



County of Sonoma Agenda Item Summary Report

Clerk of the Board
575 Administration Drive
Santa Rosa, CA 95403

Agenda Item Number: 28

(This Section for use by Clerk of the Board Only.)

To: Board of Supervisors and Board of Commissioners

Board Agenda Date: August 22, 2017 **Vote Requirement:** Informational Only

Department or Agency Name(s): Community Development Commission

Staff Name and Phone Number:

Margaret Van Vliet, 565-7505
Jenny Abramson, 565-7548

Supervisorial District(s):

All

Title: Homeless Policy Workshop

Recommended Actions:

Study session regarding strategic efforts to address homelessness, including discussion of preliminary recommendations for a homeless services system redesign.

Executive Summary:

The Community Development Commission (Commission) will provide a briefing on current homeless needs and the effectiveness of the existing system of care, including the way in which funding decisions have been made and the outcomes measured and evaluated. Preliminary recommendations for redesigning the system will be offered by consulting firm HomeBase, to elicit feedback from the Board.

Discussion:

Like many communities up and down the West Coast, Sonoma County is experiencing very high rates of homelessness. The 2017 Point-in-Time count of homeless persons found 2,835 people without housing on any given night. While this is down slightly from the prior year, it still represents a worrisome 5.6 out of every 1,000 Sonoma County residents who are experiencing homelessness at any given time—more than three times the national rate.

Since 2013, the Board of Supervisors has increasingly focused on the issue, spearheading pilot projects, appropriating additional local funds, and seeking to clarify policy wherever possible. At the same time, federal requirements have continued to evolve in an effort to compel local jurisdictions to program funds in alignment with proven best practices.

The current array of funding sources and policy imperatives are highly complex and often appear fragmented. The study session and attached “white paper” will provide an overview of the federal context and requirements which drive much of the homeless-related work carried out by the Community Development Commission (Commission) on behalf of Sonoma County. It also describes the

current state of program delivery, including what's working and what could be improved, as context for the Commission's launch of a redesign of the homeless system.

Federal Policy Drives Local Efforts:

At the federal level, efforts to end homelessness are coordinated by the US Interagency Council on Homelessness, a nineteen-agency collaboration that created a national plan to end homelessness, and which provides support and resources to local jurisdictions to do just that. According to this Council,

"...An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience. Specifically, every community will have the capacity to:

- *Quickly identify and engage people at risk of and experiencing homelessness.*
- *Intervene to prevent the loss of housing and divert people from entering the homelessness services system.*
- *When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing."*

The strategies recommended by the US Interagency Council on Homelessness are consistent with, and require increasing alignment with a "Housing First" policy as adopted by Sonoma County's Board of Supervisors, which the Commission is working to fully operationalize.

The US Department of Housing and Urban Development is the primary funding agency for the Commission. In order to receive funding, the Commission conducts collaborative planning, engages the community, collects and analyzes data, and provides reports all as prescribed by HUD. This federal construct – described more fully in the white paper attached – informs the Commission's funding strategies for all homeless-dedicated resources, including local funds the Board of Supervisors has appropriated.

Policy discussion: what's working and what could be improved

While complex, the overall system has succeeded in reducing the total number of people experiencing homelessness over the past two years, when other West Coast communities saw substantial increases. That said, there are opportunities for improvements in several components of the overall system, including:

1. According to HUD, the primary decision-making body should be the Continuum of Care, yet that body in its current form is somewhat disconnected from the Board of Supervisors and other elected governing bodies throughout the county. Nor does the Continuum of Care Board have the widespread credibility to provide the visionary leadership and accountability that could drive the kind of impact community members, business leaders and elected officials are seeking.

2. Data on homelessness is maintained through Homeless Management Information Systems (HMIS), a mandated system that is still evolving in the wake of changing federal requirements, and is not yet fully transparent to or integrated with the County's overall safety net system.
3. Performance metrics are incorporated into service delivery contracts, but are not yet fully visible to decision-makers.
4. Not all service providers are fully equipped to deliver services in alignment with Housing First strategies.
5. The County and its partner city jurisdictions have not fully coordinated or aligned funding approaches and contract requirements, so substantial extra work is required of service providers to be accountable to funders.
6. While direct appropriations from the Board of Supervisors' budget hearings have helped fill critical and urgent gaps for some providers, such appropriations also have the unintended consequence of undermining support for and buy-in to the Commission's annual funding competition.

Recognizing these challenges, and the overall shortage of funds within the system, the Commission is seeking to redesign parts of the system in an attempt to ensure scarce resources are as well-deployed as possible. To that end, the Commission, in consultation with the Cities of Santa Rosa and Petaluma and the Community Foundation Sonoma County, have engaged a consulting firm with national experience to analyze and make recommendations for change. The scope of work involves evaluating the funding environment; recommending funding policies, contract language and metrics; and decision-making and governance.

Staff from the firm conducting the work – HomeBase/The Center for Common Concerns, will join the presentation to offer observations and preliminary recommendations, which include ways to move the system towards a unified vision and decision-making structure for the current multiplicity of funding processes in Sonoma County.

At the August 22nd study session, the Commission does not intend to make specific recommendations for moving forward. Rather, the intent is to engage the Board and gauge interest in moving parts of the system in new directions.

Prior Board Actions:

6/15/17 – Board adopts FY 2017-18 budget appropriating \$750,000 in new funds to address urgent needs specifically in the lower Russian River area.

5/2/17 – Board approves the Commission's FY 2017-18 public services awards and requests a workshop session offering the “big picture” of homeless policy.

6/16/16 – Board adopts FY 2016-17 budget appropriating \$836,000 in R&R funds to partially backfill a reduction of \$1.2 million in State of California Emergency Solutions Grant funds.

8/25/15 – Board adopts Building HOMES Toolbox, reviewing potential housing strategies to end homelessness in Sonoma County by 2025.																											
8/19/14 – Board adopts the Sonoma County Continuum of Care's 10-Year Homeless Action Plan, 2014 Update																											
Strategic Plan Alignment	Goal 1: Safe, Healthy, and Caring Community																										
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1 – Homeless Policy Workshop: A White Paper For Policy-Makers																											

Related Items “On File” with the Clerk of the Board:

HOMELESS POLICY WORKSHOP: A WHITE PAPER FOR POLICY-MAKERS



INTRODUCTION

Like many communities up and down the West Coast, Sonoma County is experiencing very high rates of homelessness. The 2017 Point-in-Time Count of homeless persons found 2,835 people without housing on any given night. While this is down slightly from the prior year, it still represents a worrisome 5.6 out of every 1,000 Sonoma County residents who are experiencing homelessness at any given time—more than three times the national rate of homelessness.

Since 2013, the Board of Supervisors has taken a particular interest in the issue, spearheading pilot projects, appropriating additional local funds, and seeking to clarify policy wherever possible. At the same time, federal requirements have continued to evolve in an effort to compel local jurisdictions to program funds in alignment with proven best practices.

The current array of funding sources and policy imperatives is highly complex and often appears fragmented. This paper provides an overview of the federal context and requirements which drive much of the homeless-related work carried out by the Community Development Commission (Commission) on behalf of Sonoma County. It also describes the current state of program delivery, including what's working and what could be improved, as context for the Commission's launch of a redesign of the homeless system.

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PART I: FEDERAL POLICY DRIVES LOCAL STRUCTURES

The federal government's involvement in policy and funding towards ending homelessness has evolved substantially in recent years. In 2009 Congress passed the HEARTH Act, which reauthorized and updated the US Department of Housing and Urban Development's Targeted Homeless Assistance funding streams to require research-informed practices nationwide, and required the federal government to develop a strategic plan to end homelessness. In 2010, the US Interagency Council on Homelessness created that strategic plan (www.usich.gov/opening-doors), which provides high level guidance to the nineteen federal agencies that play some role in addressing issues of homelessness.

National research and advocacy groups, and their federal partners at HUD and the US Interagency Council on Homelessness, agree that the field knows how to end homelessness:

An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience. Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

(<https://www.usich.gov/opening-doors>)

The 2017 Continuum of Care Notice of Funding Availability outlines key strategies that can end homelessness (as has been done in a few cities) if implemented with evidence-based fidelity:

- Implementing an effective **street outreach strategy** that not only engages people living in encampments, but connects them directly to permanent housing;
- Right-sizing shelter and crisis housing resources to meet the need, designed with **low-barriers** to entry and to connect people to permanent housing as quickly as possible;
- Working with institutions and systems of care like child welfare, hospitals, detox centers, and juvenile and criminal justice on in-reach strategies and discharge planning

practices to prevent homelessness;

- Implementing diversion strategies to help people identify immediate alternate housing arrangements and **preventing homelessness** whenever possible; and
- Strategically targeting **rapid re-housing** and **permanent supportive housing** resources and using them in conjunction with innovations in these other areas to house people as quickly as possible.

These strategies are consistent with, and require increasing alignment with a “Housing First” policy as adopted by Sonoma County’s Board of Supervisors, which the Commission is working to fully operationalize.

The US Department of Housing and Urban Development (HUD) is the primary agency with which Sonoma County Community Development Commission works on these issues. In order to receive funding from HUD, Sonoma County must meet numerous requirements for planning, community engagement, reporting, and data analysis and management. These requirements are discussed more fully in the following sections.

MEETING HUD’S REQUIREMENTS

The baseline HUD requirement of local communities is the 5-year Consolidated Plan.¹ The Consolidated Plan drives receipt of Community Development Block Grant, HOME Investment Partnership Grants, and Emergency Solutions Grants. Other streams of HUD Targeted Homeless Assistance require establishment of a local planning body known as a “Continuum of Care.”

The Continuum of Care brings together government, homeless service providers, and anyone else working to end homelessness. HUD expects this body to serve as the lead entity for ending homelessness in the local community. Sonoma County’s Continuum of Care was established in 1997 specifically to allow the community to apply collaboratively for HUD’s Continuum of Care Targeted Homeless Assistance funding. The Commission has hosted the Sonoma County Continuum of Care since that initial collaborative application, and formally became the Continuum’s lead agency as federal rules eventually required.

¹ Consolidated Plans outline local priorities and goals for expenditures of federal funds. Each year an annual Action Plan is required to more specifically project expenditure targets, and annual progress reports are also filed.

The Continuum of Care funding process requires applicants to address HUD's current strategic initiatives as well as performance measures addressing homelessness. These must be consistent with local Consolidated Plans, which requires the Continuum of Care to work closely with government entities that receive other HUD funds, such as the Community Development Commission and the cities of Santa Rosa and Petaluma.

Over the past 20 years, the Sonoma County Continuum of Care has developed into a wide-ranging, data-informed collective impact effort. Over 200 people representing about 80 organizations participate in a dozen working groups and quarterly general membership meetings.

Sonoma County agencies now receive \$3 million annually in Continuum of Care funding. Continuum of Care funding brings numerous federal mandates, including:

- Year-round collaborative planning
- Homeless Data initiatives
 - Web-based Homeless Management Information System (HMIS)
 - Submissions to Annual Homeless Assessment Report (AHAR) to Congress
 - Regular Homeless Counts (at least every two years, preferred annual)
 - Annual Inventory of homeless-dedicated housing
- Performance Measurement
 - Annual Performance Reports for individual projects
 - Annual submissions of 7 System Performance Measures
- Development of a single point of entry into homeless services—Coordinated Entry

Together, these federal mandates provide a basis for ongoing data-informed planning and performance measurement.

A timeline of the Sonoma County Continuum of Care's development appears as Appendix A, and current funding through the Continuum of Care is attached as Appendix B.

SONOMA COUNTY'S CONTINUUM OF CARE PLANNING STRUCTURE

As required by HUD, Sonoma County's Continuum of Care is governed by a board with a written charter, updated annually. The Continuum of Care Board must have representation of the local jurisdictions that receive direct HUD allocations of Community Development Block Grants and Emergency Solutions Grants. The Continuum of Care Board must also have representation from people with lived experience of homelessness, and from other entities working to address homelessness. Sonoma County's Continuum of Care Board has representatives of the Commission and City of Santa Rosa and Petaluma Housing departments; County Human

Services Department (a Health Services seat is currently vacant); a private funder; an advocacy representative; the two largest homeless service providers (Catholic Charities and COTS); two at-large representatives; and two formerly homeless representatives. The current Board and membership roster are attached as Appendix C.

The Sonoma County Continuum of Care's activities are guided by a 10-Year Homeless Action Plan that was updated in 2014 and endorsed by the County Board of Supervisors that year. The 10-Year Plan's goals were derived from successive years of Homeless Count data, data from Sonoma County's year-round Homeless Management Information System, other studies of Sonoma County's homeless youth and vulnerable unsheltered homeless persons, and tied to the County's Upstream and Health Action indicators. The resulting 10-Year Plan 2014 Update goals are to increase access to housing, income and health care. These goals drove the establishment of working groups such as RENT Sonoma (which builds relationships with the real estate community to further placement of homeless persons in permanent housing); SOAR Disability Benefits (which promotes adoption of a national best practice for establishing disability income); a Workforce Development committee; and others. As HUD's compliance mandates have grown, additional working groups have ensured compliance.

Sonoma County's Continuum of Care planning and governance structure is fully compliant with HUD requirements and has successfully guided expenditures of relevant funding. *But there is still room for improvement.*

- Because its administration is housed within the Commission, the Continuum of Care body is sometimes confused with the Commission itself. Therefore decisions rendered by the Continuum of Care Board can easily be perceived as decisions of the Commission staff, and some partners have expressed concern about the authority under which certain actions are taken or decisions made.
- The work of the Continuum Board is somewhat removed from the policy directives of the relevant elected bodies for the partner jurisdictions
- Individual members of the Continuum of Care don't necessarily fully represent the views of the organizations they represent.
- Finally, there is concern about potential conflicts of interest when decisions about funding priorities are made by individuals representing non-profits who have a stake in the outcome of decisions.

For these reasons, among others, the structure and representation of the Continuum of Care as Sonoma County's official planning body likely need to be updated, refreshed, and even re-branded as part of the overall system redesign work currently taking place.

HOMELESS DATA INITIATIVES

The Sonoma County Continuum of Care contributes to a national homeless data-gathering mandate which includes an internet-based Homeless Management Information System (HMIS), and submissions for HUD's Annual Homeless Assessment Report (AHAR) to Congress. The data collected is publicly available on HUD's www.hudhdx.info website, the HUD Data Exchange. Since 2004, HUD has regularly updated its data standards with which each local HMIS system must comply—including nearly annual updates based on HUD's evolving regulations.

The Commission is lead agency for the Sonoma County HMIS. In this role the Commission receives \$187,907 annually in Continuum of Care funding, and a required match of \$46,977 that is funded with user fees paid by participating agencies. The combined annual budget of \$234,884 funds nearly \$70,000 in software license fees, 1.0 FTE HMIS Administrator, and occupancy and administrative costs. Approximately half of the HMIS Administrator's time is spent providing technical support and training to the homeless service agencies that are required, through Continuum of Care, Commission or City funding contracts, to utilize the HMIS as their primary client database. The balance of the HMIS Administrator's time is spent keeping up with quickly changing reporting responsibilities and customizing of the database to meet complex new mandates such as Coordinated Entry.

A new demand on the HMIS Administrator's time is working to integrate HMIS data with similar data systems throughout County government, including Health Action, Upstream Investments, and most recently Securing the Safety Net. These well-meaning calls for data sharing and integration have the potential to strain the capacity of the Commission's HMIS operations.

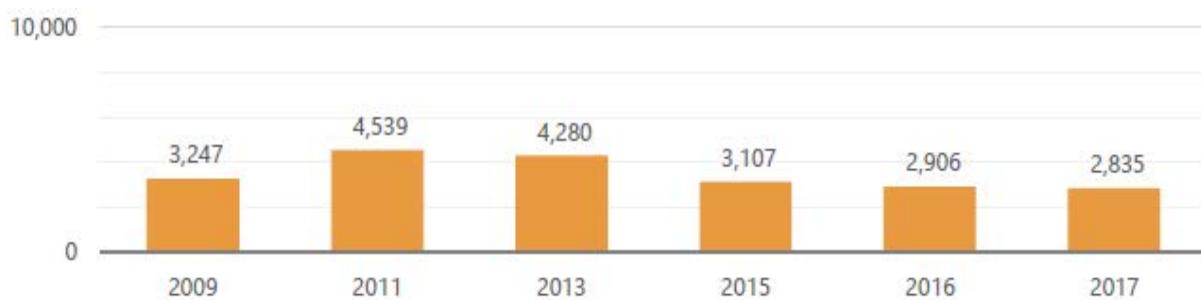
As with the Continuum of Care structure, Sonoma County's HMIS administration is fully compliant with federal requirements, but is not consistently viewed by community partners as having the necessary capacity to provide definitive data on ending homelessness objectives in a timely way. Thus the HMIS is a candidate for strengthening as part of redesign.

ANNUAL HOMELESS COUNT

HUD has required one-day counts of homeless persons during the last 10 days of January, since 2005. In 2009 and following years, the Community Development Commission and Sonoma County Continuum of Care have contracted with a national leader in homelessness research, Applied Survey Research, to lead as complete a census effort as possible. While such a census is always an undercount, this data provides a gauge of progress and is used to calculate what is needed to end homelessness.

Providers responded to the first Count conducted with Applied Survey Research as the first census that reflected accurately the prevalence of homelessness in Sonoma County. Following the Great Recession in 2011, the number of people experiencing homelessness on any given night spiked to 4,539. Since that time, homelessness has been slowly decreasing. Two key factors appear to have led to this decline:

- 1) The improving economy has slowed the flow of new people into homelessness; and
- 2) The introduction of Rapid Re-Housing programs has assisted hundreds of people to get back into housing.



Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

Figure 1. Point in Time Counts 2009-2017

The strength of Sonoma County's Point-in-Time Count methodology, the depth of the survey instrument and approach, and high-caliber analytics mean that results here are well-regarded both locally and nationally. Comprehensive Reports from each Homeless Count since 2009 are available on the Commission website: <http://www.sonoma-county.org/cdc/cdhomeless.htm>.

See Appendix D for brief additional Count data and regional trends since 2011.

INVENTORY OF HOMELESS HOUSING

Along with the Point-In-Time Count, each year Commission staff submit a required point-in-time inventory of homeless-dedicated housing to HUD. The 2017 inventories included a total of 2,087 beds now in use, and 241 beds in the pipeline:

- 605 year-round emergency shelter beds and 210 additional beds during the winter season.
- 331 transitional housing beds
- 339 persons housed via Rapid Re-Housing programs

- 812 permanent supportive housing beds
- 241 more permanent supportive housing beds were in the pipeline at the time of the inventory

The Board of Supervisors recognized the insufficiency of homeless-dedicated permanent housing units when it adopted the *Building HOMES Toolbox* in 2015. The Toolbox contained a call for the production of 2,200 homeless-dedicated housing units within ten years. While much of the work called for in the Toolbox continues by the Commission and others, the adoption of the Board Strategic Priorities of *Housing for All* and *Securing our Safety Net* effectively updates county-wide goals, and significantly expands the multi-agency accountability and engagement, all of which should lead to greater unit production in the months and years ahead.

Appendix E contains full listings of homeless-dedicated housing as of January 2017.

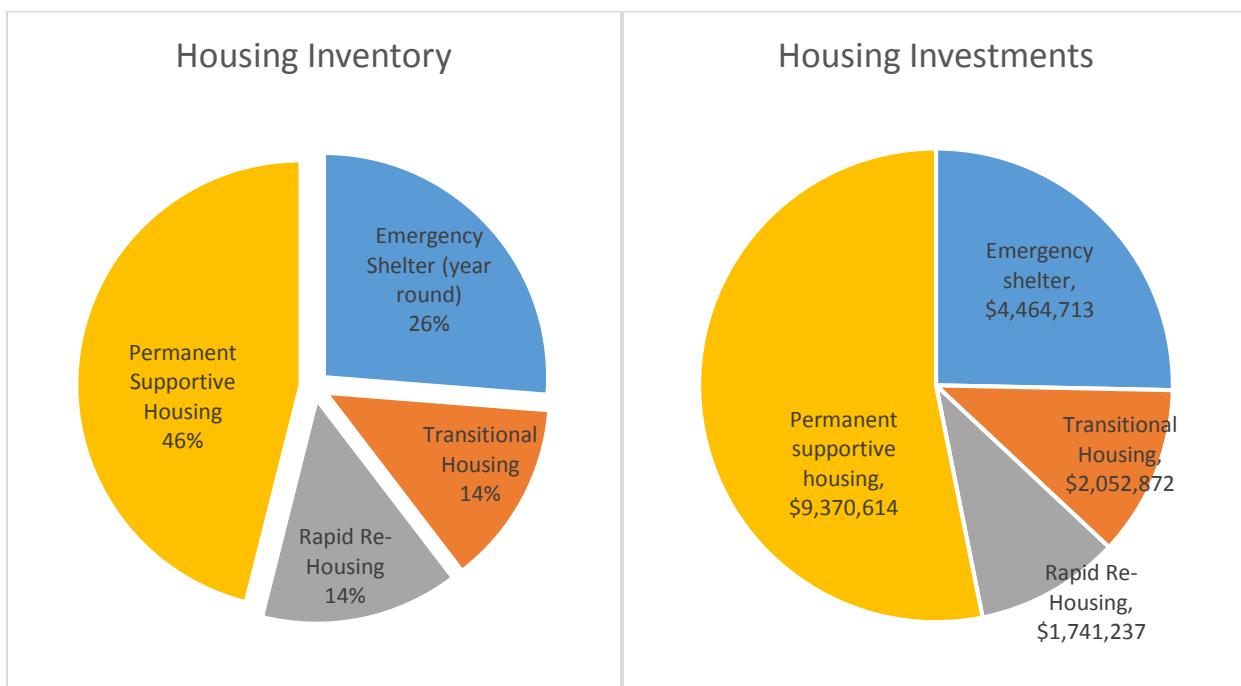


Figure 2. Distribution of Homeless Housing Inventory and Investments, 2017.

PERFORMANCE MEASUREMENT

Individual homeless service projects receiving Continuum of Care funding must submit Annual Performance Reports to HUD, directly generated from the HMIS. In addition to aggregate information about client demographics, income at program entry and exit, and health conditions, the Annual Performance Report provides information about the disposition of the client at program exit. How many went to permanent housing? How many went back to the

street? To a temporary housing situation or a hospital or a jail? How long were they enrolled in the program before a permanent housing placement could happen?

This standard outcome data is available for any project participating in the HMIS, or even a group of projects. Therefore the following deliverables have been incorporated into reporting for all Commission-funded projects:

- Homelessness prevention projects: Movement from crisis to housing stability
- Street outreach projects: Placement in temporary or permanent housing
- Shelter and transitional housing projects: Exit to permanent housing
- Rapid Re-Housing and Permanent Supportive Housing: Remaining in permanent housing at the end of the contract or at program exit (remaining in one's home without assistance or moving to a more independent permanent housing setting).

These funding sources are also contingent on annual submissions of seven System Performance Measures defined in the HEARTH Act of 2009. These measures, generated from multiple years of HMIS data, track how the entire system of care is performing on both macro and micro levels. As of 2017, scoring on the Continuum of Care consolidated application is largely based on improvements in these system performance measures. Below are three particularly well-designed performance measurements that the Commission tracks:

Key Performance Measures	2015-16 Performance	Change from 2014-15
Total number of homeless persons <ul style="list-style-type: none"> a. Point In Time Count – <i>smaller is better</i> b. Number Served Year-Round – <i>larger is better</i> 	2,906 3,883	-191 +1,257
Rate of Return to Homelessness – <i>smaller is better</i> <ul style="list-style-type: none"> a. Within 6 months b. Within 12 months c. Within 24 months 	14% 6% 28%	-2% -2% -1%
Successful Exits from Homeless Services – <i>larger is better</i> <ul style="list-style-type: none"> a. From Shelter or Transitional Housing to Permanent Housing b. Retention of Permanent Housing by Rapid Re-Housing and Permanent Supportive Housing participants 	a. 37% b. 98%	+1% +6%

As the indicators suggest, Sonoma County's metrics are going in the right direction. These results are reflected in the slight decline in the number of people experiencing homelessness the last two years.

That said, these metrics have not been communicated to key decision-makers as well as they could be, especially the Board of Supervisors. They are in the process of being fully integrated into contract performance metrics on individual contracts. However it should be noted that communities in full fidelity with a Housing First approach (as our community strives to be) are able to exit 75%-90% of participants in shelter and transitional housing programs to permanent housing, rather than the 37% shown here. This suggests more than incremental change is needed.

COORDINATED ENTRY SYSTEM

The HEARTH Act of 2009 required Sonoma County to develop a coordinated entry system for the homeless system of care. Planning for Sonoma County's system began in 2011; once initial funds were received, a pilot project opened in 2015, working with homeless families and (to a limited extent) participants in the Homeless Outreach Service Team project. A federal funding award to expand to the entire homeless population was received in early 2017.

Also in early 2017, HUD finally released documentation spelling out requirements for local coordinated entry systems. Partners in the Continuum of Care are now engaged in developing compliant policies and procedures for full implementation. A "soft launch" of the expanded project, is planned for September. The pilot project was evaluated in early 2017 as a prelude to this expansion, yielding 14 key recommendations that are also being taken up in the current phase of planning.

Sonoma County's first full year of the pilot project was very successful: 752 households entered temporary or permanent housing (46% of participating families and 27% of HOST participants). While the project encountered obstacles that need to be resolved, the Coordinated Entry Pilot significantly reduced the length of time participants were homeless, from an average of 196 days prior to the pilot, to 57 days in the first full year of the pilot. The Executive Summary from the Coordinated Entry Pilot Evaluation is attached as Appendix G.

HOUSING FIRST

As previously discussed, HUD has strongly encouraged adoption of evidence-based Housing First practices through strategic initiatives expressed in each year's Continuum of Care consolidated application. The redesign of the California Department of Housing and Community Development's Emergency Solutions Grant program was motivated largely by an interest in aligning California practice with HUD's. In 2015 the Department of Housing and Community Development (HCD) presented Housing First workshops throughout the state, later implementing a geographic funding allocation as part of this strategic realignment.

Additionally in 2016, the California Legislature passed SB-1380, the Homeless Coordinating and Financing Council which declared:

... Following the example of other states, as well as jurisdictions within California, it is the intent of the Legislature to adopt a "Housing First" model for all state programs funding housing for people experiencing homelessness or at risk of homelessness.

...by July 1, 2019, agencies and departments administering state programs in existence prior to July 1, 2017, shall ... adopt guidelines and regulations that incorporate the core components of Housing First."

As a philosophy and policy directive, Housing First has gained increasing emphasis in the past several years. Interpretation of its exact meaning and implications for service delivery have varied across the county. SB 1380 refers to a Housing First checklist of practices developed by the US Interagency Council on Homelessness, and which we have included as Appendix H.

Most Sonoma County service providers are working to transition their programs to align with Housing First practices. Others will require more support to make these changes. These changes should bear fruit in the coming two years, as resources become more focused on placing those experiencing homelessness into housing as the primary intervention.

PART II: LOCAL HOMELESS SERVICES FUNDERS AND DECISION-MAKING

The Sonoma County Board of Supervisors has been very supportive of homeless service programs and planning, going back for well over a decade:

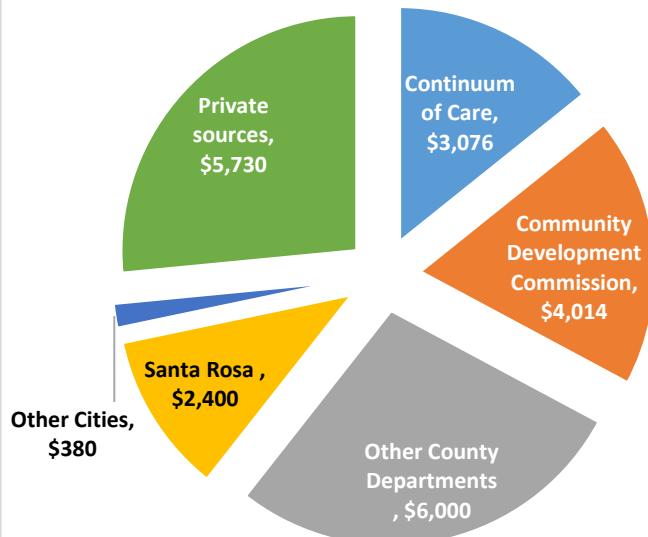
- The Board designated funding for the first County-sponsored homeless count in 2001, and for every HUD-mandated Count since that time.
- The County has provided \$100,000 annually to the City of Santa Rosa to assist with operations of the Samuel Jones Hall shelter, since 2005. Since 2013, the County has also shared the annual cost of expanding the shelter capacity during the winter months.
- The Community Services Fund was transferred to the Community Development Commission in 2011, in order to ensure its funding remained available for local homeless service providers following the demise of the Human Services Commission. In response to documented needs in 2013, the Board made an additional commitment of \$200,000 annually to the Community Services Fund.
- Initiated a Safe Parking Pilot in early 2014, and followed it with a year-round program whose largest site was at the County Center. Over more than three years, this program offered a safe place for people to sleep who were living in their cars, and worked to help them find housing.
- The Board provided “gap” funding of \$250,000 in 2014 to address unexpected losses of funding to homeless services. That year the Board accepted an update to the 10-Year Homeless Action Plan that focused on housing, income and health, and married homeless services goals to the County’s Upstream and Health Action initiatives.
- In 2015 the *Building HOMES Toolbox* was adopted, cataloguing a wide range of engagement, finance, regulatory, and policy interventions that the County and its partner jurisdictions could take to help create enough homeless-dedicated permanent housing to meet demand.
- In 2015 the Board initiated a pilot project to test the value of Tiny Homes for homeless persons, at the County Center.
- The Board supported the launch of a unique permanent supportive housing opportunity with a creative mix of funding for the Palms Inn.
- The Board responded to the sudden loss of \$800,000 in State funding for shelter and rapid re-housing with one-time funding to sustain these projects, until solutions could be developed.

In large part due to the County's contributions to homeless services, the annual Point-In-Time Homeless Count has dropped 37% from a high of 4,539 persons, to 2,835 in 2017.

Of the approximately \$20 million being invested in Sonoma County in FY 2017-18, nearly \$12 million of that funding comes from, or is administered by, County agencies.

This section will describe the great range of funding resources now invested to address homelessness.

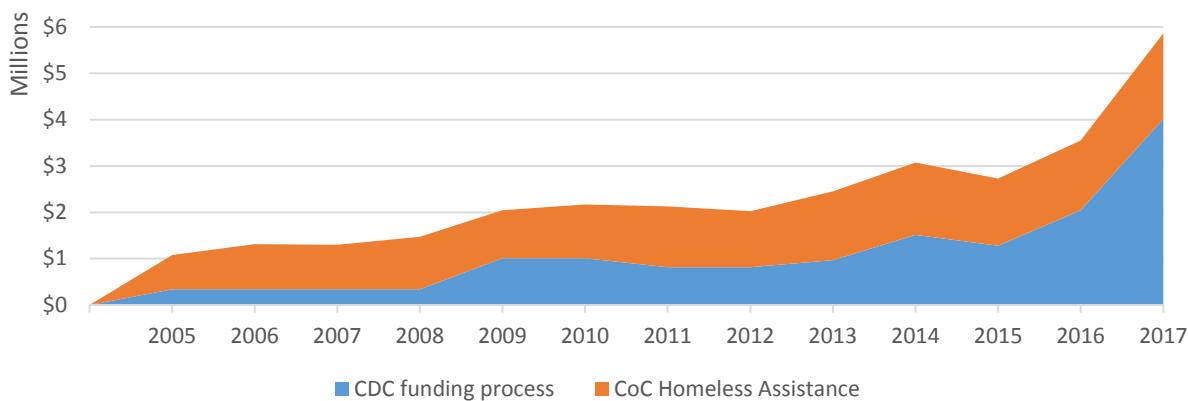
Funding for Homeless Services, 2017-18
(in thousands of dollars)



COMMISSION AND COUNTY HOMELESS SERVICES FUNDING

The Community Development Commission has conducted annual funding competitions using Community Development Block Grant and Emergency Solutions Grant for over 20 years. In the past decade, County General funds and other local, federal, and state funds have been added to the Continuum of Care and entitlement funds administered by the Commission.

Homeless Services Funding through the CDC, 2005-2017



Against a backdrop of evolving federal requirements and using the advice of the Continuum of Care, the Commission cobbles together this amalgam of federal, state and local funds into an annual funding cycle. The “spider chart” below illustrates the complexity of the funding competition:

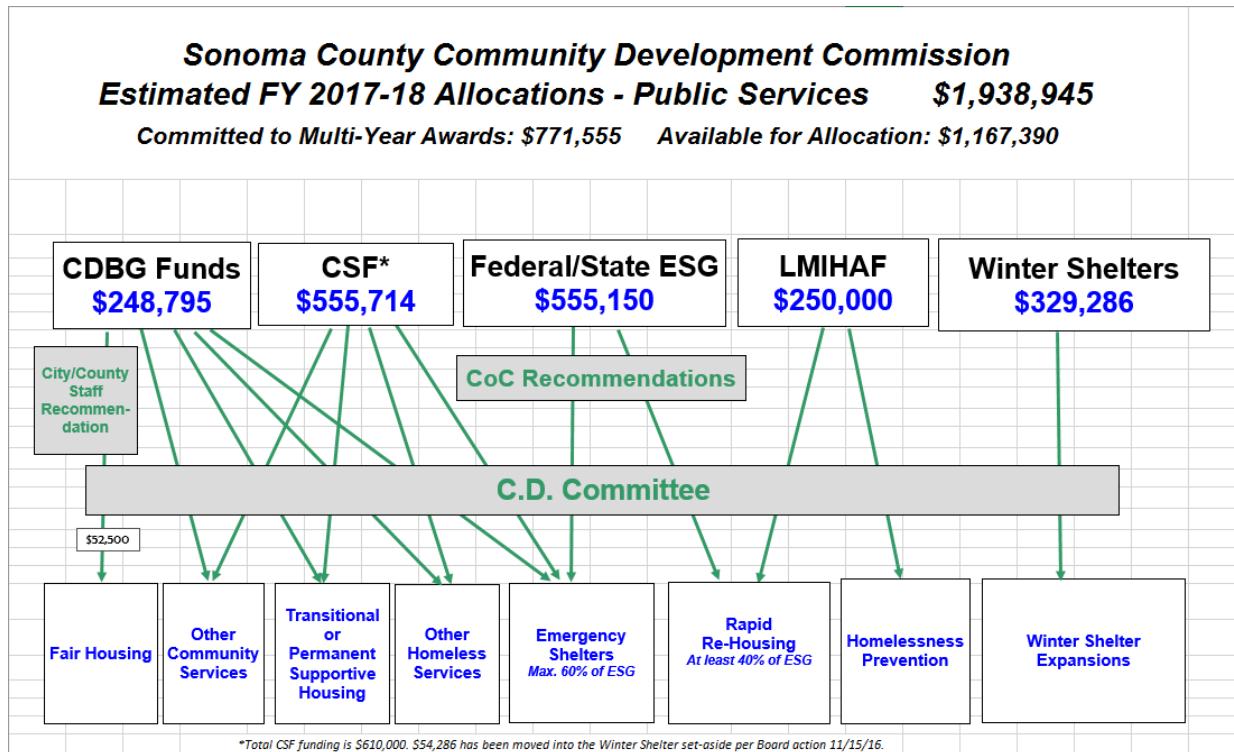


Figure 3. Presentation of Funding Sources and Eligible Expenses from March 2017 Public Hearing

In FY 2017-18, the Sonoma County Community Development Commission will manage \$4 million in various competitive funds, plus \$1.8 million in Continuum of Care Targeted Homeless Assistance for Rental Assistance, Coordinated Entry, the Homeless Management Information System, and other planning efforts.

Funding recommendations are made by the Community Development Committee, comprised of district appointees by the five County Supervisors, two Housing Authority representatives (at least one of whom must have lived experience with homelessness), and a representative from the County Department of Human Services. The funding recommendations are then approved by the Board of Supervisors each spring. A list of funds administered by the Commission, and awards for FY 2017-18, appear as Appendix I.

Other County departments independently contribute more than \$2 million to homeless-dedicated services annually, for projects such as the Nightingale Respite Care program, Linkages for Senior Housing, Rapid Re-Housing programs for Child Welfare and CalWORKS clients, and other specialized services. These service programs do not include capital investments, which totaled another \$4.2 million in 2016. In 2017, the Department of Health Services will begin the Whole Person Care Pilot, which is estimated to add \$4 million annually to services for primarily homeless, severely mentally ill persons, for the next 4 years.

While sporadic, consultation on data-informed homeless interventions between the Commission and other County agencies has been productive, the Board's Securing Our Safety Net strategic initiative offers an opportunity to more closely align homeless services across the county.

With need in all regions of Sonoma County, funding requests have routinely outstripped the competitive funds available every year, and a significant funding gap has remained. Each year, special appeals have been made directly to the County Supervisors, who have responded when possible by allocating additional funds to the Commission and County departments—without a clear picture of what is needed or whether the funds allocated outside the competitive process will provide the desired results. Supervisors have expressed reasonable frustration that this funding process is divorced from the data-informed methods required of the Continuum of Care process.

CITY OF SANTA ROSA FUNDING

Similar to the increased policy emphasis by the County of Sonoma, the City of Santa Rosa has been engaging more deeply in issues of homelessness and affordable housing in recent years as well. In 2015 the City Council declared a homeless emergency and for the 2017-18 fiscal year increased its investments in homeless services from \$1.6 million to approximately \$2.4 million. These funds, which flow through the City Department of Housing and Community Development, support:

- Samuel L. Jones Hall Homeless Shelter
- Homeless Services Center
- Family Support Center
- Homeless Outreach Services Team
- HCA Family Fund Program

The Commission works closely with City staff through the Continuum of Care, and is seeking avenues to coordinate as closely as possible in ongoing strategy development and policy implementation. Currently the City is piloting an ambitious effort to close encampments by providing avenues to housing, at the same time expanding shelter capacity and increasing housing placements directly from the shelter. The City requested funding assistance from the Commission to aid this effort prior to recent budget processes. The Commission recommended, and the Board of Supervisors approved, a supplemental budget ask of \$90,000 to fund Rapid Re-Housing services in support of the City's pilot efforts.

OTHER MUNICIPALITIES

In FY 2017-18, the eight smaller cities and town are collectively contributing **\$380,276** to homeless services.

The City of **Petaluma** provided core support to that city's primary homeless service agency, Committee on the Shelterless (COTS) over many years, using Redevelopment and other city funds. Since the loss of that funding source in 2012 the City has struggled to continue this funding with general funds. \$150,000 in City general funds were allocated to COTS in 2016-17 and 2017-18, but future funding is uncertain.

In 2017-18, the City of **Healdsburg** has budgeted \$97,500 to support its local homeless service agency, Reach For Home (formerly North Sonoma County Services). The City of **Sebastopol** has promised \$103,226 towards operations of its new permanent supportive housing effort, the Park Mobile Home Village. The City of **Sonoma** contributes \$30,000 annually to the operations of the local emergency shelter, The Haven.

PRIVATE FUNDERS

Based on budgets submitted in the annual funding competition, the Commission estimates that a robust \$4.8 million in donations and other private funding goes into Sonoma County's homeless services each year.

In 2017-18, the Community Foundation Sonoma County has invested \$359,000 in homeless services grant-making. The Foundation also administers funding for Sonoma Wine Country Weekend, totaling an additional \$145,500.

In addition, St. Joseph Health Systems expects to increase its homeless services funding from \$413,000 to \$800,000 through its Well Being Trust in the coming year. Homelessness will be one of the key priority areas for St. Joseph Health Systems in 2018-2020.

PART III: THE HOMELESS SYSTEM REDESIGN PROJECT

The Commission initiated the Homeless System Redesign Project in May 2017, in partnership with the City of Santa Rosa, City of Petaluma, and Community Foundation Sonoma County. Following a competitive bidding process, HomeBase/The Center for Common Concerns was selected to provide an organizational assessment and technical assistance with the following goals:

- A recommendation for distribution of program and administrative funding to sustain core services, with a focus on rapid exits to permanent housing.
- Recommended funding policies to implement a cost-effective but client-centered Housing First approach throughout the Sonoma County system of care.
- Incorporation of Housing First practices into the Sonoma County Continuum of Care's homeless service program standards to align all publicly-funded homeless services with the requirements of SB 1380.

HomeBase has completed dozens of interviews with stakeholders, practitioners and elected and appointed community leaders all over the County. While the firm has not yet finalized its report of findings and recommendations, the lead consultant will be highlighting preliminary observations at the August 22 study session.

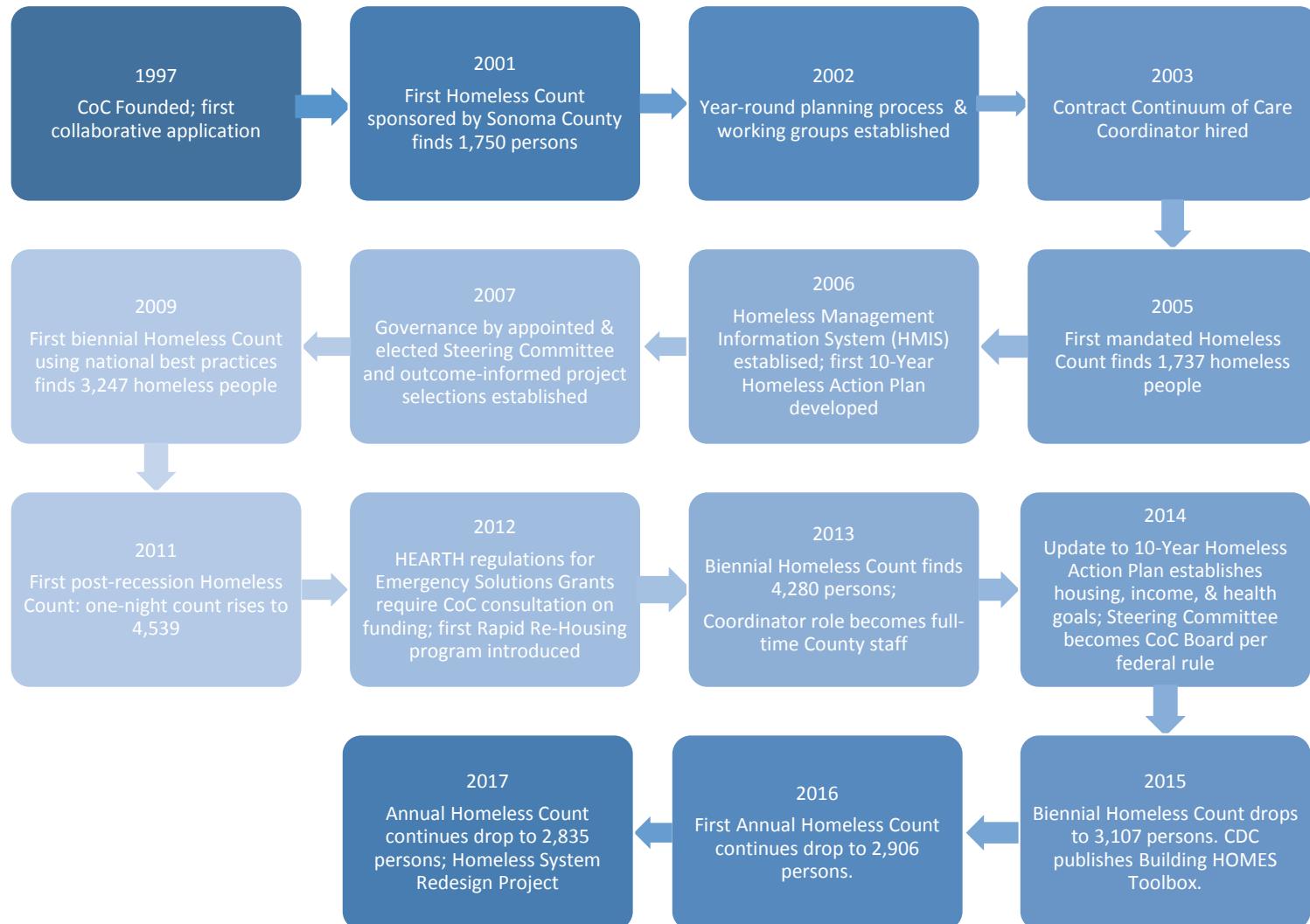
Among its key findings, HomeBase has observed that the Sonoma County system of care is fragmented, with at least six separate decision-making bodies leading disconnected efforts, and using ad-hoc and anecdotal information that is only sporadically linked to the mandated HUD performance metrics. HomeBase has also pointed out that communities that have succeeded in effectively ending homelessness have overcome similar challenges, through a high-level and credible leadership group capable of galvanizing community energy towards a unifying vision.

HomeBase will summarize its findings and preliminary recommendations for the Board of Supervisors, and for the elected officials, beginning with the August 22 study session. Working to change the governance and decision-making structure will require careful deliberation and adequate time for public input and deliberation between the Board and the nine city and town councils.

In the meantime, the Commission and its jurisdictional partners will continue to drive towards alignment in funding and contracting practices as much as possible, and will seek to better highlight performance metrics and important trends so that elected officials – especially the Board of Supervisors – can have as much clarity as possible when reviewing funding recommendations and requests.

APPENDICES

A. A TIMELINE OF THE SONOMA COUNTY CONTINUUM OF CARE



B. CURRENT CONTINUUM OF CARE AWARDS

HUD contracts directly with service providers and with the Community Development Commission, funding the following projects in FY 2017-18:

Agency	Project Name/Type	Award
Buckelew Programs	Permanent Supportive Housing	\$ 287,154
Catholic Charities	Permanent Supportive Housing	\$ 496,064
Community Support Network	Stony Point Commons (permanent supportive housing)	\$ 47,694
COTS	Community Based Permanent Supportive Housing	\$ 218,332
Social Advocates for Youth	Sponsor-based Permanent Supportive Housing	\$ 97,444
West County Community Services	Mill Street & scattered site permanent supportive housing	\$ 127,168
Sonoma County Community Development Commission	Coordinated Entry projects	\$ 349,991
	Homeless Management Information System	\$ 187,907
	4 Rental Assistance Projects	\$ 1,174,980
	Continuum of Care Planning & Management	\$ 89,602
Total		\$ 3,076,336

C. CONTINUUM OF CARE BOARD, 2017

Name	Contact Info
Jenny Abramson (appointed)	Sonoma County Community Development Commission Jenny.abramson@sonoma-county.org , 565-7548
Tom Bieri (at-large, 2015-2017)	Community Support Network tom@csn-mh.com , 575-1979 x11
Logan Boyce (youth representative, 2015-2017)	logan.boyce@saysc.org
Gale Brownell (advocacy, 2017-2019)	gbrownell@sonic.net
Rick Cafferata (consumer representative, 2017-2019)	Reach For Home (707) 433-6161, shovelhead.cafferata@gmail.com
Sue Castellucci (appointed)	Housing Director, City of Petaluma s.castellucci@ci.petaluma.ca.us , 778-4563
Eleanor Grogan (private funder, 2015-2017)	Community Foundation Sonoma County egrogan@sonomacf.org , 303-9638
Jed Heibel (at large, 2017-2019)	West County Health Centers jheibel@wchealth.org , (707) 869-5983
Jennielynn Holmes (appointed)	Catholic Charities of the Diocese of Santa Rosa cjholtmes@srcharities.org , 542-5426 x210
Mike Johnson (appointed)	Committee on the Shelterless (COTS) mikej@cots-homeless.org , 765-6530 x106
Kelli Kuykendall (appointed)	City of Santa Rosa, Housing and Community Services kkuykendall@srcity.org , (707) 543-3315
Cruz Lopez (at-large, 2015-2017)	Sonoma County Behavioral Health cruz.cavallo@sonoma-county.org , 565-4812
Laurie Mitchell (at-large, 2017-2019)	Sonoma County Behavioral Health laurie.mitchell@sonoma-county.org ; 565-4943
Kim Seamans (appointed)	Sonoma County Economic Assistance kseamans@schsd.org , 565-2198
<i>Continuum of Care Staff:</i>	
Michael Gause, Coordinator	Sonoma County Community Development Commission Michael.Gause@sonoma-county.org , 565-1977
Daniel Overbury-Howland, HMIS Administrator	Sonoma County Community Development Commission Daniel.Overbury-Howland@sonoma-county.org 565-7541

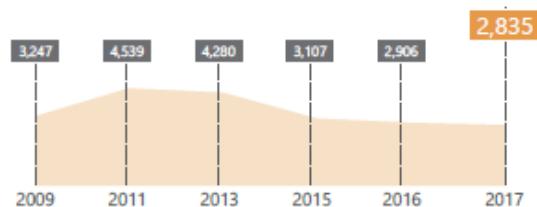
D. 2017 COUNT EXECUTIVE SUMMARY AND REGIONAL TRENDS SINCE 2011

SONOMA COUNTY 2017 HOMELESS CENSUS & SURVEY EXECUTIVE SUMMARY

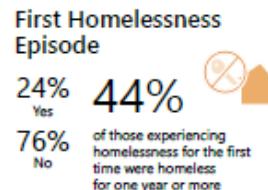
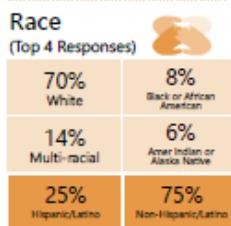
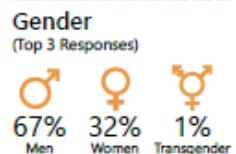
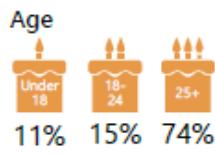
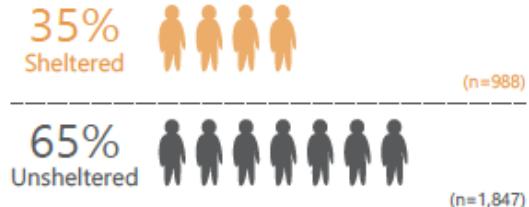
Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Sonoma County Point-in-Time Count was a community-wide effort conducted on January 26, 2017. In the weeks following the street count, a survey was administered to 687 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

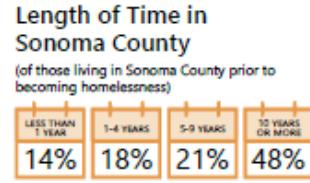
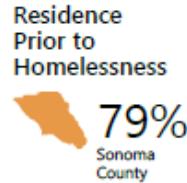
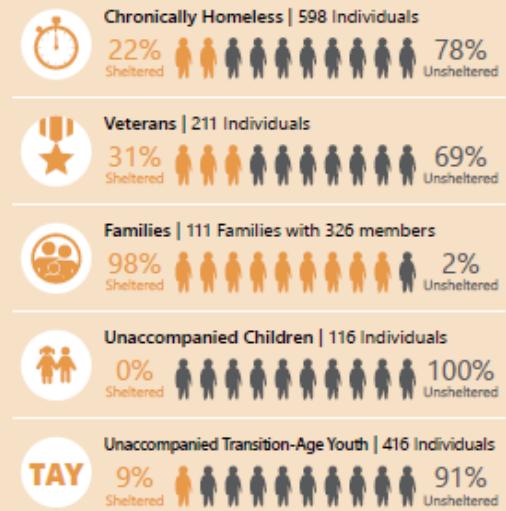
Census Population: Longitudinal Trend



2017 Sheltered/Unsheltered Population



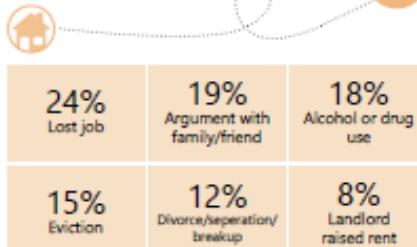
Subpopulation Data*



Duration of Current Episode of Homelessness



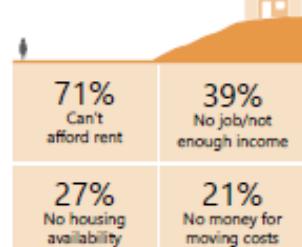
Primary Event or Condition That Led to Homelessness (Top 6 Responses)



Interest in Permanent Housing



Obstacles to Permanent Housing (Top 4 Responses)



What is a disabling condition?



41% of survey respondents reported a disabling condition

A disabling condition is defined here as a physical disability, mental illness, chronic depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, Post-Traumatic Stress Disorder (PTSD), or a developmental disability.

Health Conditions

Current health conditions affecting housing stability or employment.

(Note: Multiple response question, numbers will not total to 100%)



Employment



Employment Status

9% Employed full-time	25% Employed part-time	8% Employed seasonal/sporadic	58% Unemployed
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If Unemployed, Currently...

29% Unable to work	41% Looking for work	30% Not looking for work
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Services and Assistance



82% of survey respondents reported receiving government benefits

Reasons for Not Receiving Any Government Assistance (Top 6 Responses)

30% Don't want govt assistance	25% Don't think I am eligible
24% Never applied	22% No permanent address
18% Don't have an ID	12% Paperwork too difficult

Services Currently Accessing (Top 6 Responses)

68% Free meals	51% Food Stamps/SNAP/WIC/CalFresh
39% Medi-Cal/Medicare	37% Bus passes
34% Shelter day services	19% Mental health services

*Subpopulation Definitions

Chronically Homeless

An individual with a disabling condition or a family with a head of household with a disabling condition who:

- Has been continuously homeless for 1 year or more and/or;
- Has experienced 4 or more episodes of homelessness within the past 3 years, totaling 12 months.

Veterans

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Families

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

Unaccompanied Children

Children under the age of 18 who are homeless and living without a parent or legal guardian.

Transition-Age Youth

Young adults between the ages of 18 and 24 years old.

The complete comprehensive report includes a more detailed profile of the characteristics of those experiencing homelessness in Sonoma County. It can be found at <http://sonoma-county-continuum-of-care.wikispaces.com/>

Source: Applied Survey Research. (2017). Sonoma County Homeless Census & Survey. Watsonville, CA.

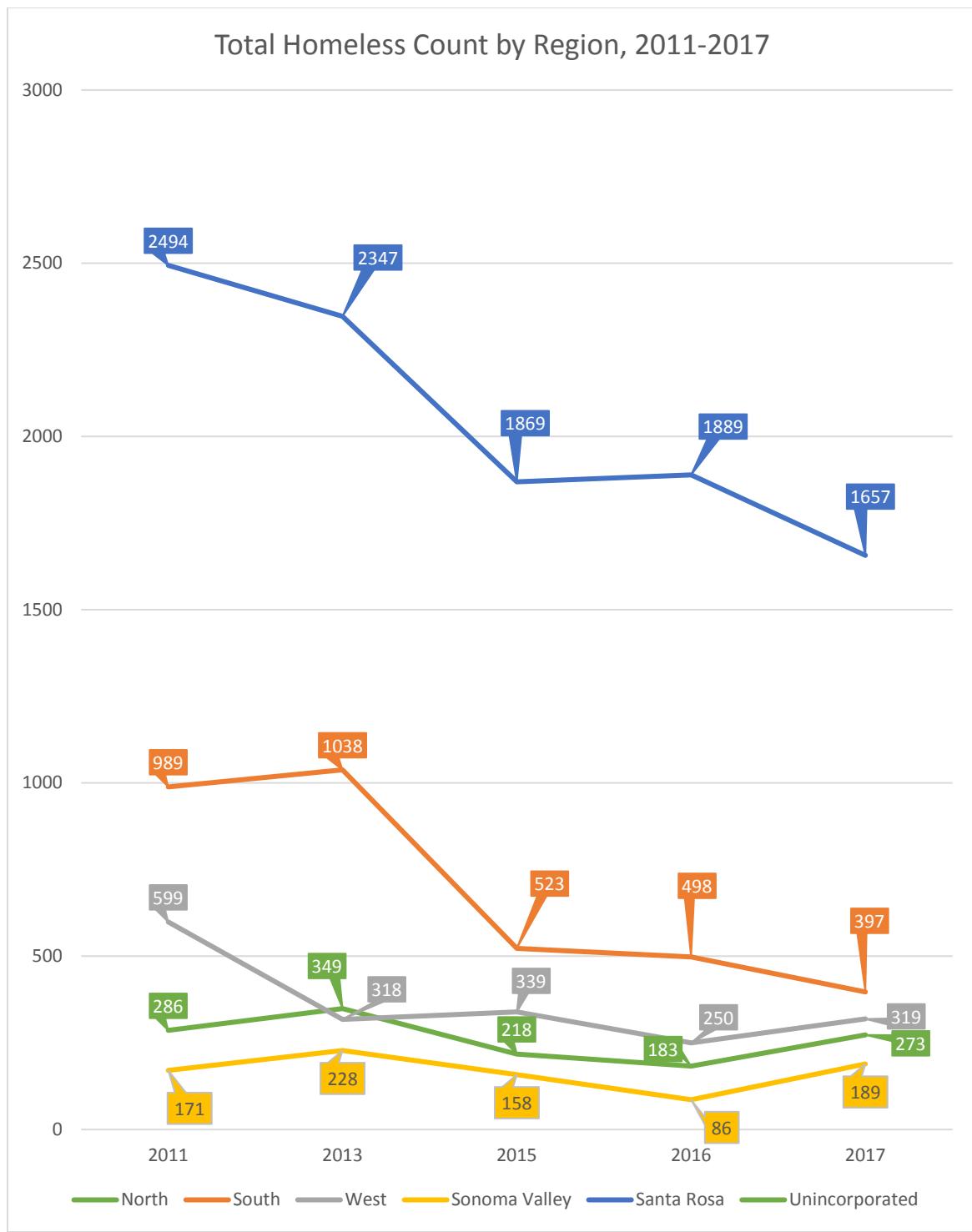


Figure 4. Point-In-Time Homeless Count - Regional Trends since 2011.

E. HOMELESS HOUSING INVENTORY AS OF JANUARY 2017

EMERGENCY SHELTERS	Location				Year-Round Beds	
		Families	Singles		Seasonal	
Catholic Charities	Santa Rosa	138	146	284	75	
Cloverdale Community Outreach Committee	Cloverdale		4	4		
Community Action Partnership	Santa Rosa	2	20	22		
Community Support Network	Santa Rosa		13	13		
COTS	Petaluma	35	102	137	30	
Drug Abuse Alternatives Center (Veterans beds)	Santa Rosa		4	4		
North Bay Veterans Resource Center (Veterans beds)	Santa Rosa		15	15		
Redwood Gospel Mission	Santa Rosa		65	65	40	
Social Advocates for Youth (18-24)	Santa Rosa		22	22	15	
Sonoma Overnight Shelter	Sonoma		12	12	10	
West County Community Services	Guerneville					40
YWCA of Sonoma County (Domestic Violence Safe House)	Santa Rosa	27		27		
TOTAL		202	403	605	210	

Shelters allow emergency stays of up to 180 days while participants stabilize and seek housing.

Some programs are shorter. The goal is permanent housing.

TRANSITIONAL HOUSING	Location				Year-Round Beds	
		Families	Singles			
Catholic Charities	Santa Rosa	8	10		18	
Cloverdale Community Outreach Committee	Cloverdale	4			4	
Community Action Partnership	Santa Rosa	26			26	
Community Support Network	Santa Rosa		10		10	
COTS	Petaluma	34			34	
Crossing the Jordan Foundation	Santa Rosa & Rohnert Park	35	14		49	
Interfaith Shelter Network	Santa Rosa & Glen Ellen	21	61		82	
North Bay Veterans Resource Center	Santa Rosa		8		8	
Reach For Home	Healdsburg	34			34	
Redwood Gospel Mission	Santa Rpsa	12	42		54	
Social Advocates for Youth	Santa Rosa		12		12	
TOTAL		174	157	331		

Transitional Housing is temporary housing that allows stabilization for up to 24 months, during which the participant is still considered homeless. The goal is permanent housing.

RAPID RE-HOUSING	Year-Round		
	Families	Singles	Beds
Catholic Charities	121	31	152
COTS	73		73
Interfaith Shelter Network	57		57
Reach For Home	7		7
Social Advocates for Youth		15	15
North Bay Veterans Resource Center	35		35
TOTAL			339

Rapid Re-Housing is a permanent housing placement in existing rental housing. Program features include housing location, housing-oriented case management, linkage to non-homeless services, and flexible use of rental assistance. The numbers in this table represent the total numbers housed and receiving financial assistance and case management.

PERMANENT SUPPORTIVE HOUSING	Location	Families	Singles	Year-Round Beds
Buckelew Programs	Santa Rosa & Petaluma		39	39
Burbank Housing - MHSA	Guerneville, Rohnert Park, Windsor		38	38
Burbank Housing Developments	Guerneville & Santa Rosa	17		17
Catholic Charities	Guerneville, & Santa Rosa	17	43	60
City of Santa Rosa Housing Authority	County-wide	220		220
Cloverdale Community Outreach Committee	Cloverdale	6		6
Community Action Partnership	Santa Rosa	61		61
Community Housing Sonoma County	Santa Rosa		8	8
Community Support Network	Santa Rosa		26	26
COTS	Petaluma & Rohnert Park	65	97	162
Social Advocates for Youth	Santa Rosa		13	13
Sonoma County Housing Authority	County-wide	150		150
West County Community Services	Guerneville		12	12
TOTAL				812

At the time this inventory was submitted, 241 new beds were in development, for a total of 1,053.

F. SONOMA COUNTY'S SYSTEM PERFORMANCE MEASURES – 2015-16

*The measures most useful in the Sonoma County setting appear below in **bold type**.*

Performance Measures	Status	Performance
Length of time persons remain homeless	Focused on length of shelter stay; of limited utility in communities where unsheltered people remain homeless for years.	Average Days in Shelter: 81 Average Days in Shelter for chronically homeless persons: 304 Average Days in Shelter and Transitional Housing: 103 Average Days in Shelter or Transitional Housing for chronically homeless persons: 312
The extent to which persons who exit homelessness to permanent housing destinations return to homelessness	Excellent design with rates of re-entry at 6 months, 12 months, and 24 months.	Total exits to permanent housing 2 years prior: 751 Returns in less than 6 months: 14% Returns in less than 12 months: 6% Returns in 13 to 24 months: 8% Total returns: 152 (28%)
Number of homeless persons	Meaningful measure in that it tracks Point-In-Time Count and number of persons served in homeless service system.	2016 Count: 2,906, down 191 from 2015 Annual number served in programs: 3,883, up 1,257 from 2015
Jobs and income growth for homeless persons in CoC Program-funded projects	Limited scope of measure makes it not very meaningful in Sonoma County projects.	18% of persons leaving CoC Program-funded projects increased their income.
Number of persons who become homeless for the first time	Definition of "first-time homeless" is not very meaningful in Sonoma County setting.	Percentage of persons with no enrollments in HMIS in prior 24 months: Shelter and Transitional Housing: 50% All housing programs: 49.8%
Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects	This measure has not been specified as of yet.	Not applicable.
Successful housing placement	Well-designed measure for outreach projects, shelters and transitional housing, and rapid re-housing/permanent housing projects.	Street outreach projects: Standard data for this measure is not yet available. Successful exits from Shelter, Transitional Housing, or Rapid Re-Housing: 37% Housing Retention in permanent supportive housing projects: 98%

The Coordinated Intake Pilot

An Evaluation of Sonoma County's Initial Implementation, 2015-2017



*Photo by Tom Bieri,
taken during the 2016 Homeless Count*

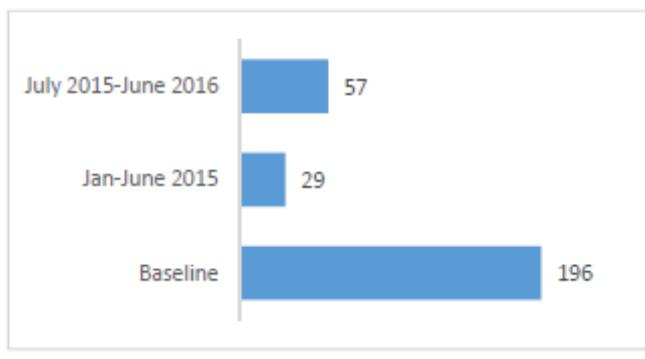
Executive Summary

Federal law now requires communities receiving Targeted Homeless Assistance to establish a “centralized or coordinated entry system.” This system must be locally designed with the goal of ending housing crises as quickly as possible.

Sonoma County partners began planning its coordinated intake system in 2011. Two years later, the Sonoma County Community Development Commission was awarded \$102,198 to operate a pilot.

After 3 years of planning, the Commission published *A New Front Door for Homeless Services: Coordinated Intake and Homeless System Entry Planning in Sonoma County, California*. This report described the pilot project that would soon launch, serving homeless families, as well as a second pilot group of unsheltered homeless adults. The Commission issued a Request for Qualifications late in 2014, choosing Catholic Charities as the project operator. The pilot began in early 2015.

In 2016 the Commission was awarded funding to expand the project to serve anyone experiencing homelessness in Sonoma County. Members of the Continuum of Care are now planning the expansion.



This report evaluates the pilot project: what worked and didn't. The pilot fell short of some goals, but also had compelling results. Prior to the pilot, people who used our shelter system resolved their homelessness in an average of 196 days. People who used the Coordinated Intake project to resolve their homelessness found new homes **in an average of 57 days.**

14 Recommendations

The Evaluation report aims to shine a light on actions that will improve planning for the project's expansion and compliance, and will lead to improved outcomes for people who are experiencing homelessness across the County.

Efforts are underway to comply with HUD requirements by the January 2018 deadline. With an eye to completing those requirements and building a robust intake system, 14 key recommendations have emerged from this report. The recommendations are listed below. We urge the Coordinated Entry Steering Committee to ensure these recommendations are addressed in compliance activities.

Accessibility

1. A Coordinated Intake website and social media presence are crucial requirements that must be completed by January 2018
2. A single well-publicized telephone access point. This may be staffed by the Coordinated Intake operator, or in partnership with 211—but is a critical need. The overall lack of a public presence and difficulty finding the Coordinated Intake project must be addressed as quickly as possible.
3. Walk-In Access: establish access points at walk-in sites throughout the County, making it easy to connect with Coordinated Entry. These should include service centers serving the general low-income population such as Economic Assistance, JobLink, and non-profit service providers; specialty services like the Behavioral Health Access Team; dedicated intake staff at dedicated homeless service sites; and roving intake workers.
4. Ensure adequate training in the VI-SPDAT assessment tool at all sites.

Assessment

5. Abandon routine assessment with the full SPDAT. Use only the VI-SPDAT screening scores for guidance in appropriate housing solutions for homeless clients. Per the designer of these tools, the SPDAT can be administered if there is a question about the VI-SPDAT score.
6. Provide a HUD Entry Assessment and Exit Assessment for each client in the Efforts to Outcomes HMIS database, to facilitate accurate reporting for funding sources.

Data Systems

7. Resolve the question of whether to create waiting lists that work (as originally planned), or to simply use a query for people who meet prioritization criteria.
8. Create an automated solution for identifying appropriate bed openings. Expansion to the general homeless population cannot be accommodated with the current email and phone consultation methods. Until automated identification of open beds and automated referral functions are available, these functions will not be operational for full implementation.
9. Explore expanding document transfer via EtO. If the receiving agency could access more client documents, their confidence in the referrals would increase.

10. Make the housing inventory publicly available, and ensure eligibility listings are complete, accurate, and up to date.

Referrals

11. Design the referral procedures for single adults so that people assessed by the HOST project may at last be routinely referred into housing.
12. Finalize and implement case conferencing procedures to ensure persons whose needs cannot be met by the receiving agency are offered appropriate resources.

Project Evaluation

13. Finalize and implement client feedback surveys, preferably at intake with the receiving agency to facilitate the most complete response.
14. Ensure that implementation milestones are routinely reviewed, particularly with an eye to delays and loss of institutional knowledge that accompany the loss of a key staff member.

The full Coordinated Intake Pilot Evaluation Report offers a candid assessment of the project background, milestones reached and unachieved, difficulties encountered, creative solutions, and outcomes achieved. We hope this Report will inform planning for Coordinated Intake for all homeless persons in our community, and will make a contribution towards the quick resolution of homelessness for as many people as possible.

H. US INTERAGENCY COUNCIL ON HOMELESSNESS – HOUSING FIRST CHECKLIST

(from the USICH Housing First Checklist,
http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf)

Core Elements:

- Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
- Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Additional Elements Found in Advanced Models:

- Tenant selection plan for permanent supportive housing includes a prioritization of eligible tenants based on criteria other than “first come/first serve” such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- Tenants in permanent supportive housing given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).
- Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.
- Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants’ lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Building and apartment unit may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

I. FUNDS ADMINISTERED BY THE COMMUNITY DEVELOPMENT COMMISSION,
FY 2017-18

a. By funding source:

Source	Amount	Eligible Uses to Address Homelessness
Community Development Block Grant – Public Services funds	\$ 254,267	Services to homeless persons (outreach, day centers, shelters); Fair Housing services
Emergency Solutions Grants (ESG)	\$ 138,124	Emergency Shelter and Rapid Re-Housing
State ESG Allocation	\$ 461,366	Emergency Shelter and Rapid Re-Housing
Low-Mod Income Housing Asset Fund	\$ 250,000	Rapid Re-Housing and Homelessness Prevention
Community Services Fund	\$ 610,000	Outreach, prevention, shelter, rapid re-housing, permanent supportive housing
Continuum of Care funding	\$ 1,834,667	Permanent Supportive Housing Rental Assistance projects, Continuum of Care planning, HMIS, Coordinated Entry grants
Other County General Fund	\$ 2,160,751	Street outreach, year-round and winter shelter programs, rapid re-housing, permanent supportive housing, eviction legal services, including \$750,000 for new initiative in West County.
Other Sources	\$ 140,484	Human Services match for SHARE program, CalWORKS Housing Support Program, city contributions to Homeless Count
TOTAL	\$5,849,659	

b. By Project Type:

Intervention	Investment	Description
Homeless Services Planning	\$571,237	Planning & Coordination, PIT Count, Data systems, system redesign
Housing Retention Services	\$470,140	Fair Housing, Eviction Prevention, SHARE, HCA Homelessness Prevention fund
Street Outreach, Day Services, Coordinated Entry & Diversion	\$664,045	HOST, Coordinated Entry & Diversion services, Day Centers
Emergency & Transitional Shelters	\$1,157,423	Emergency & winter shelters, transitional housing programs
Rapid Re-Housing	\$732,198	Time-limited housing navigation, rental assistance & housing-focused case management
Permanent Supportive Housing	\$1,380,030	Rental assistance and operating grants for permanent housing with supportive services for homeless persons with disabilities
Other Community Services	\$750,000	Food Bank, family wraparound services, day labor centers
Budgeted, to be determined	\$124,586	Process for investment in West County under development
TOTAL	\$5,849,659	

a. By recipient:

<i>Organization</i>	<i>Program name</i>	<i>Total Contract Amount</i>
California Human Development	Day Labor and Community Services	\$19,559
Catholic Charities	Coordinated Intake/Homeless Outreach Service Team	\$557,397
	Family Support Center/Homeless Service Center Winter expansions	\$30,322
	Homeless Service Center	\$46,324
	Palms Inn	\$140,000
	Family Support Center	\$227,207
	Homelessness Prevention	\$88,972
	Rapid Re-Housing	\$148,457
City of Santa Rosa	Samuel Jones Hall	\$100,000
	Samuel Jones Hall Winter Shelter	\$65,000
	Rapid Re-Housing	\$90,000
Cloverdale Community Outreach Committee	Wallace House	\$59,295
Community Action Partnership	Harold's House Transitional Housing	\$21,446
	HCA Fund	\$43,236
	Sloan Women's Shelter	\$39,118
Community Support Network	Sanctuary House PSH for Transition Age Youth	\$32,451
COTS	Mary Isaak Center Emergency Shelter	\$144,212
	Rapid Re-Housing	\$80,139
	Mary Isaak Center Family Transitional Housing	\$30,883
	Severe Weather Beds	\$30,322
	Vida Nueva	\$32,599
Fair Housing Advocates of Sonoma	Fair Housing Education & Enforcement	\$54,045
Legal Aid of Sonoma County	HOME Eviction Prevention	\$33,148
	HOME Geographic Housing Equity	\$137,501
	SAFE Domestic Violence Program	\$32,324
Mendocino Family & Youth Services	North Coast Family & Youth Services	\$18,584
Reach For Home	Short Term Subsidy Program	\$39,118
On The Move	VOICES Sonoma	\$19,147

<i>Organization</i>	<i>Program name</i>	<i>Total Contract Amount</i>
Petaluma People's Service Center	SHARE (<i>including Human Services match for Linkages to Senior Housing project</i>)	\$113,238
	System of Care	\$18,530
Redwood Empire Food Bank	Meghan Furth Food Pantry	\$20,589
Social Advocates for Youth	Rapid Housing	\$56,619
	Youth Shelter Expansion	\$30,321
Sonoma Overnight Support	The Haven	\$41,177
	Winter Shelter Expansion	\$30,321
The Living Room	The Living Room	\$41,177
Verity	Crisis Intervention, Prevention & treatment	\$15,000
West County Community Services	Guerneville Winter Shelter	\$147,208
	Rapid Re-Housing Services (<i>pending Board approval</i>)	\$250,000
YWCA of Sonoma County	Safe House	\$39,118
Commission Projects:		\$0
Homeless Count		\$96,000
Continuum of Care Planning and Coordination		\$89,602
Homeless Management Information System		\$234,884
Continuum of Care-funded Permanent Supportive Housing (Rental Assistance)		\$1,174,980
CalWORKS Housing Support Program		\$67,865
HOST and Homeless System Planning support		\$150,751
Budgeted for West County homeless initiative		\$750,000
Total		\$5,849,659