want the SPC to consider
  - What are our goals and priorities?
  - Can we come to a consensus on a few major points?
  - How/when will you bring things to the SPC?
  - How will you evaluate progress?



Regional Action Plan (RAP) Briefing

Meeting with Sonoma County CoC

August 25, 2021

ALL HOME

All Home - who we are

All Home is a Bay Area organization advancing regional solutions that disrupt the cycle of poverty and homelessness, redress the disparities in outcomes as a result of race, and create more economic mobility opportunities for extremely low-income (ELI) individuals and families within the Bay Area.

We are working across regions, sectors, and silos to advance coordinated, innovative service delivery and build coalition-supported momentum to challenge the long-standing systems that perpetuate homelessness.

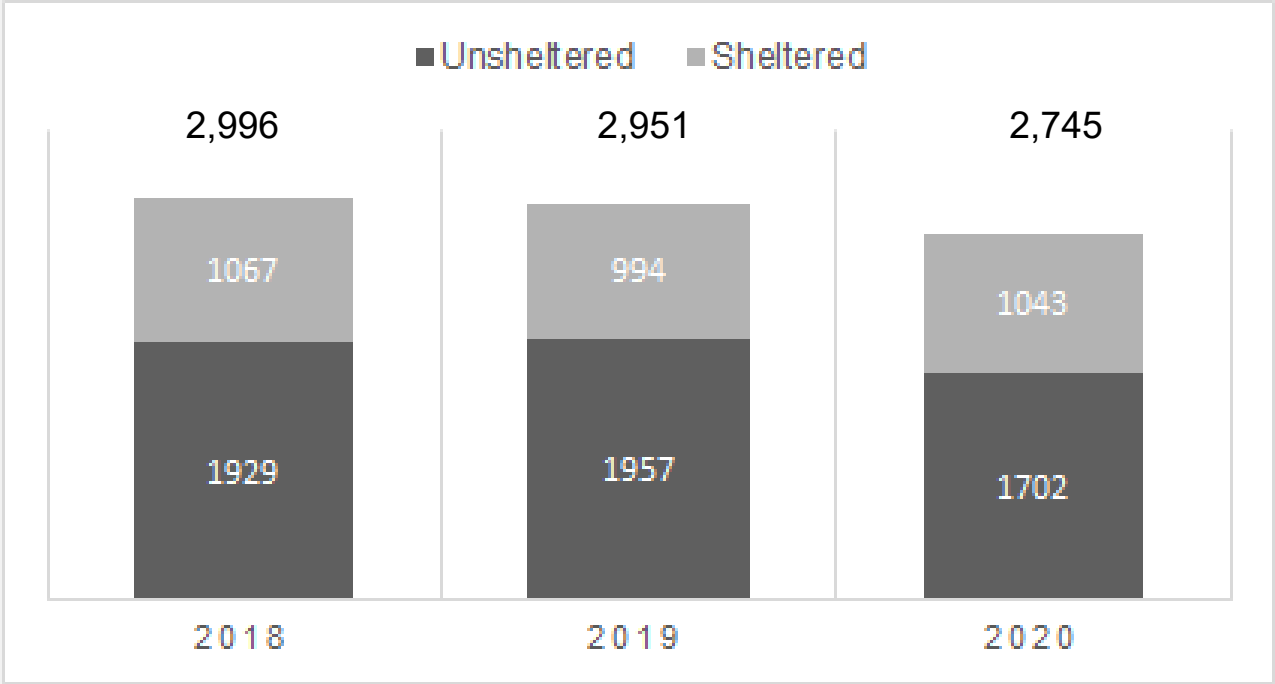
Sonoma County Fact Sheet

2,745 PIT count (2020)

16,825 Low income renter hh's don't have access to an affordable home

77% Extremely low income hh are paying more than half their income on housing, compared to 2% of moderate income hh

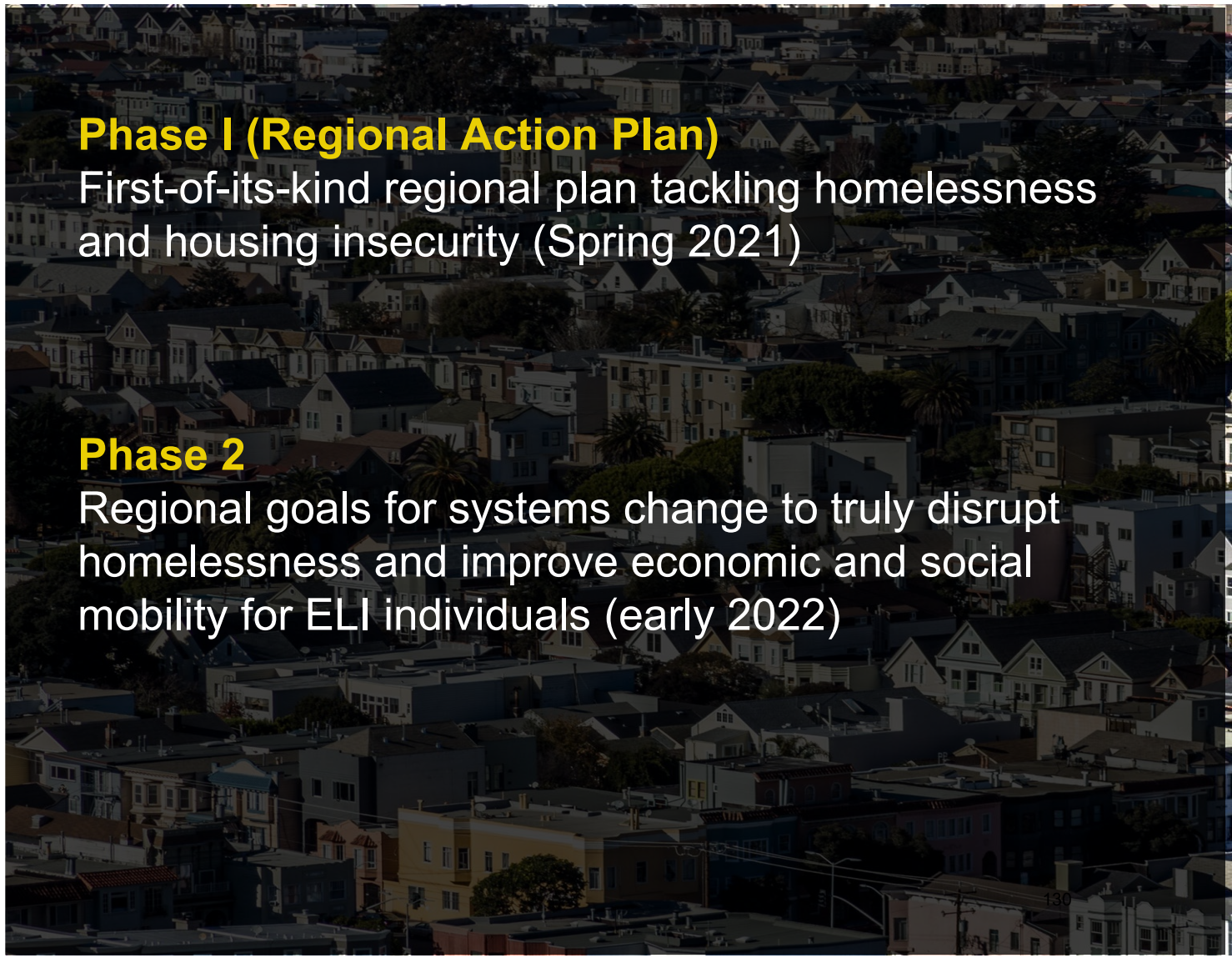
PIT Count, sheltered vs. unsheltered



The Regional Impact Council

A roundtable of policymakers, key affordable housing, social equity and economic mobility stakeholders, housing and homelessness service providers, and business and philanthropic partners

RIC
REGIONAL IMPACT COUNCIL

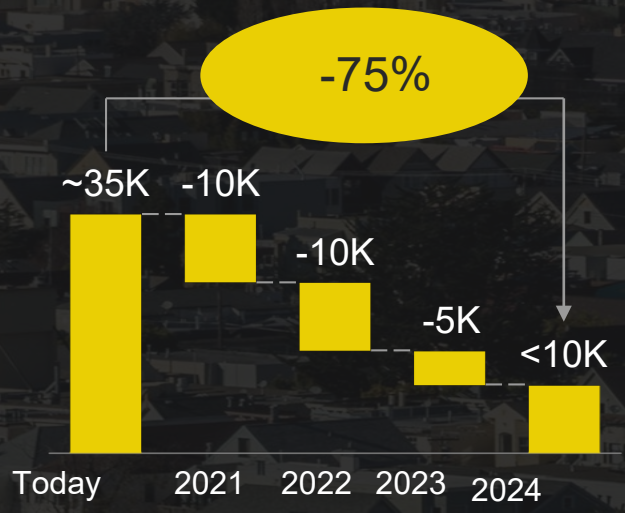


Phase I (Regional Action Plan)
First-of-its-kind regional plan tackling homelessness and housing insecurity (Spring 2021)

Phase 2
Regional goals for systems change to truly disrupt homelessness and improve economic and social mobility for ELI individuals (early 2022)

Regional Action Plan: Reduce unsheltered homelessness by 75% by 2024

The RAP aims to dramatically reduce the number of people experiencing unsheltered homelessness over next three years



The Regional Action Plan lays out a roadmap for reaching this goal through:

- Implementing a 1-2-4 Framework: a new, integrated approach to allocating scarce housing resources
- Leading a coalition to advocate for policies, programs and funding to achieve this goal

To achieve a 75% reduction, we must create system flow via 3 interventions:

For each addition to interim housing, 2x permanent housing solutions and 4x preventative interventions

1-2-4 Framework

Unsheltered

Currently housed

Stemming inflow

+1x

+2x

+4x

Interim Housing

(i.e., short-term / temporary solution on the path towards permanent exit)

Examples:

- *Navigation centers*
- *Tiny homes*
- *Shelter beds*
- *Etc..*

Permanent Housing Solutions

Examples:

- *Permanent Supportive Housing (PSH)*
- *Rapid re-housing (RRH)*
- *Flexible subsidy pools / shallow subsidies*
- *Section 8 vouchers*
- *Group housing*
- *Other long-term housing solutions*

Homelessness Prevention

Prevent at-risk households from experiencing homelessness through increased investment in strategies such as rental assistance

Three steps to implement the 1-2-4 Framework

Evaluate

Evaluate how each city and county allocates existing resources

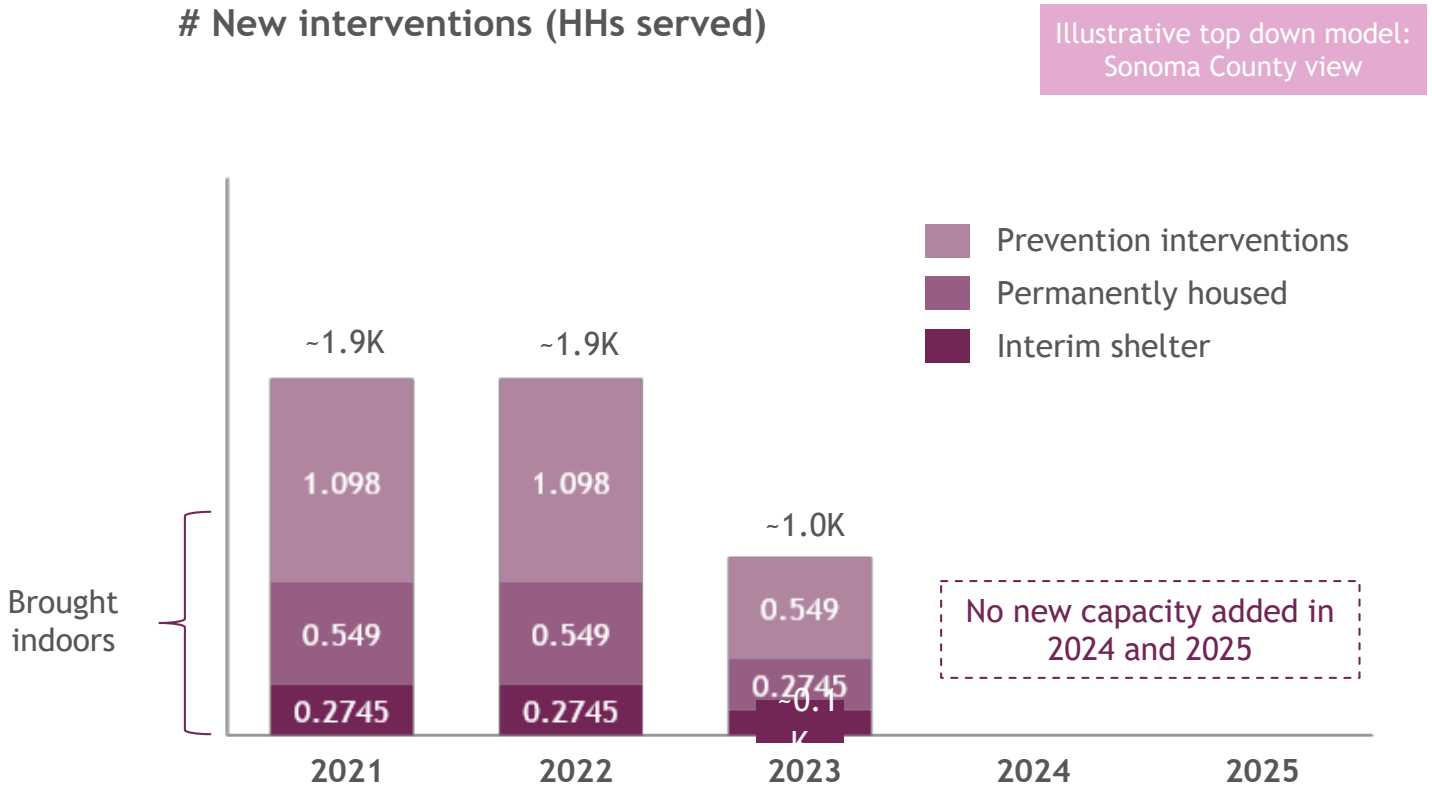
Align

Identify opportunities to align **existing resources** with the 1-2-4 framework

Advocate

Advocate for **new resources** to fill gaps and scale interventions commensurate with the need

1-2-4 Flow | Illustrative modeling for Sonoma County



~2.1K (75% of today)

Total brought indoors until 2024

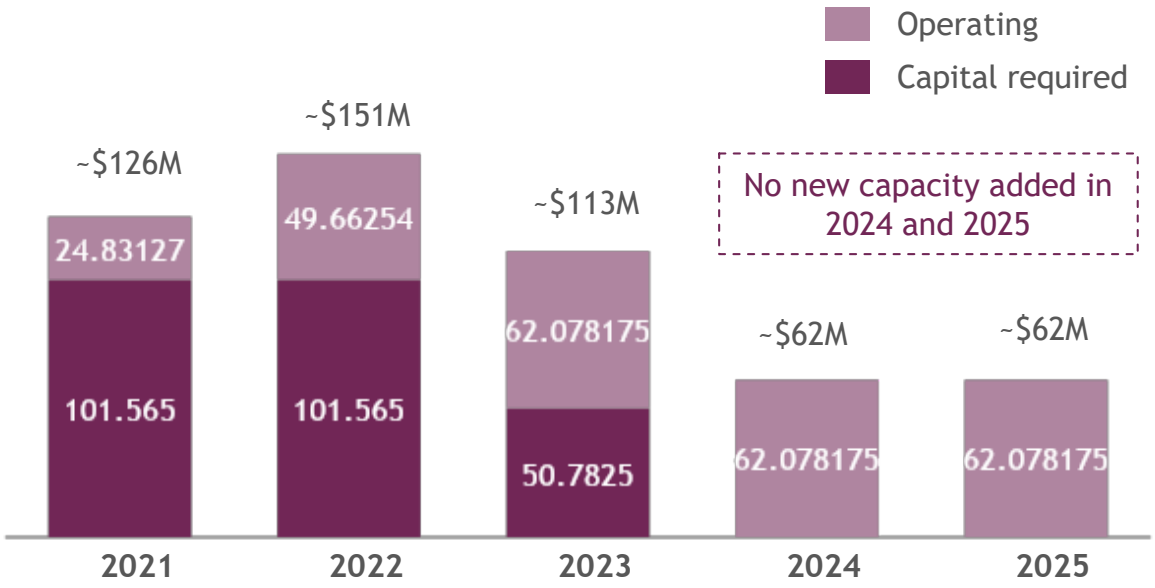
~2.7K

Total new prevention interventions

Note: "Brought indoors" defined as brought from unsheltered to housing in interim housing or housing solutions (including subsidies); Sources: San Francisco, Alameda, Contra Costa County documents and experts; Bay Area Council Economic Institute Homelessness Report

1-2-4 Flow | Illustrative cost modeling for Sonoma County

Illustrative top down model: Sonoma County view



~$515M

5-year cumulative cost

Note: Cost estimates based on ranges from various Bay Area sources; capital costs include construction costs and assume no land costs; operating costs include services provided and subsidies; no discounting applied; scenario modeled is 30%/30%/15% scenario housing 75% of unsheltered before 2024; construction timelines and funding pools assumed flexible to timeline shown; Sources: San Francisco, Alameda, Contra Costa County documents and experts; Bay Area Council Economic Institute Homelessness Report

Prevention: Differentiating Interventions on the Prevention Continuum

Reducing new episodes of homelessness requires a suite of prevention intervention strategies deployed such that each household gets what they need at the time they need it

Eviction Prevention

Eligible Population:

- ***Future risk of homelessness***
- *Leaseholders*
- *0-50% AMI*

Targeting criteria:

- *HHs with severe rent burden*
- *Active eviction, landlord harassment or habitability issues*
- *Highly impacted communities and neighborhoods*

Homelessness Prevention

Eligible Population:

- ***Imminent risk of homelessness***
- *Doubled up or leaseholders*
- *0-30% AMI*

Targeting criteria:

- *HHs with a previous episode of homelessness*
- *Highly impacted communities and neighborhoods*

Homelessness Diversion

Eligible Population:

- ***Lost housing and either seeking shelter or in shelter***
- ***Presenting for homelessness assistance***
- *Doubled up*
- *0-30% AMI*

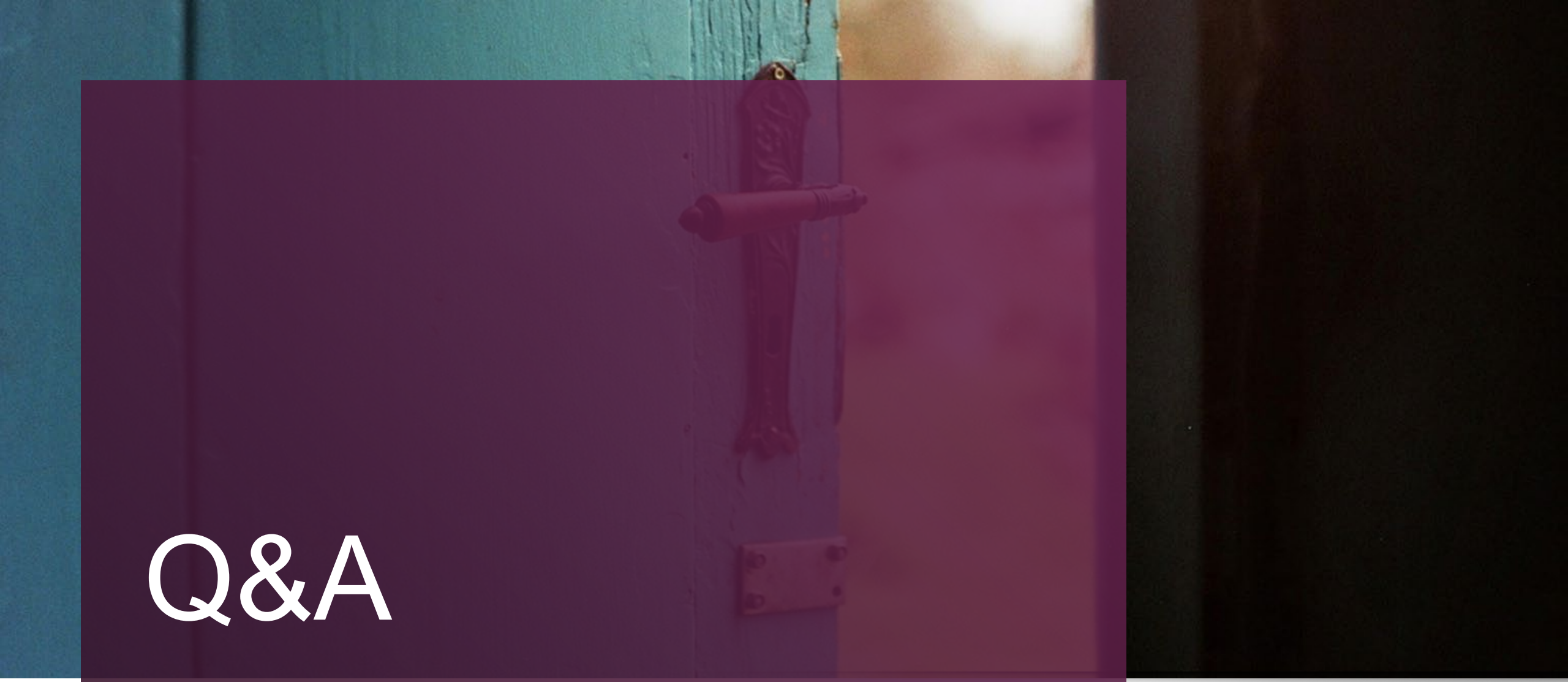
Targeting criteria:

- *HHs with a previous episode of homelessness*
- *Highly impacted communities and neighborhoods*

· https://housingequityframework.org

The value of a Regional Approach

- The lack of affordable housing and increasing homelessness, as a result, is a regional problem that no one city or county can solve on its own.
- Regionalism works – e.g., public health orders were effective because Bay Area counties acted together and at the same time.
- Current practices are already crossing city and county borders



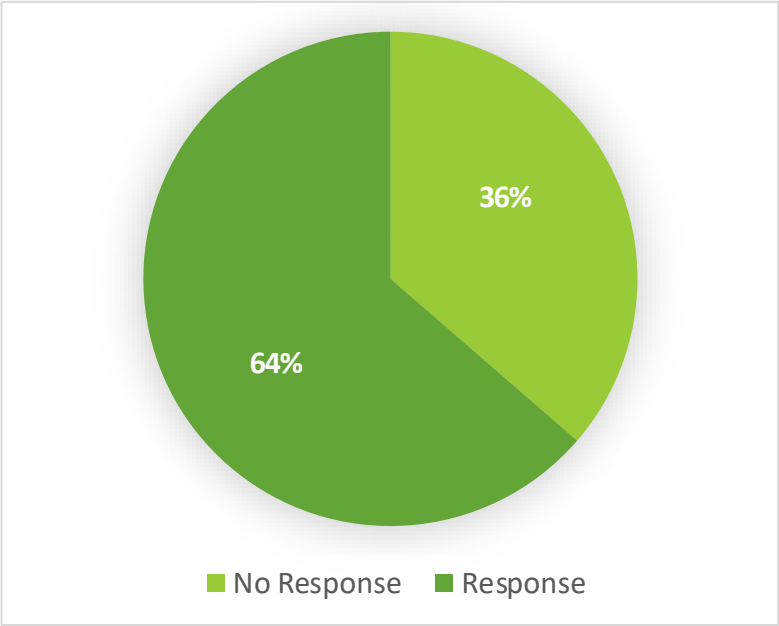
Q&A

ALL HOME

www.allhomeca.org

To get in touch with us, please reach out to Nahema Washington at:
nwashington@allhomeca.org

Sonoma County Homelessness System Capacity Survey Results



21

Total Responses

Organization Responses Requested: 33

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Sonoma County Homelessness System Capacity Survey Results

Thursday, July 21, 2022

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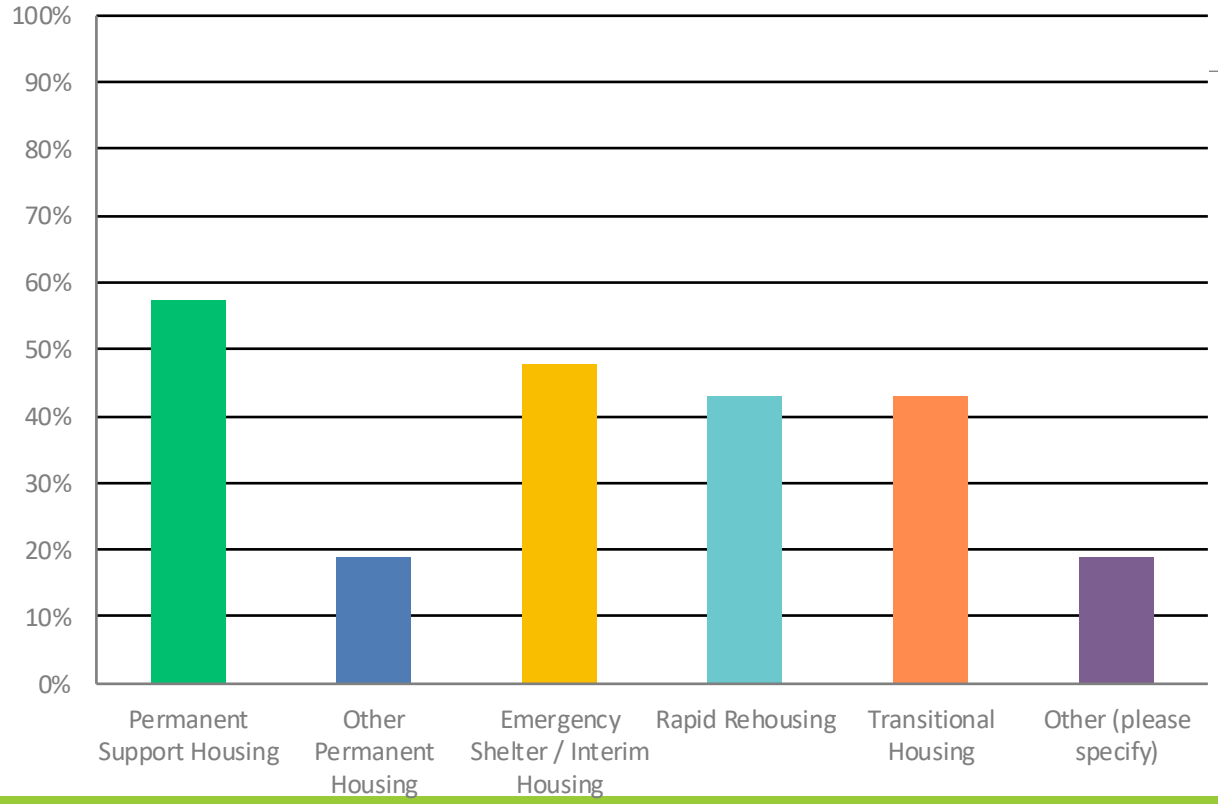
Q1: Please choose the type/s of housing your organization provides:



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Q1: Please choose the type/s of housing your organization provides

ANSWER CHOICES	RESPONSES	
Permanent Support Housing	57.14%	12
Other Permanent Housing	19.05%	4
Emergency Shelter / Interim Housing	47.62%	10
Rapid Rehousing	42.86%	9
Transitional Housing	42.86%	9
Other (please specify)	19.05%	4
TOTAL		48

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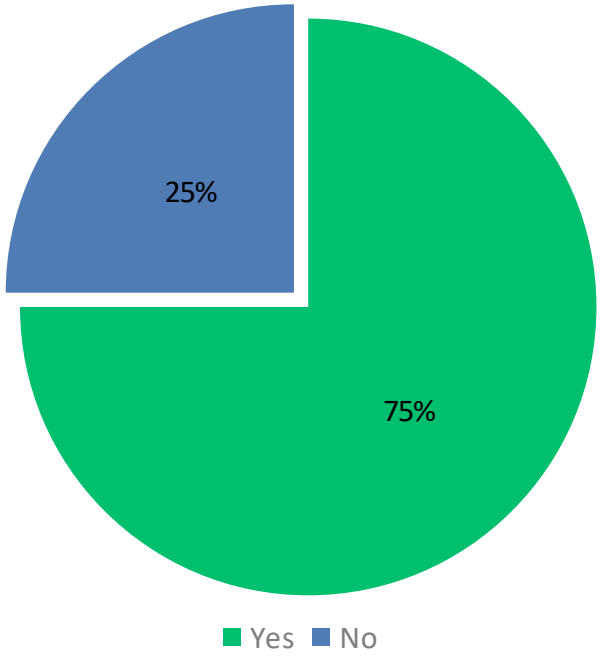
Q2: Does your organization have the capacity to separate the case management functions from the property management / landlord functions?



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Q2: Does your organization have the capacity to separate the case management functions from the property management / landlord functions?

ANSWER CHOICES	RESPONSES	
Yes	75.00%	15
No	25.00%	5
TOTAL		20

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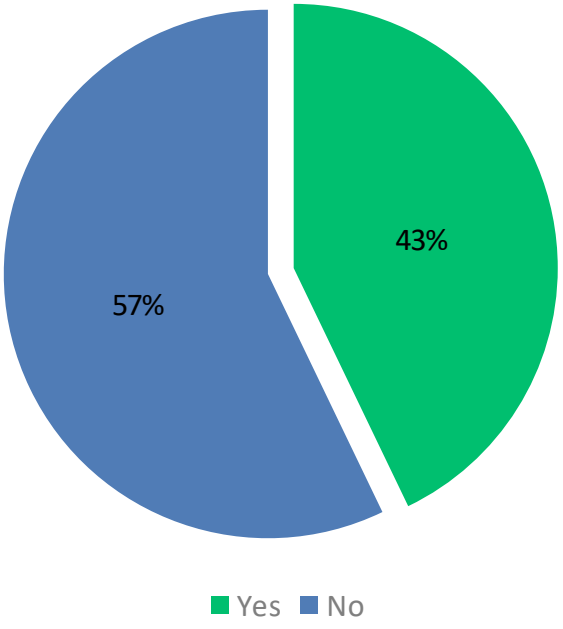
Q3: Does your organization have the capacity to have a case management to resident ratio of 1:15 or lower for the housing program/s you run?



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Q3: Does your organization have the capacity to have a case management to resident ratio of 1:15 or lower for the housing program/s you run?

ANSWER CHOICES	RESPONSES	
Yes	42.86%	9
No	57.14%	12
TOTAL		21

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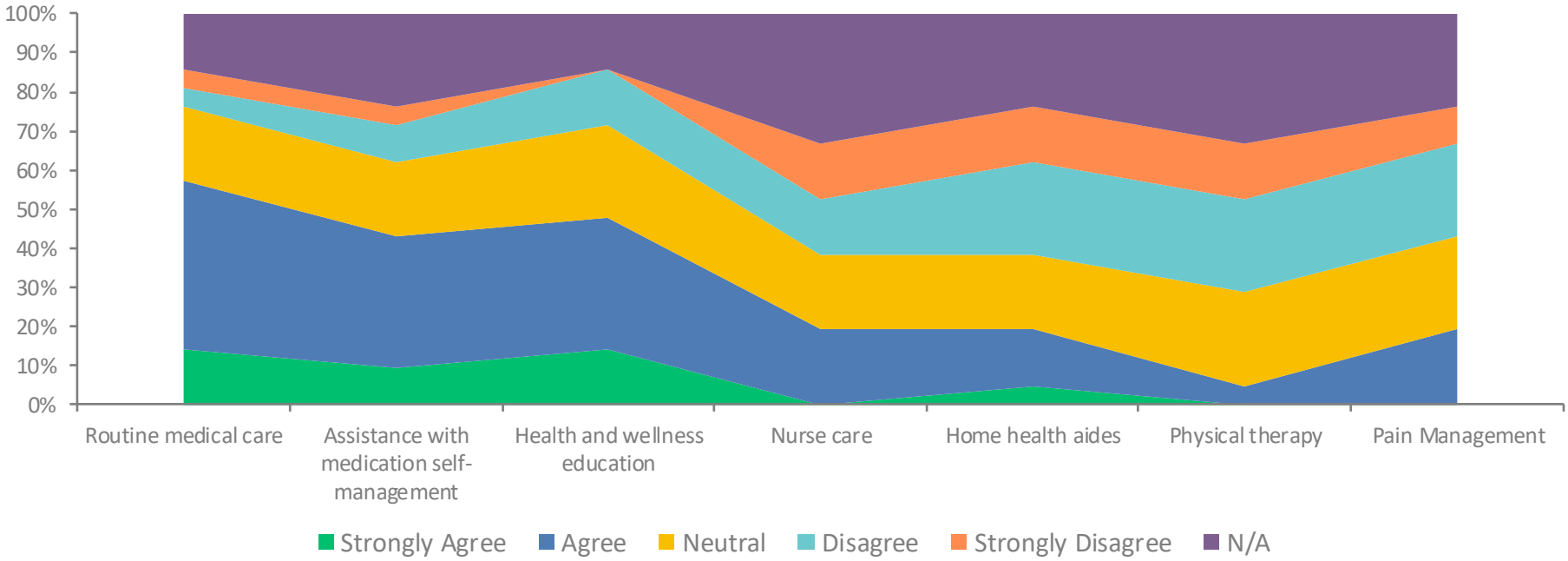
Q4: The residents in the housing program/s we run have readily available access (internally or externally) to Medical Services like:



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Q4: The residents in the housing program/s we run have readily available access (internally or externally) to Medical Services like:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
Routine medical care	14.29% 3	42.86% 9	19.05% 4	4.76% 1	4.76% 1	14.29% 3
Assistance with medication self-management	9.52% 2	33.33% 7	19.05% 4	9.52% 2	4.76% 1	23.81% 5
Health and wellness education	14.29% 3	33.33% 7	23.81% 5	14.29% 3	0% 0	14.29% 3
Nurse care	0% 0	19.05% 4	19.05% 4	14.29% 3	14.29% 3	33.33% 7
Home health aides	4.76% 1	14.29% 3	19.05% 4	23.81% 5	14.29% 3	23.81% 5
Physical therapy	0% 0	4.76% 1	23.81% 5	23.81% 5	14.29% 3	33.33% 7
Pain Management	0% 0	19.05% 4	23.81% 5	23.81% 5	9.52% 2	23.81% 5

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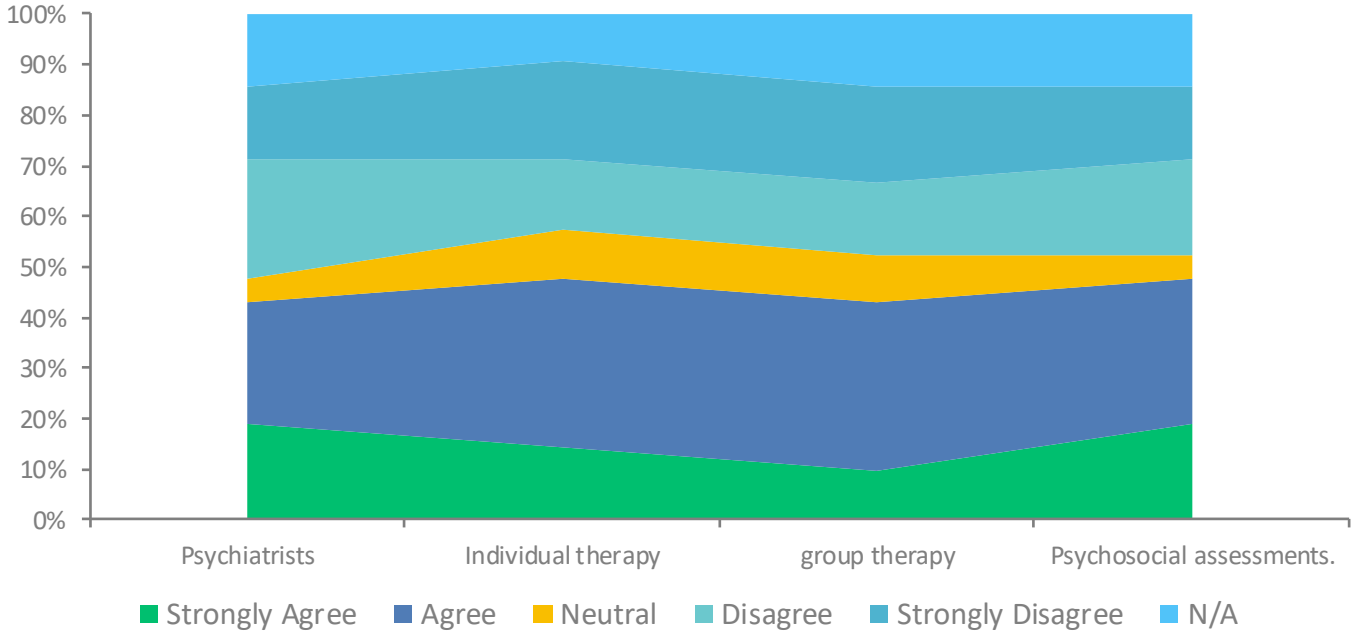
Q5: The residents in the housing program/s we run have readily available access (internally or externally) to mental health services like appointments with:



Powered by SurveyMonkey

Q5: The residents in the housing program/s we run have readily available access (internally or externally) to mental health services like appointments with:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
Psychiatrists	19.05% 4	23.81% 5	4.76% 1	23.81% 5	14.29% 3	14.29% 3
Individual therapy	14.29% 3	33.33% 7	9.52% 2	14.29% 3	19.05% 4	9.52% 2
group therapy	9.52% 2	33.33% 7	9.52% 2	14.29% 3	19.05% 4	14.29% 3
Psychosocial assessments .	19.05% 4	28.57% 6	4.76% 1	19.05% 4	14.29% 3	14.29% 3

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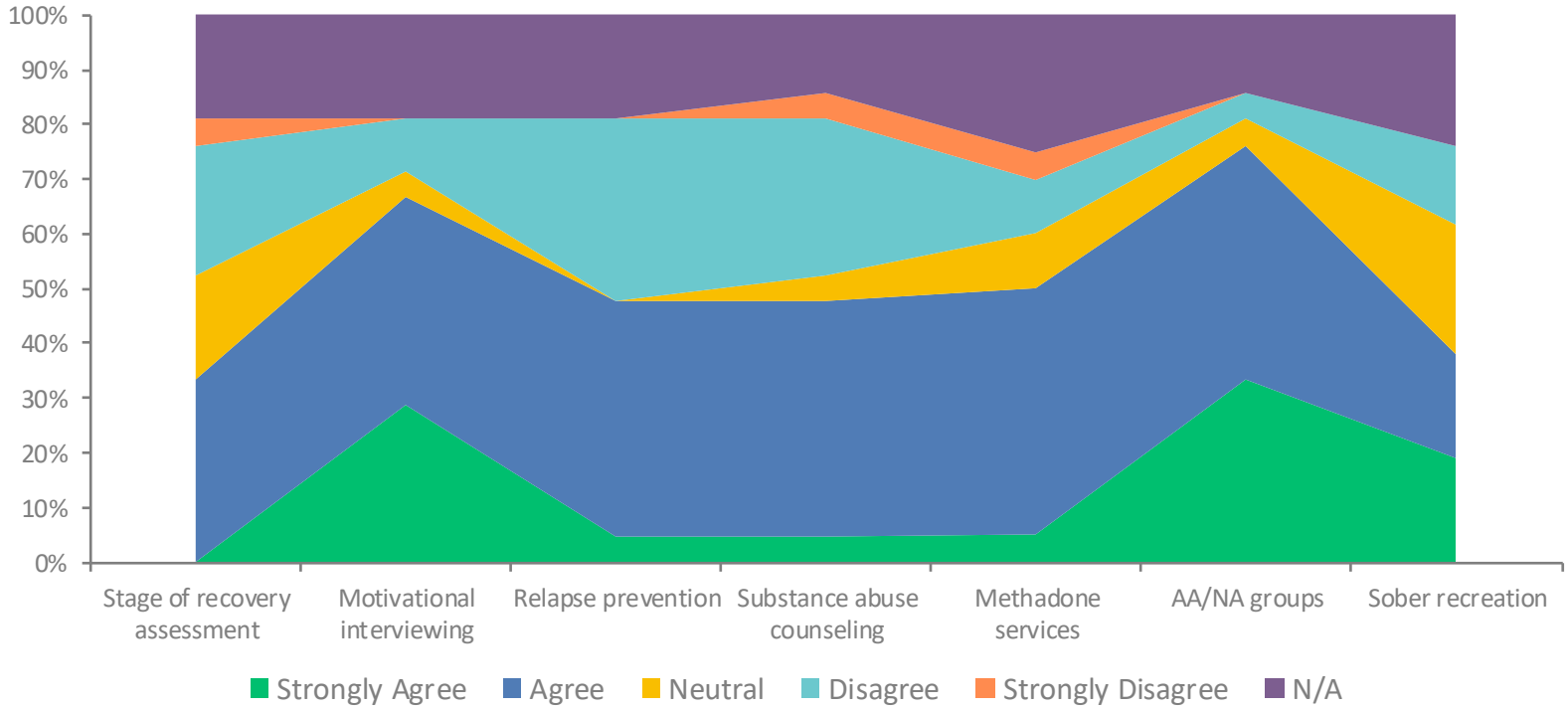
Q6: The residents in the housing program/s we run have readily available access (internally or externally) to substance abuse services:



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Q6: The residents in the housing program/s we run have readily available access (internally or externally) to substance abuse services like:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Stage of recovery assessment	0% 0	33.33% 7	19.05% 4	23.81% 5	4.76% 1
Motivational interviewing	28.57% 6	38.10% 8	4.76% 1	9.52% 2	0% 0
Relapse prevention	4.76% 1	42.86% 9	0% 0	33.33% 7	0% 0
Substance abuse counseling	4.76% 1	42.86% 9	4.76% 1	28.57% 6	4.76% 1
Methadone services	5.00% 1	45.00% 9	10.0% 2	10.0% 2	5.00% 1
AA/NA groups	33.33% 7	42.86% 9	4.76% 1	4.76% 1	0% 0
Sober recreation	19.05% 4	19.05% 4	23.81% 5	14.29% 3	0% 0

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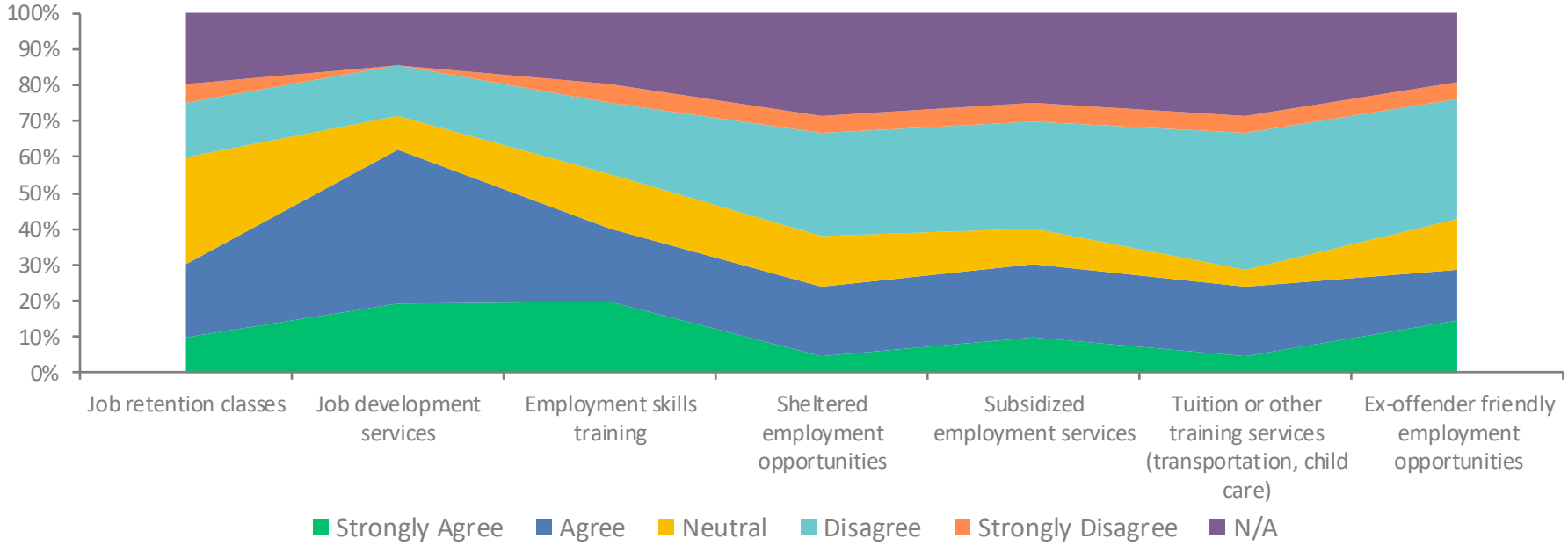
Q7: The residents in the housing program/s we run have readily available access (internally or externally) to Vocational and Employment Services like:



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Q7: The residents in the housing program/s we run have readily available access (internally or externally) to Vocational and Employment Services like:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Job retention classes	10.0% 2	20.0% 4	30.0% 6	15.00% 3	5.00% 1
Job development services	19.05% 4	42.86% 9	9.52% 2	14.29% 3	0% 0
Employment skills training	20.0% 4	20.0% 4	15.00% 3	20.0% 4	5.00% 1
Sheltered employment opportunities	4.76% 1	19.05% 4	14.29% 3	28.57% 6	4.76% 1
Subsidized employment services	10.0% 2	20.0% 4	10.0% 2	30.0% 6	5.00% 1
Tuition or other training services (transportation, child care)	4.76% 1	19.05% 4	4.76% 1	38.10% 8	4.76% 1
Ex-offender friendly employment opportunities	14.29% 3	14.29% 3	14.29% 3	33.33% 7	4.76% 1

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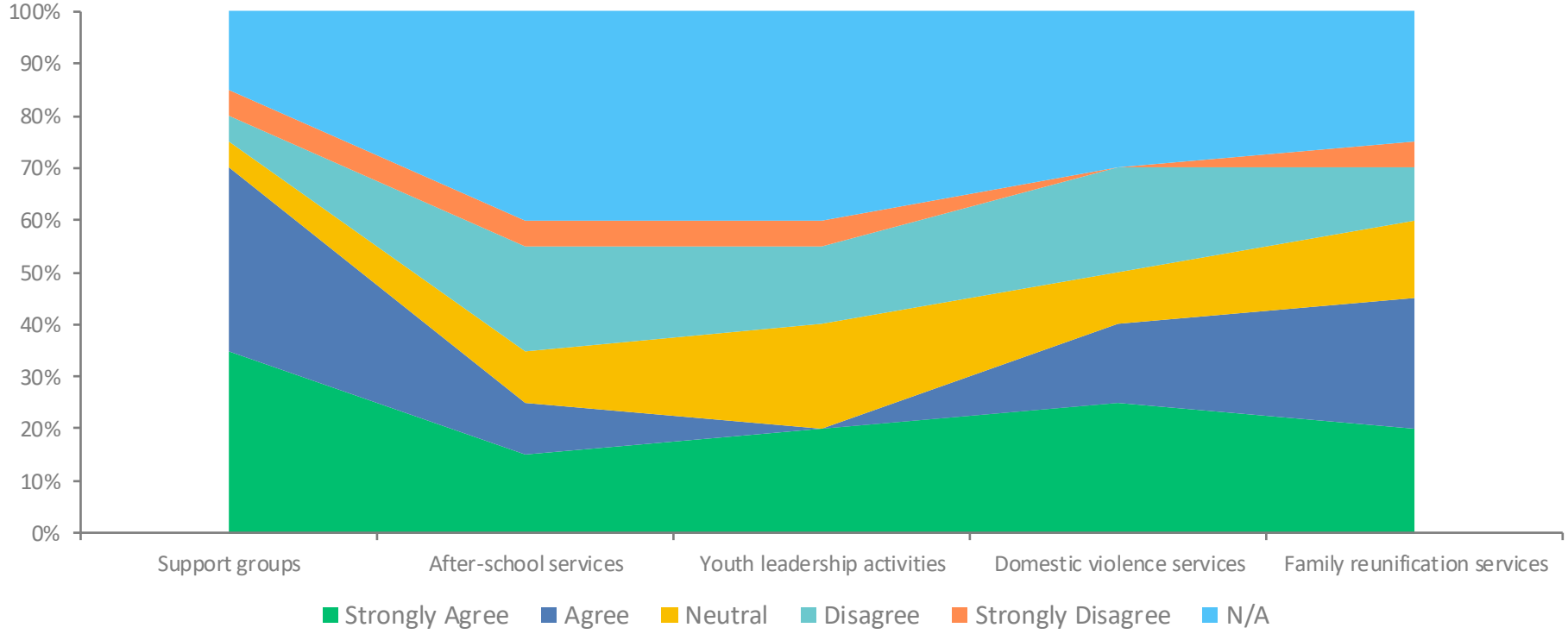
Q8: The residents in the housing program/s we run have readily available access (internally or externally) to family services like:



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Q8: The residents in the housing program/s we run have readily available access (internally or externally) to family services like:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
Support groups	35.00% 7	35.00% 7	5.00% 1	5.00% 1	5.00% 1	15.00% 3
After-school services	15.00% 3	10.0% 2	10.0% 2	20.0% 4	5.00% 1	40.0% 8
Youth leadership activities	20.0% 4	0% 0	20.0% 4	15.00% 3	5.00% 1	40.0% 8
Domestic violence services	25.00% 5	15.00% 3	10.0% 2	20.0% 4	0% 0	30.0% 6
Family reunification services	20.0% 4	25.00% 5	15.00% 3	10.0% 2	5.00% 1	25.00% 5

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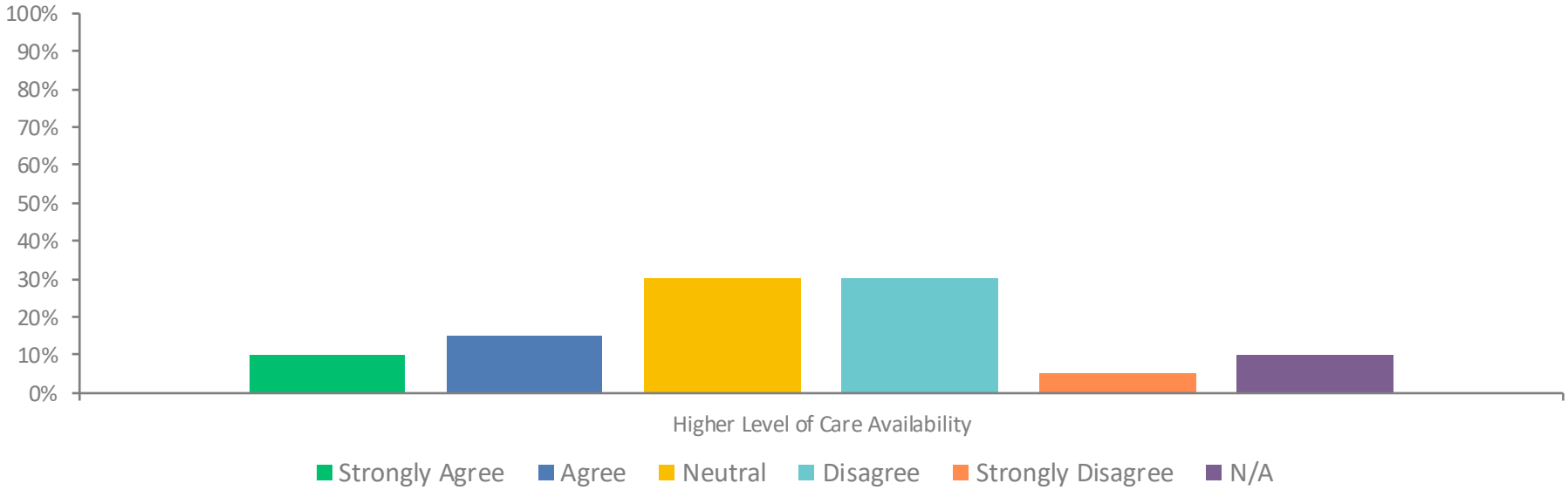
Q9: If someone is referred to our program whose disabilities, challenges, and/or behaviors are so severe that housing them safely would require more resources than we have access to in our program, we are confident that our organization can help them access an appropriate level of clinical care.



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Q9: If someone is referred to our program whose disabilities, challenges, and/or behaviors are so severe that housing them safely would require more resources than we have access to in our program, we are confident that our organization can help them access an appropriate level of clinical care.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
Higher Level of Care Availability	10.0% 2	15.00% 3	30.0% 6	30.0% 6	5.00% 1	10.0% 2

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Review and revise the strategies proposed in the last Housing Workgroup meeting

A. Regionally encourage a strategy that surplus public land be used for permanent supportive housing or for very low income housing at the lowest thresholds.

B. Work with local jurisdictions to increase the number of very low to extremely low units required through their inclusionary housing programs and/or regional housing needs allocations that can be accessed for permanent supportive housing.

B2. Do some long-term advocacy around calling for a nexus study in each jurisdiction to see if we can get an increase in the 'in lieu of fees' developers can choose to pay instead of creating set aside units for the low income housing.

C. Work with local jurisdictions to consider increasing and aligning the percentages of low income set asides required for private developments.

C2. Ensure that robust support services are available including but not limited to job development services, mental health services, addiction recovery services, and medical services.

D. Call for the development of housing options that are available in sufficient and proportionate amounts and that have the capacity to skillfully serve individuals with high acuity needs in the following areas:

i. Physical health challenges (add total units to
ii. Mental health challenges (add total units to

iii. Substance abuse challenges(add total units to

iv. Dual diagnosis issues (add total units to

v. Elder care (add total units to

D2. Call for asset mapping of care facilities including skilled nursing facilities, memory care facilities, inpatient psychiatric facilities, crisis residential units, crisis stabilization units, social rehabilitation units, and permanent supportive housing units.

E. Explore how shared housing might be utilized more in Sonoma County to resolve homelessness for some populations without creating new units.

F. Suggest that requests for proposals include language that preference will be given to providers who have a case management rate of between 1:10 and 1:15.

G. Call for the development of more individual units in conjunction with intensive case management services to safely house individuals who have substance abuse and mental health challenges, have a history of harming others, and who want low barrier housing.

H. Call for an ongoing review of investments into short-term housing solutions to determine when, based on the creation of long-term housing solutions, that they can be decreased or terminated.

I. Ensure that proposed strategies support the idea that - **Housing First can be done right with an integrated approach that includes consideration of the following:**

a. Staffing, training, compensation, safety

b. Supporting mental and physical health needs

c. Creating low barrier environments

d. Ensuring that higher levels of care are available when needed

J. Recommend that a proportionate amount of resources be allocated for recovery housing - 9% (see footnote) 117 temporary and 234 permanent housing spots be created/preserved as clean and sober housing sites in Sonoma County's right size system.

- 9% of homeless individuals surveyed in Sonoma County in 2020 wanted "clean and sober" housing

K. Ensure that housing interventions and supportive services offer pathways to independent living and economic self sufficiency whenever appropriate.

L. Incorporate peer support into our housing programs and services whenever the literature on best practices indicates that it is appropriate.

Strategic Planning Update

CoC Strategic Planning Committee

August 19, 2022

Outline

I. ”Deep Dive” Discussions

II. What’s needed to support the Housing First approach in Sonoma County?

”Deep Dive” Discussions

“Deep Dive” Discussions

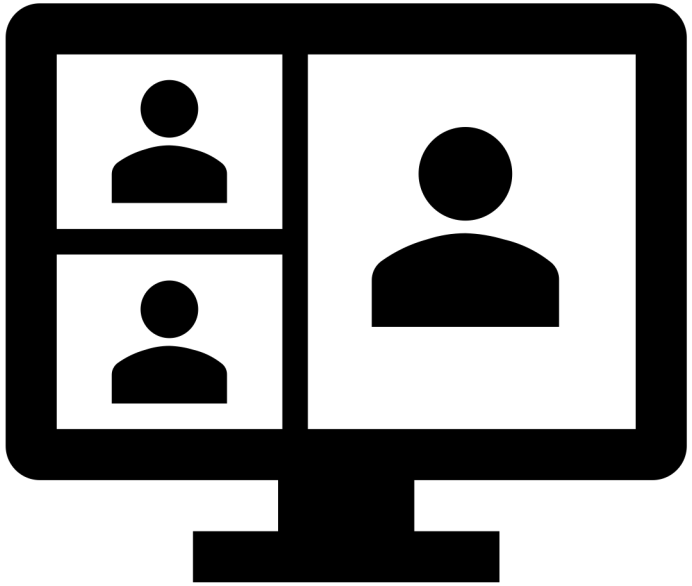
- **Coordination of Funding, Priorities and Data** – Tuesday, August 16 at 9:00 am
- **Decreasing Barriers to Engagement with Housing and Increasing Service Availability** – Tuesday, August 30 at 9:00 am
- **Encampment Strategies and Cross-Jurisdictional Coordination** – Thursday, September 8 at 10:00 am
- **Priorities for Housing Solutions** – Thursday, September 15 at 11:00 am

Goals for Deep Dive Discussions

- Broad stakeholder input
- Avoid re-hashing the issue
- Identify additional strategies
- Focus on implementation / action steps to advance strategies

Report-Out

Deep-Dive Discussion on “Coordination of Funding, Priorities and Data Analysis”



Housing First Discussion

Housing First

- Housing First is a state and federal funding requirement
- “Housing First” but not “Housing Only”
- Simple, but not easy
- August 30 Deep Dive: What’s needed to better support and implement the Housing First approach in Sonoma County?
- **For discussion today:** What Housing First strategies and action areas should we explore more fully during our deep dive session?