



**Sonoma County Continuum of Care
Agenda for Tuesday January 24, 2023
2:00 - 4:00 pm Pacific**

Funding & Evaluation Committee Meeting

Evaluation of ESG-CV Projects For Consideration of ESG-CV Bonus Funding (RRH Dedicated)

Zoom Link:

<https://sonomacounty.zoom.us/j/91073983229?pwd=cW5RR0dFK1FEbk5IZEVYWkVqZHdaQT09>
Meeting ID: 910 7398 3229 Passcode: 567106

	Agenda Item	Presenter	Packet Item	Time
1.	Welcome/Call to Order	Chair		2:00-2:05 pm
2.	Consent Calendar <ul style="list-style-type: none"> • Agenda Review • Minutes from 12/08/22 – ACTION ITEM: Approve Minutes • Homeless Services Team (Update) • HMIS Data Dashboard (Update) • Combined 2023 NOFO (Update) 	Chair HMIS Staff CDC Staff	-F&E Agenda -Minutes Dec 8, 2022	2:05-2:15 pm
3.	ESG-CV Bonus Funding Evaluation <ul style="list-style-type: none"> • Overview evaluation process • Evaluation data points • Provider Input & Committee Discussion • Funding Recommendations ACTION ITEM: Provide funding recommendations to CoC Governance	Staff/Chair/Committee/ Provider Members	-Rapid Rehousing Project Evaluation Sheet (ESG-CV Projects)	2:15 – 3:00 pm
4.	Long-term Funding Strategy Presentation	Staff/Consultant	ppt slides	3:00 – 3:50 pm
5.	Public Comment on Items not on the Agenda	All		3:50 – 4:00 pm
	Adjourn Next F&E Regular Meeting February 9, 2023	Chair		

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 Andrew.Akufo@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.

Sonoma County Continuum of Care Funding and Evaluation Committee



Michael Gause, Ending Homelessness Program Manager, Andrew Akufo, PPEA, DHS/CDC, Chuck Mottern, Community Development Associate, Karissa White, Continuum of Care Coordinator, Ending Homelessness, Thai Hilton, Coordinated Entry Coordinator, Dave Kiff., Interim Executive Director, Daniel Howland Overbury, HMIS Coordinator, Araceli Rivera, Homeless Projects Specialist, Adam Siegenthaler, Department Information Systems Technician II, Alea Tantarelli, PPEA, DHS
Committee members: Teddie Pierce | Andrew Hening | Don Schwartz | Una Glass | Chessy Etheridge | Dennis Pocekay | Madolyn Agrimonti | Rebekah Sammet | Kelli Kuykendall | John Moore

Funding and Evaluation Committee Meeting

Thursday, December 8, 2022

2:00pm-4:00pm

Minutes

1. Meeting called to order

Present

Don Schwartz
Dennis Pocekay
Kelli Kuykendall
Rebekah Sammet
Teddie Pierce
John Moore
Una Glass
Chessy Etheridge

Not Present

Madolyn Agrimonti

Public

Alice Linn
Hunter Scott
Dannielle Danforth

Staff

Andrew Akufo
Michael Gause
Chuck Mottern
Thai Hilton

2. Consent Calendar (00:05:58)

- Don Schwartz motioned to approve 11.10.22 Funding and Evaluation minutes.
- Dennis Pocekay seconded motion.
- All in favor – motion passed/Absent: Chessy Etheridge, Madolyn Agrimonti

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- Teddie Pierce mentioned announcements and that Andrew Hening would not be present during the December 22nd Funding and Evaluation Committee meeting.
- Teddie mentioned the need for the two service providers to recuse from the allocation recommendations and stated her need to recuse as well due to working with a potential applicant.

3. New Funding and Evaluation Committee Member Recommendations Update

- Teddie mentioned the two service providers would serve as subject matter experts, the need for the two service providers to recuse from the allocation recommendations and stated her need to recuse as well due to working with a potential applicant.
- Teddie explained the appointment process and mentioned Margaret Sluyk and Dannielle Danforth as the two service provider recommendations for the Funding and Evaluation Committee.
- Funding and Evaluation Committee members voiced their support for both service provider representatives to join the committee.
- Una Glass clarified she was in favor of appointing service providers as long they're not able to vote
- Don clarified service provider voting is not an issue as long as there is no conflict of interest.
- **John Moore motioned for the approval of the two service providers to the Funding and Evaluation Committee**
- **Una seconded**
- **All in favor – motion passed/Absent: Chessy, Madolyn**

Public comment

Gerry La Londe-Berg stated a correction to minutes from the November Funding and Evaluation Committee meeting that he was not in favor of service providers serving on the Funding and Evaluation Committee.

4. Update on Funding and Evaluation Subcommittee Recommendations for HHAP-4

- Michael Gause shared brief report and slides about HHAP-4
- Teddie asked questions about a solid number for HHAP-4 funds and if it would be rolled into the next consolidated NOFA and if there was a periodic framework to come back to the CoC on progress of HHAP-3,4. The number isn't known. It will be rolled. No report has been done but will be.
- Don asked about HHIP and the 15% standard return to homelessness. Michael will check on this.

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- Thai added the expansion by HomeFirst access sites may be contributing to the increase.
- Teddie mentioned 173 HMIS clients were added to system
- Teddie asked about By Names List. Thai clarified there is no by names list.
- Hunter Scott added about current process in development for by names list.
- John Moore also asked questions about the list and discharging clients after 365 days. Hunter and Thai clarified. Teddie also added each local CoC makes determination about removal.
- Don and Michael clarified delegation.

Public comment

Dannielle Danforth added the navigation site is also doing Coordinated Entry.

5. Emergency Shelter Grants - Coronavirus (ESG-CV) Evaluation Process Discussion

- Teddie shared a slide show presentation about the emergency shelter grants coronavirus evaluation process.
- Don asked questions about the information presented. Michael will research. Michael, Chuck and Hunter responded.
- Dennis asked questions about the percentages.
- Rebekah Sammet asked questions about what information could be collected.
- Kelli Kuykendall asked questions about the equations, breakdown of providers and criteria of LEAP scoring. Chuck suggested using a blind evaluation process in response.
- Don was not in favor of the process going through the LEAP and asked about reviewing the names of organizations. Chuck responded. Don mentioned the need to know who the providers were.
- Chuck suggested removing the names and just using data to counter any biases. However, he was in favor of any process recommended by the committee. The providers could be revealed at a later point.
- Don shared a chart of what would be seen moving forward, mentioned moving away from the VISPIDAT and the vulnerability being incorporated. Staff can pull an average.
- Don expressed appreciation for the data that was shared in the chart.
- Dennis mentioned there shouldn't be an issue between Chuck and Don's suggestions because they were both similar.
- Rebekah asked about an evaluation process to find out why certain service providers underperform and mentioned including people with lived experience in shelters. She agreed with Don.
- Thai confirmed Chuck's scores as correct, mentioned moving away from VISPIDAT and numbers potentially looking different.

Sonoma County Continuum of Care Funding and Evaluation Committee



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- Don agreed with Dennis and wanted to have the service providers on call when reviewing their submissions to inform the committee about the reasons behind their difficulties.
- Una stressed the importance of data and subjective information as necessary for evaluation.
- Dennis asked about seeing a detailed view.
- Kelli mentioned the VISPIDAT or serving up to 50% of the most vulnerable.

Public comment

- No public comment

6. Project Evaluation Template

- Chuck shared the chart of detailed projects for Rapid Rehousing.
- Teddie summarized the purpose of the chart.
- Dennis suggested including a place for additional funds in the chart.
- Teddie suggested striking through the wording about the LEAP within the spreadsheet.
- Staff will incorporate waiver language into the effort.

Public comment

- No public comment

7. Continuum of Care Funding Strategy Introduction

- Andrew Hening shared a slideshow presentation of the project evaluation template and mentioned the attempt to connect the funding to what the Continuum of Care Board (CoC) wants to accomplish within its strategic plan.
- Don expressed his appreciation for Andrew Hening's presentation.
- Andrew will send an updated version of the Funding Strategy for the committee to review before the next Funding and Evaluation Committee meeting.
- Kelli expressed interest in seeing and using the information to also help the City of Santa Rosa.
- Thai asked questions about funding for vouchers.

8. Public Comment on Items not on the Agenda

- No public comment

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9. Adjourn (3:58pm)

- **Don motioned to adjourn**
- **Don seconded**
- **All in favor**
- **Meeting adjourned at 3:58pm**

Next Meeting: December 22, 2022, 11-1PM

Virtual

PUBLIC COMMENT PRIOR TO THE COMMITTEE MEETING: Public Comment may be submitted via email to Andrew.Akufo@sonoma-county.org

DRAFT

To: Funding and Evaluation Committee Board Members

Subject: Updates Homeless Data Dashboard to align with CoC Strategic Plan Metrics

Hello Funding and Evaluation Committee Chairperson and Members,

Changes to the metrics, and metrics' order, have been made by Staff to the Homeless Data Dashboard webpage and are presently saved in the Staging (non-public) site of the CoC website. Upon review, comment, and approval of the Funding & Evaluation Committee, Staff is requesting publication of these updates to the Homeless Data Dashboard; making the updated Homeless Data Dashboard available for public viewing on the CoC website.

On December 9, 2022 members of Staff received a request via e-mail from a member of this committee to make change to Sonoma County Homeless Data Dashboard on the [What We Know About Homelessness webpage](#) within the [Continuum of Care website](#) to align with the CoC System and Program Performance Metrics as stated on page 35 of the CoC's Strategic Plan ([full document PDF](#)).

The 5 Metrics for CoC and Program Performance on CoC Strategic Plan are the following:

1. Placements into permanent housing.
2. Retention of permanent housing.
3. Reducing the length of time homeless.
4. Returns to homelessness.
5. Increased client income (earned and non-earned).

At the November 30, 2022 CoC Board meeting, a Report from the Lead Agency Staff regarding Updates on Data Dashboard Effort was presented to the full CoC Board with a demonstration of the Sonoma County Homeless Data Dashboard. This dashboard displays five key metrics, determined by Staff, to represent CoC and Homelessness Program Performance best suited to be included for informing the general public on the monthly performance of the Homeless System in Sonoma County.

The 5 Metrics for CoC and Program Performance on the Homeless Data Dashboard presented to CoC Board contains the following metrics:

1. Number of people housed in the last month.
2. Number of People served by Outreach.
3. Number of people who returned to homelessness.
4. Number of people maintaining housing.
5. Average number of days people are staying in homeless shelters.
5. Average number of days people are staying in homeless shelters.

The following image is a screenshot of the Homeless Data Dashboard presently published on the CoC website:

Per the recommendation of this committee's member and the approval of Lead Agency management, members of Staff implemented the recommended changes to the order and the metrics included on the Homeless Data Dashboard to align with the 5 metrics listed within the CoC Strategic Plan recently approved by the CoC Board.

The 5 Metrics for CoC and Program Performance on the Homeless Data Dashboard are now the following:

1. Number of people housed in the last month.
2. Number of people maintaining housing.
3. Average number of days people are staying in homeless shelters.
4. Number of people who returned to homelessness.
5. Number of people with increased income.

The following image is a screenshot of the Homeless Data Dashboard presently saved on the staging (non-public) portion of the CoC website:

A presentation by a member of Staff on these updates to the Homeless Data Dashboard has been proposed to be included on an upcoming agenda of the Funding & Evaluation Committee in early 2023.

Thank you for your time in reading this notice and this opportunity to support your efforts,

Adam Siegenthaler (he/him/his)
Department Information Systems Technician II
Sonoma County Community Development Commission
(707) 565-2081
Adam.Siegenthaler@sonoma-county.org

**Sonoma County Continuum of Care Board
Agenda Report**

Item No: 3
Subject: ESG-CV Bonus Funding Evaluation
Meeting Date: January 24, 2023
Staff Contact: Chuck Mottern, Chuck.Mottern@sonoma-county.org

SUMMARY

Three of five agency providers listed on the sheet have indicated a need for bonus funding. All providers are being encouraged to attend the January 24, 2023 Funding and Evaluation Committee meeting to answer questions posed by the committee. The project data contained in the spreadsheet encompasses the ESG-CV funding and all Rapid Rehousing funding streams for each agency.

The Funding and Evaluation Committee will be incorporating service consumer ratings as the committee becomes more adept at evaluation.

Provider Response – Quick response to a provider question we posed last week regarding how they would see using the ESG-CV Bonus funding.

A debriefing on the evaluation spreadsheet will take place during the February 2023 Funding and Evaluation Committee meeting

RECOMMENDED ACTION(S)

Approve and provide funding recommendations to CoC Board during the January 25, 2023 CoC Board meeting

ATTACHMENTS:

Rapid Rehousing Project Evaluation Sheet (ESG-CV Projects Only)

F&E – ESG-CV Project Evaluation

- ESG-CV Bonus Funding approx \$300,000
- Final expenditure date Sept 30, 2023
- Earmarked for Rapid ReHousing HUD project types
- Two providers opted out of funding consideration
- Funding amount recommendations forwarded to CoC Governance January 25, 2023
- Keep in mind:
 - Evaluation tool lists selected data elements relevant to the RRH project type and overall homeless system areas
 - Tool combines compliance, cost analysis, equity and exit impact
 - Today's tool and process serve as a prototypes for future & deeper evaluations
 - Time constraints on the item necessitate staying on track for first hour of the meeting
 - Compile thoughts for improvements - email by Jan 31st

Project Evaluation Summary

Reporting /Evaluation Period: July 1, 2021 through June 30, 2022

Project Type: Rapid ReHousing (Note: evaluation metrics include all RRH funding for selected provider)

Program Funding: ESG-CV (Bonus Funds of \$300k)

Provider Agency	Project Name	Fiscal Year 2021-2022 Contract Amount	Contract Term in Months	Service Consumer Scoring Factor (n/a for January 2023 evaluation)	Project Type	Target length of time from program entry to permanent housing placement	Average length of time from program entry to permanent housing placement	% of target	The number of program Participants who Retain Permanent Housing at Program Exit or at the end of the Contract period	Anticipated Numbers of Permanent Housing Placements retaining housing as of the end of the contract period	Exits to Permanent Destinations	% of target PH placement	\$/placement	% return in 6 month	% return in 12 months	% return in 24 months	
Interfaith Shelter Network	I/FSN RRH	\$ 225,213.00	12	n/a	Adults	30	34	113.3%	90%	34	34	100.0%	\$ 6,624	1	0	0	
Catholic Charities	CC RRH	\$ 956,256.00	12	n/a	Adults	30	6	20.0%	90%	120	22	18.3%	\$ 43,466	0	0	0	
Social Advocates for Youth	SAY RRH	\$ 507,346.62	12	n/a	TAY	30	38	126.7%	90%	157	38	24.2%	\$ 13,351	0	0	0	
SHARE Sonoma County	SHARE RRH	\$ 368,000.00	12	n/a	Adults	30	0	0.0%	75%	113	14	12.4%	\$ 26,286	0	0	0	
TLC Child + Family Services	TLC RRH	\$ 313,428.72	12	n/a	TAY	30	13	43.3%	90%	9	2	22.2%	\$ 156,714	0	0	0	
Benchmarks (many don't exist on a State or National level)		No benchmarking for these elements, the contract metrics are determined locally per project					22.75 Day Average for local RRH projects	calculation	ystem Pformance Msures 7x	Local contract language	HMIS Exit Data (local, but may be able to benchmark through HDIS for other like sized CoC's)	May be in HDIS, depending on entry/exit filters	calculation	Linked from Detail Tab using Sonoma County report customizations (Note, our annual system performance measures show an average of 18.5% returns to homelessness period 2018-2021)			

Overall Goals of Rapid ReHousing Programming:

Rapid Re-Housing is a Permanent Housing intervention to homelessness designed to help individuals and families to quickly exit homelessness. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. It should be understood that the Rapid Rehousing projects have a cap of 24 months and there is research showing a high rate of return to homelessness.

Core Service Components

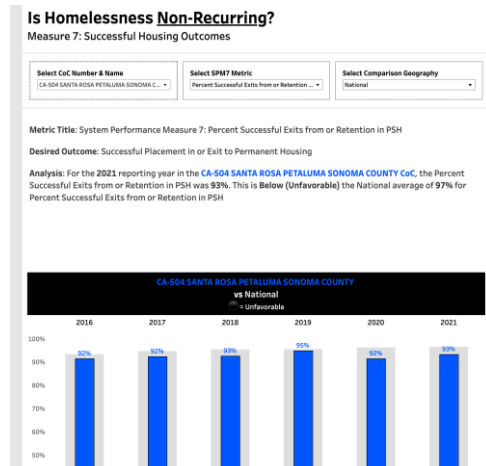
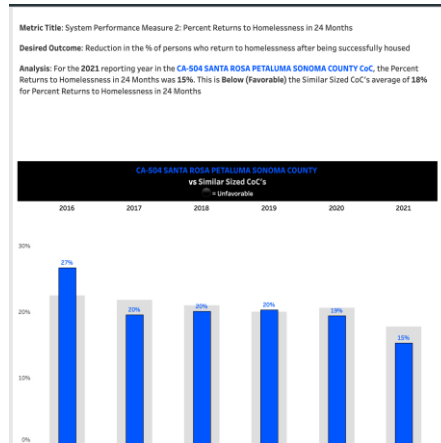
1. Housing Identification
2. Rent and Move-In Assistance (rental assistance on a declining basis)
3. Case Management for housing sustainability

State CA RRH Performance Expectations

- Percentage of people who return to homelessness (ES, SO) at the 6, 9 and 12 month mark
- Percentage of those to obtain a positive housing destination ES, SH, TH, RRH, PH, PSH, OPH directly from a Street Outreach Provider
- Percentage of people who remained in RRH for more than 6, 9 and 12 months
- Households are case managed to housing stability
- Unpublished, but guidance is that the State is looking for 50% of households to be Chronic Homeless or highly vulnerable

Waiver Information Applicable to ESG-CV Rapid ReHousing

Sponsor-based rental assistance may now be funded
 Renter's Insurance to help obtain housing
 Furniture & Household Furnishings to purchase for participant use while receiving assistance
 Essential Services Expansion
 Expanded Use of Cell Phones and Internet
 Volunteer Incentives - for Housing relocation and Stabilization
 Landlord Incentives - up to 3x the rent charged for the unit including signing bonuses, security deposits, damage repair incurred by participant while still residing at the unit, cost of extra cleaning or maintenance
 Other:
 Now, no program match required
 Length of Assistance for short, medium and rental arrears, the 24-month limit during any 3-year period is waived until further notice



Organization	Project Name	Project Type	Fiscal Year 2021-2022 Total Contract Value for Rapid Rehousing funding using ESG-	HMIS Project Type	Final Decision Maker	Agency Amount Requested	Fiscal Year 2021-2022 Total Contract Value for Rapid Rehousing funding using ESG-
Interfaith Shelter Network	IFSN RRH	\$ 225,213.00	\$ 2,151,565.56	Adults	CoC	\$ 50,000.00	\$ 425,000.00
Catholic Charities	CC RRH	\$ 956,256.00		Adults	CoC	\$ -	
Social Advocates for Youth	SAY RRH	\$ 156,667.00		TAY	CoC	\$ 75,000.00	
SHARE Sonoma County	SHARE RRH	\$ 368,000.00		Adults	CoC	\$ -	
TLC Child + Family Services	TLC RRH	\$ 212,920.00		TAY	CoC	\$ 300,000.00	

		RRH Project Group Total (All RRH Projects)		Interfaith Shelter Network		Catholic Charities		Social Advocates for Youth		SHARE Sonoma County		TLC Child + Family Services	
		Fiscal Year 2021-2022		IF RRH		CC RRH		SAY RRH		SA RRH		TLC RRH	
Date Range of all Evaluations July 1, 2021 to June 30, 2022		Budget and Spending		Contract Budget and Spending as Percent of Whole									
Contract Amount for the Report Period	\$ 2,151,565.56		\$ 225,213.00	10%	\$ 956,256.00	44%	\$ 507,346.62	24%	\$ 368,000.00	17%	\$ 313,428.72	15%	
Amount Expended/Remaining as of June 30, 2022	\$ 1,626,863.87	76%	\$ 101.16	0%	\$ 212,524.07	22%	\$ 609.48	0%	\$ 311,365.98	85%	\$ -	0%	
Individuals & Households Served	All Served by Household Type		All Served by Household Type Count and Percent of Total Served										
Individuals Count	228		48	21%	102	45%	46	20%	35	15%	19	8%	
Households Count	181		44	n/a	67	n/a	46	n/a	35	n/a	11	n/a	
Ave. Household Size Persons	1.26		1.09		1.52		1.00		1.00		1.73		
RRH Move In and Exit Data	Exit and Move-In Data		Exited and Move-In Data Project Level										
Individuals - Exited During Report Period	129	57%	48	37%	25	25%	41	89%	26	74%	15	79%	
Households Moved Into Housing	164	72%	22	46%	56	55%	20	43%	0	0%	6	32%	
Days to Perm Housing Move-In Date (Highest Range)	42	(0 to 30 Days)	34	n/a	6	n/a	38	n/a	0	n/a	13	n/a	
Permanent Destinations Exits	105	81%	34	71%	22	88%	38	93%	14	54%	2	13%	
Temporary Destinations Exits	15	12%	11	23%	1	4%	0	0%	6	23%	0	0%	
Institutional Setting Exits	4	3%	2	4%	2	8%	0	0%	0	0%	0	0%	
Other Destination Exits	5	4%	1	2%	0	0%	3	7%	6	23%	0	0%	
Cost Per and CES	Cost Per Enrolled and Exited		Cost Per Enrollment and Exit										
Cost Per Person Served	\$ 7,135.37		\$ 4,691.94		\$ 9,375.06		\$ 11,029.27		\$ 10,514.29		\$ 16,496.25		
Average Cost Per Program Exit	\$ 12,611.35		\$ 4,691.94		\$ 38,250.24		\$ 12,374.31		\$ 14,153.85		\$ 20,895.25		
Returns to Homelessness	Returns to Homelessness		Returns to Homelessness										
Returned at 6 months	1	1%	1	2%	0	0%	0	0%	0	0%	0	0%	
Returned at 12 months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Returned at 24 months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Income and Benefits	Income and Benefits		Income and Benefits (At Exit)										
Gained Earned Income at Project Exit (Disabled)	35	27%	10	21%	5	20%	27	66%	0	0%	0	0%	
Gained 1+ Source Non-Cash Benefits at Project Exit	51	40%	4	8%	8	14%	5	12%	0	0%	2	13%	
Subpopulations	Subpopulations		Subpopulations (All Served)										
Veterans	5	2%	1	2%	2	2%	1	2%	3	9%	0	0%	
Chronically Homeless	69	30%	8	17%	33	32%	18	39%	7	20%	2	11%	
Domestic Violence	76	33%	15	31%	29	28%	24	52%	11	31%	2	11%	
Youth under Age 18	63	28%	0	0%	25	25%	0	0%	2	6%	0	0%	
Transitional Aged Youth - 18-24	65	29%	1	2%	8	8%	46	100%	0	0%	11	58%	

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SHARE Sonoma County	SHARE RRH	\$ 368,000.00		Adults	CoC	\$ -							
TLC Child + Family Services	TLC RRH	\$ 212,920.00		TAY	CoC	\$ 300,000.00							
62+ Mature Homeless	33	14%	5	10%	17	17%	0	0%	19	54%	1	5%	
Race (may be combined with Ethnicity)	Race	Race (All Served)											
White	147	64%	35	73%	67	66%	18	39%	28	80%	15	79%	
Black or African American	21	9%	3	6%	10	10%	5	11%	1	3%	1	5%	
Asian	4	2%	1	2%	2	2%	1	2%	2	6%	0	0%	
American Indian or Alaska Native	32	14%	2	4%	17	17%	12	26%	3	9%	1	5%	
Native Hawaiian or Other Pacific Islander	4	2%	5	10%	1	1%	3	7%	0	0%	0	0%	
Multiple Races	20	9%	2	4%	5	5%	7	15%	1	3%	2	11%	
Client Doesn't Know/Client Refused	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Ethnicity	Ethnicity	Ethnicity (All Served)											
Non-Hispanic/Non-Latino	155	68%	38	79%	64	63%	28	61%	31	89%	11	58%	
Hispanic/Latino	73	32%	10	21%	38	37%	18	39%	4	11%	8	42%	
Client Doesn't Know/Client Refused	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Data Quality Scorecard	Data Quality	Data Quality (Highest Missing Data Element Factor)											
Overall Score Missing DS Score	0.07%	10.00%			4.00%			4.00%			2.86%		4.00%
Staff and Provider Notes	Other Notes												
Service Consumer Scoring	Not Applicable	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	N/A for RRH	
Provider Responses		If awarded these bonus funds, IFSN would increase the number of households served by 25% this fiscal year. These additional funds would allow IFSN's RRH project to offer longer periods of Housing Stabilization Case Management potentially leading to higher housing retention rates amongst graduated clients. In addition to these benefits, the existing compliance frameworks of the ESG-CV funding would allow IFSN staff the ability to offer Landlord Incentives. These added incentives would potentially lead to an	Catholic Charities seeks no additional funding for through the ESG-CV RRH Bonus	Social Advocates for youth would use these additional funds to increase the placement of transitional age youth into permanent housing situations, using an intensive case management model. This funding will also allow us to provide support in navigating the housing market, and helping youth retain housing of their choice.	SHARE Sonoma seeks no additional funding for through the ESG-CV RRH Bonus	1. existing RRH program expenses. 2. additional staffing to support participants served 3. office space 4. direct participant funding (plan to implement cell phone and household furniture stipends) 5. increase TAY served by 5							

Project Detail Notes

This Evaluation design is generally meant for evaluations done in arrears and not future funding decisions

Section:	Relevance:
Contract Amounts and Expenditures	Total Contract Amount and Amount Spent Down as of Evaluation Date
Exit and Move-In Data	Number of persons exited as a percentage of total served and average length of time it took for Household to Move In To Housing (note - RRH can be a variety of pre-housed services and end up with households never moving into housing)
Cost Per and CES Engagement	What is the project cost per individual as they are served and as they exit the program
Bed Utilization and Occupancy	This measurement doesn't matter for RRH as these beds are always reported to HUD at 100% utilization, other projects that have a set number of beds like Emergency Shelter look at how many beds are utilized during the project year
Returns to Homelessness	How many of those persons exited to Permanent Housing Destinations eventually became literally homeless after their RRH project time ended
Income and Benefits	How many persons left the RRH program with an increase in Income and/or Non-Cash Benefits
Subpopulations	Of the total number served, what are the the subpopulations such as Veteran's, Experiencing DV, those assessed to be Chronicaly Homeless etc
Race/Ethnicity	This breakout shows which projects may be enrolling more under-represented persons
Data Quality Scorecard	So that evaluators may rely on the HMIS data, what is the highest missing data rate out of four categories
Comments	Comments may be made by CDC staff, comments to and from Project Provider about evaluation metrics

Outstanding Questions:

1. Should the Project Detail Sheet be summarized even more?
2. Should the project level evaluation columns be de-identified, not revealing the Agency or Project Name?
3. Should there be a LEAP Service Consumer Rating for each project and if so, should a scale be 1-3 or 1-5?

PERFORMANCE BENCHMARKS AND PROGRAM STANDARDS

I INTRODUCTION

Rapid re-housing is an intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a rapid re-housing program are housing identification, move-in and rent assistance, and rapid re-housing case management and services. These core components represent the minimum that a program must be providing to households to be considered a rapid re-housing program, but do not provide guidance for what constitutes an effective rapid re-housing program.

This document provides details on performance benchmarks that would qualify a program as effective. These benchmarks are accompanied by qualitative program standards for each of the rapid re-housing core components that are likely to help a program meet the performance benchmarks. Lastly, this document includes a section on program philosophy and design standards that provide more guidance on the broader role a rapid re-housing program should play in ending homelessness.

The standards included in this document are based on what is currently considered promising practice by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), Abt Associates and other federal technical assistance providers, and nationally recognized, high-performing rapid re-housing providers.¹ As rapid re-housing practice continues to evolve, these program standards will be updated. This living document is intended to be a tool to help current and potential rapid re-housing providers, funders, and other stakeholders design and identify rapid rehousing programs that are or are likely to be the most successful in ending homelessness for individuals and families through the use of the three core components of rapid re-housing.

¹ CARF and COA have also developed rapid re-housing standards. The standards included in this document do not conflict with the standards published by CARF or COA.

How to Use This Document

Funder, State Leaders, and Coalitions

can use the performance benchmarks and program standards to increase the effective implementation of rapid re-housing. These standards can be used in the development of Requests For Proposals (RFPs) for a variety of funding streams and to set performance and outcome goals for programs, evaluate applications for new rapid re-housing programs and determine which organizations are best suited to provide rapid re-housing, and review current program performance.

Providers can use these standards to improve their own rapid re-housing practice and to evaluate possible rapid re-housing partner agencies. These benchmarks and standards provide clear goals for programs implementing the model and interested in improving practice.

Continuums of Care (CoCs) can use these standards during the process of developing written standards for how they plan to administer assistance through coordinated assessment. CoCs must develop standards for providing assistance including prioritizing who receives rapid re-housing and how much rent participants in a rapid re-housing program must pay. While recommendations for such standards as required by HUD are not included in this document, these standards can help inform their development and ensure that rapid re-housing programs in CoCs are applied effectively and efficiently.

I PERFORMANCE BENCHMARKS

Ultimately the effectiveness of a rapid re-housing program is determined based on a program's ability to accomplish the model's three primary goals:

- Reduce the length of time program participants spend homeless,
- Exit households to permanent housing, and
- Limit returns to homelessness within a year of program exit.

Benchmarks for performance on the above outcomes are detailed below. When examining a program's ability to meet the benchmarks, it is important to remember that rapid re-housing is a Housing First intervention, meaning, among other things, that programs should not be screening out households based on criteria that are assumed to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history, or evidence of "motivation."

The benchmarks detailed below are based on performance data of programs that do not screen households out on the basis of the above barriers. Programs assisting individuals and families with high housing barriers are able to achieve these outcomes. It should also be noted that one of the program standards included below is that a program does not screen out households on the basis of the above barriers, so a program that met the performance benchmark, would still not meet the accompanying program standards if it was screening out households for those reasons. It may be necessary for rapid re-housing programs to have some prevention capacity to serve high barrier households after placement. It is a possibility that some households that are rapid re-housed will need periodic support to avoid a return to homelessness.

When using these performance benchmarks for program evaluation and purposes of comparison between programs, a community may not have any programs that meet these benchmarks despite meeting the program standards, particularly in extremely expensive or low-vacancy housing markets or if programs are primarily serving households with zero income and/or higher housing barriers. While programs should continue to strive for these benchmarks, funders can use performance on these benchmarks as an opportunity to assess relative effectiveness between programs and to undertake performance improvement efforts, including assessing barriers to better performance and performance improvement planning. The performance benchmarks also provide a baseline from which funders can establish performance improvement goals and performance-based contracting standards.

All of the below performance outcomes can be measured using data in a community's Homeless Management Information System (HMIS). As such, to accurately measure whether a benchmark has been met, CoCs need to have high participation rates of targeted homeless assistance programs and individual programs must be entering high quality data in a community's HMIS. A rapid re-housing provider who is also a domestic violence provider would not participate in a community's HMIS. Thus, in order to be able to calculate the performance benchmarks, that provider would be required to use an alternative, equivalent method that collects all of the necessary data points.

Programs that have not been operating for a year will not have sufficient data to meet all of the performance benchmarks, but these programs can meet the accompanying program standards, which are intended to design programs that do achieve the benchmarks and are detailed later in this document. Additionally, in the first several months of operations, providers may need time to bring operations to scale and reach full capacity.

Performance Benchmark #1: Reduce the Length of Time Program Participants Spend Homeless

The first goal of rapid re-housing is to reduce the amount of time individuals and families spend homeless. The primary opportunity for a rapid re-housing program to impact how much time a household spends

homeless is the speed with which it is able to identify and help households access appropriate housing options. Activities that contribute to good performance on this outcome are recruiting landlords to have access to units, finding units that are in the communities and neighborhoods that program participants want to live in, and negotiating with landlords to help program participants access housing (see *“Housing Identification” on page 5*).

For a program to meet this performance benchmark, households served by the program should move into permanent housing in an average of 30 days or less.

This measure is the average length of time between the date when an individual or family is identified as having entered a rapid re-housing program (HMIS rapid re-housing program entry date) to when they move into permanent housing (HMIS residential move-in date). This measure is only calculated for those households that move into a permanent housing destination and does not include those who have not yet moved in or move into a non-permanent housing destination.

Permanent housing may include private, unsubsidized housing; subsidized housing; permanent supportive housing; or housing shared with friends or family in a sustainable living situation (one **that should** not be categorized as “temporary”). Permanent housing does not include shelter, a transitional housing program, jail or prison, or a treatment facility.

$$\text{Average} = \frac{\text{Sum of number of days from program entry to move in date for all households}}{\text{Total number of households}}$$

Reminder: A community may not have any programs that meet this benchmark, particularly in extremely expensive or low-vacancy housing markets. Funders and programs may want to set alternate performance goals for the purposes of comparison between programs or performance improvement while programs work to achieve these benchmarks.

Performance Benchmark #2: Permanent Housing Success Rates

The second goal of a rapid re-housing program is to exit households to permanent housing in the community with or without a subsidy. A rapid re-housing program can impact permanent housing success through the combination of an appropriate housing placement, financial assistance, and effective case management and services (see *“Housing Identification” on page 5*, *“Rent and Move-In Assistance” on page 8*, and *“Rapid Re-housing Case Management and Services” on page 9*).

For a program to meet this performance benchmark, at least 80 percent of households that exit a rapid re-housing program should exit to permanent housing.

This measure is calculated by taking the number of households who were in permanent housing when they exited the rapid re-housing program (HMIS rapid re-housing program exit date and destination at exit) and dividing by all of the households who exited the rapid re-housing program regardless of destination over the same period of time. This figure should be calculated for households exiting the rapid re-housing program over the preceding 12 month period. A program working on performance improvement, may wish measure this for shorter intervals.

Permanent housing may include private, unsubsidized housing; subsidized housing; permanent supportive housing; or housing shared with friends or family in a sustainable living situation (one that should not be categorized as “temporary”). Permanent housing does not include shelter, a transitional housing program, jail or prison, or a treatment.

$$\text{Percent} = \left(\frac{\text{Total number of households exited to permanent housing during a time period}}{\text{Total number of households that exited program during same time period}} \right) 100$$

Reminder: A community may not have any programs that meet this benchmark, particularly if programs are primarily serving households with zero income and/or higher housing barriers. Funders and programs may want to set alternate performance goals for the purposes of comparison between programs or performance improvement while programs work to achieve these benchmarks.

Performance Benchmark #3: Returns to Homelessness

The third goal of a rapid re-housing program is to reduce the number of households returning to homelessness following soon after an exit from a rapid re-housing program. The primary opportunities for a rapid re-housing program to impact the success of a household in remaining housed is through the combination of securing appropriate housing and effective case management and services (see *“Housing Identification”* on page 5 and *“Rapid Re-housing Case Management and Services”* on page 9).

For a program to meet this performance benchmark, at least 85 percent of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year.

This is typically measured by examining HMIS data from homeless programs across the entire community to determine whether people who successfully exit from the rapid re-housing program to permanent housing returned to homelessness, meaning an unsheltered location, emergency shelter, transitional housing, or a Safe Haven, within 12 months of exiting.

$$\text{Percent} = \left(\frac{\text{Total number of households who did NOT return to homelessness during time period}}{\text{Total number of households exited to permanent housing during the same time period}} \right) 100$$

Programs operating for less than a year will not be able to meet this benchmark. Additionally, to calculate this measure, programs must have access to homeless system data for all other programs in the community (open data system) or the ability to access an HMIS report from their community’s HMIS lead agency. For a program in a community without open or adequate HMIS coverage (at least 80 percent of programs entering data), and for a rapid re-housing provider who is also a domestic violence provider, this measure can be calculated using an alternative, equivalent method to document the program’s ability to meet the standards such as follow up with a representative sample of households that exit to permanent housing.

This measure of returns to homelessness tracks the percentage of households who do not experience a subsequent episode of homelessness. If a household receives some type of emergency or permanent housing assistance, but does not experience another episode of homeless, then they should be considered a household that did not return to homelessness for the purpose of this performance benchmark. And, if a household moves from one permanent housing situation to another permanent housing situation or doubled up situation without another episode of homelessness in-between moves, it is also considered a household that did not return to homelessness for the purpose of this measure.

Reminder: A community may not have any programs that meet this benchmark, particularly if programs are primarily serving households with zero income and/or higher housing barriers. Funders and programs may want to set alternate performance goals for the purposes of comparison between programs or performance improvement while programs work to achieve these benchmarks.

**Sonoma County Funding & Evaluation Committee
Agenda Report**

Item No: 4
Subject: Draft of Long-Term Funding Strategy Report
Meeting Date: January 24, 2023
Staff Contact: Andrew Hening, Andrew@heningconsulting.com

SUMMARY

The goal of this report is to establish a comprehensive, long-term funding framework aligned with Sonoma County's homelessness strategic planning efforts. This report was created by Andrew Hening Consulting, LLC with hopes of being endorsed by the Sonoma County Continuum of Care Board of Directors on January 25, 2023.

RECOMMENDED ACTION(S)

None

ATTACHMENTS:

Long-term Funding Strategy Report Slides



Sonoma County COC

LONG-TERM FUNDING STRATEGY TO END HOMELESSNESS – January 2023

This Report

The goal of this report is to establish a comprehensive, long-term funding framework aligned with Sonoma County's homelessness strategic planning efforts. This report was created by Andrew Hening Consulting, LLC and was endorsed by the Sonoma County Continuum of Care Board of Directors on January XX, 2023.

Disclaimer

This report is based on the best available data as of December 2022 and has been synced with concurrent countywide and subregional strategic planning efforts.

Importantly, public budgets are dynamic. They are subject to political and socioeconomic “shocks” that can complicate long-term financial projections and commitments.

As such, rather than “line-item analysis,” this report focuses on higher-level analysis and modeling to conceptualize long-term investment strategies.

Given all of these factors, as well as specific “research initiatives” identified within this report, **this framework should be revisited and updated at least annually.**

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- Appendix - Detailed Funding Breakdown **174-194**

I. Process

Public budgets are moral documents – they communicate what we value.

Objectives

Align analysis with concurrent strategic planning efforts

Clearly prioritize most pressing investment areas

Analyze current spending vs. proposed investment areas

Recommend new funding structure(s) and process(es)

Strive for simplicity and transparency

Process

Aggregated universe of potential funding sources

Analyzed current local funding commitments

Established an "annualized" **public** operating budget

Quantified needed future investments

Developed potential financial and programmatic models

Identified implementation recommendations

Intended Outcomes

A widely endorsed and supported investment strategy

Improved alignment across local funders

Strategies for leveraging State and Federal resources

Increased private and philanthropic financial partnerships

An actionable roadmap for increasing capacity in key service areas

II. “The Modern Homelessness Crisis”

“The Modern Homelessness Crisis”

A unique socioeconomic phenomenon that began in the late 1970s and early 1980s and **is generally characterized by:**

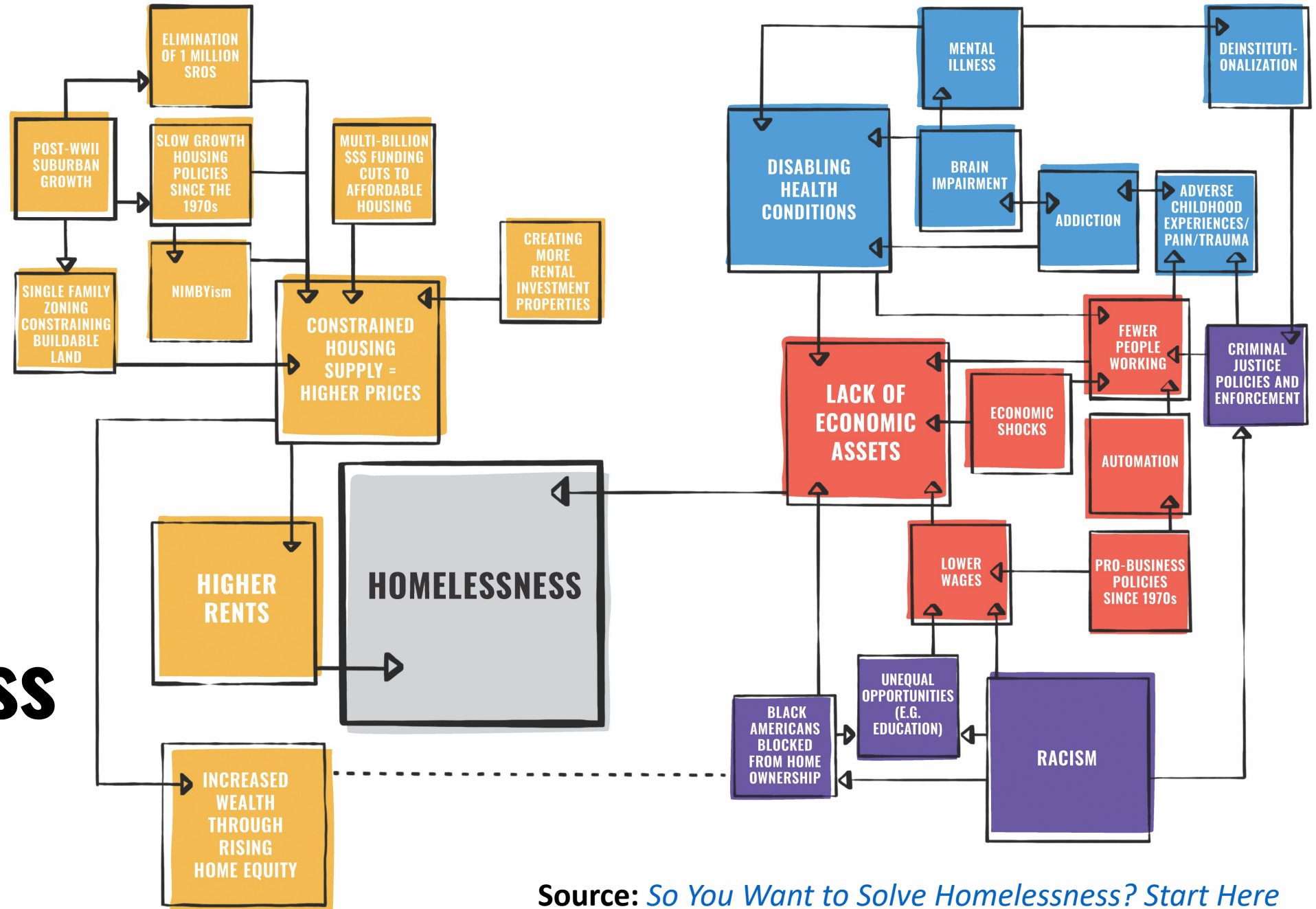
Rising housing costs, particularly rental prices

Declining real wages for the median household

The ongoing and lingering impact of systemic racism on economic well-being

Insufficient behavioral health supports for people with mental illness and/or substance use disorders

The Modern Homeless Crisis



Source: [So You Want to Solve Homelessness? Start Here](#)

Overall Trend

Rent keeps going up, and for a wide variety of reasons – racism, economic policies, mental illness, addiction – people do not have the economic assets to cover that cost. To put hard numbers to this, according to a study from Harvard University, between 1960 to 2016, adjusting for inflation, the median American rent payment rose 61% while the median renter's income increased by only 5%. **For most, “homelessness is a housing problem.”**

In Sonoma County Specifically ...

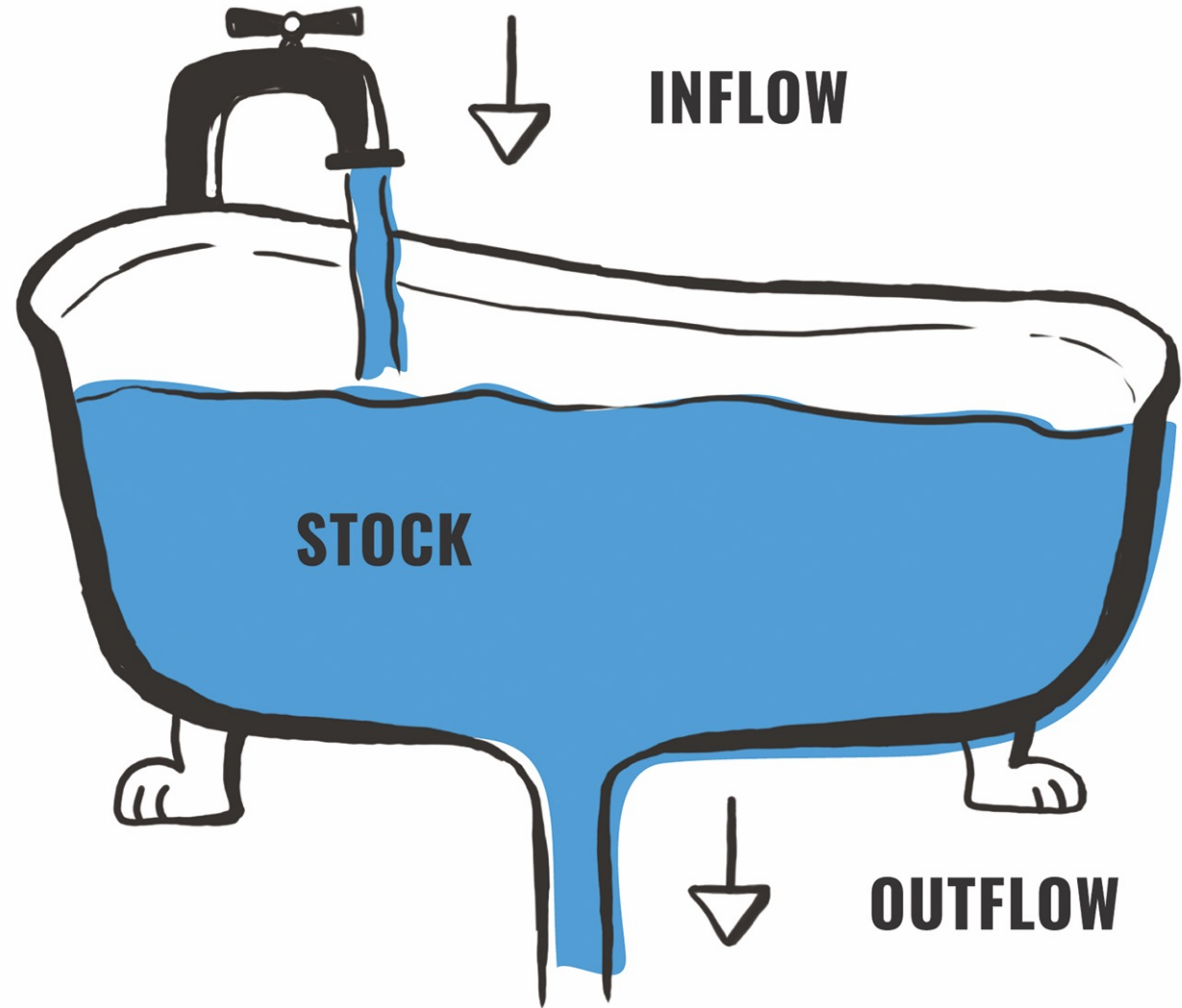
According to reporting from the North Bay Business Journal, in 2021 there was a 12.9% year-over-year increase in the median countywide rental price; whereas, according to data from the Federal Reserve, over the last five years, median household income in Sonoma County has only been increasing by 6% per year.

Source: [Local Rental Data](#)

Source: [Household Income Data](#)

Critical Nuance

Seeing Homelessness as a Phenomenon Over Time vs. a Moment in Time



Rapid Resolution

Studies have attempted to quantify the length of time people experience homelessness.

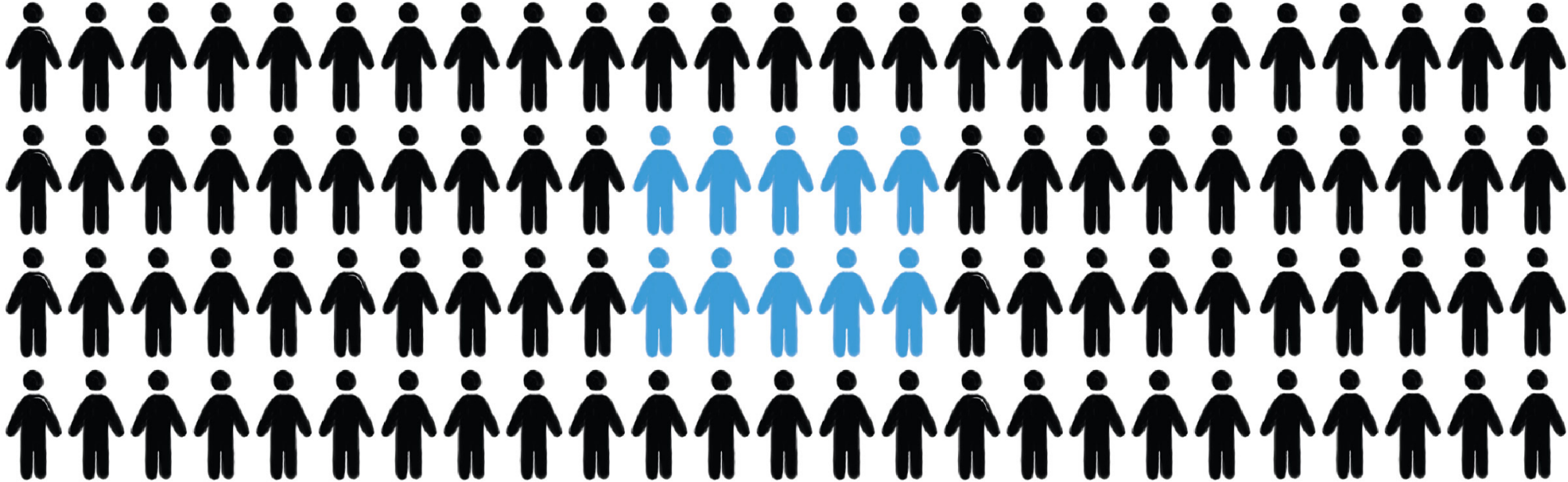
For example, in the 1990s, [researchers found](#) 0.1% of New York City's population was homeless on any given day.

However, over the course of a year, 1% of the entire population experienced homelessness

This suggests there were 10 distinct "cohorts" of people who experienced homelessness throughout the year.

That meant, on average, people experienced homelessness for just 37 days.

Annual Turnover



 **HOMELESS AT A GIVEN MOMENT**

 **HOMELESS THROUGHOUT THE YEAR**

Data suggesting the relatively rapid resolution of homelessness does not typically conform with public perceptions of the issue.



Our Perception

Source: North Bay Business Journal

Our Perception

Extremely vulnerable individuals

Clear examples of behavioral and physical health issues

People who seem to have been homeless for many years

Groups of people living in large, entrenched encampments

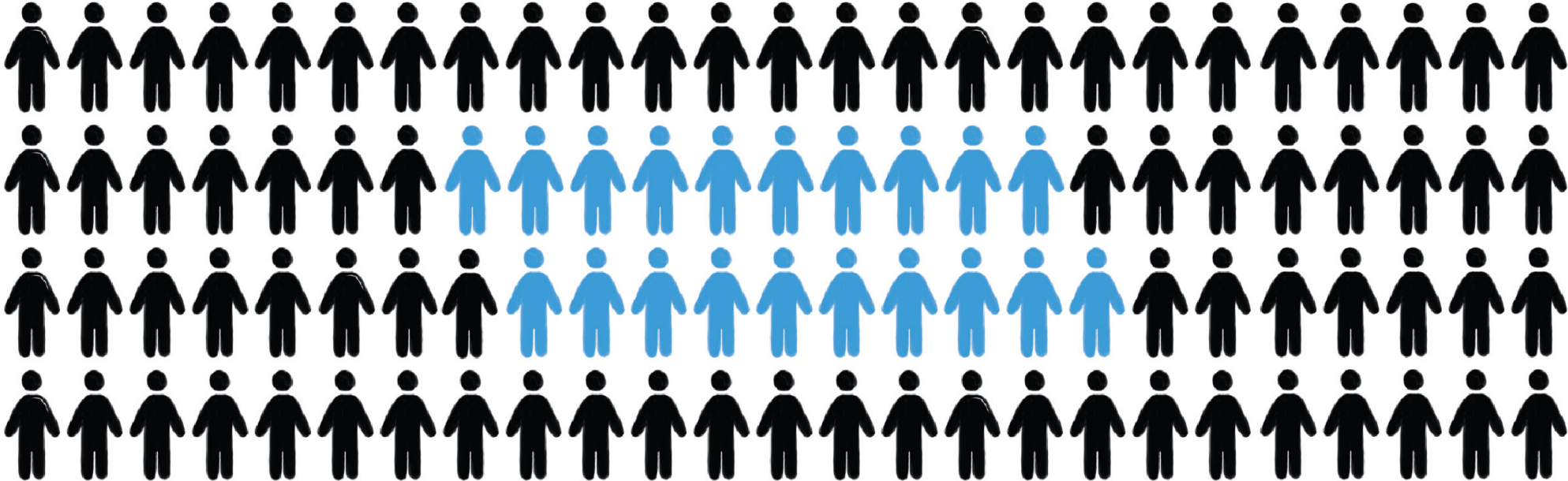
An inability to drive meaningful and lasting change in conditions on the street

Critical Nuance

The Modern Homelessness Crisis is really two problems. For **most people**, homelessness is a relatively short-term occurrence primarily driven by financial and relational crises (e.g., eviction, job loss, divorce, DV). For a **small but persistent minority experiencing “chronic” homelessness**, it is a long-term experience exacerbated by disabling conditions (e.g., physical health, behavioral health, traumatic brain injuries).

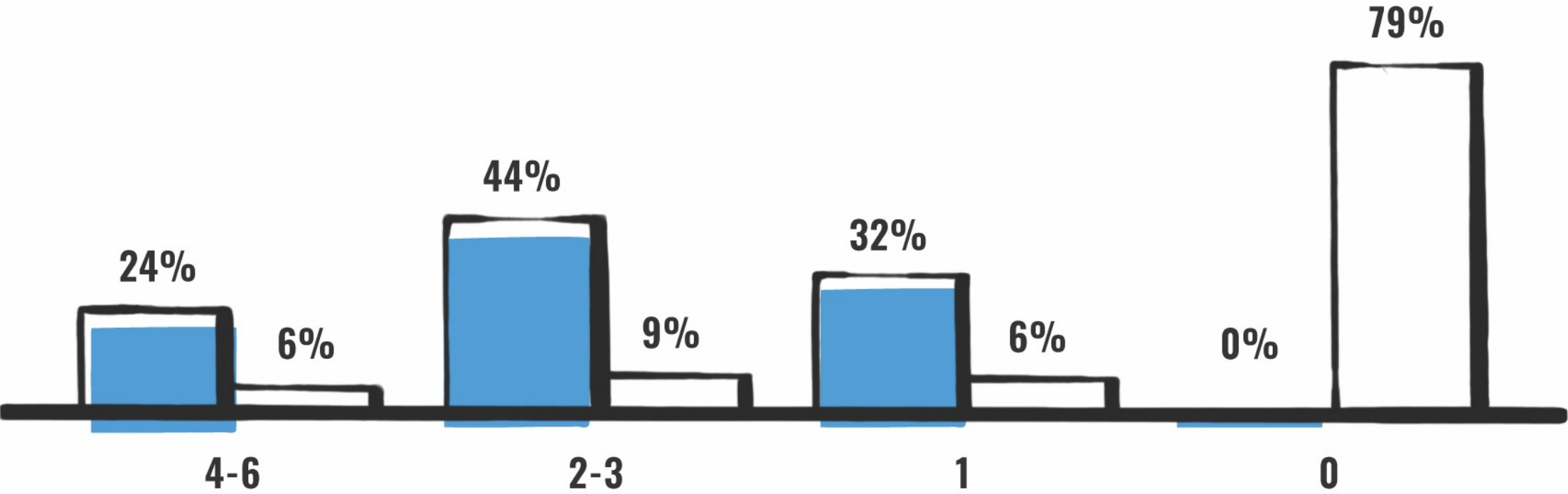
At Any Given Moment

■ CHRONIC □ NON-CHRONIC



Number of Disabling Conditions

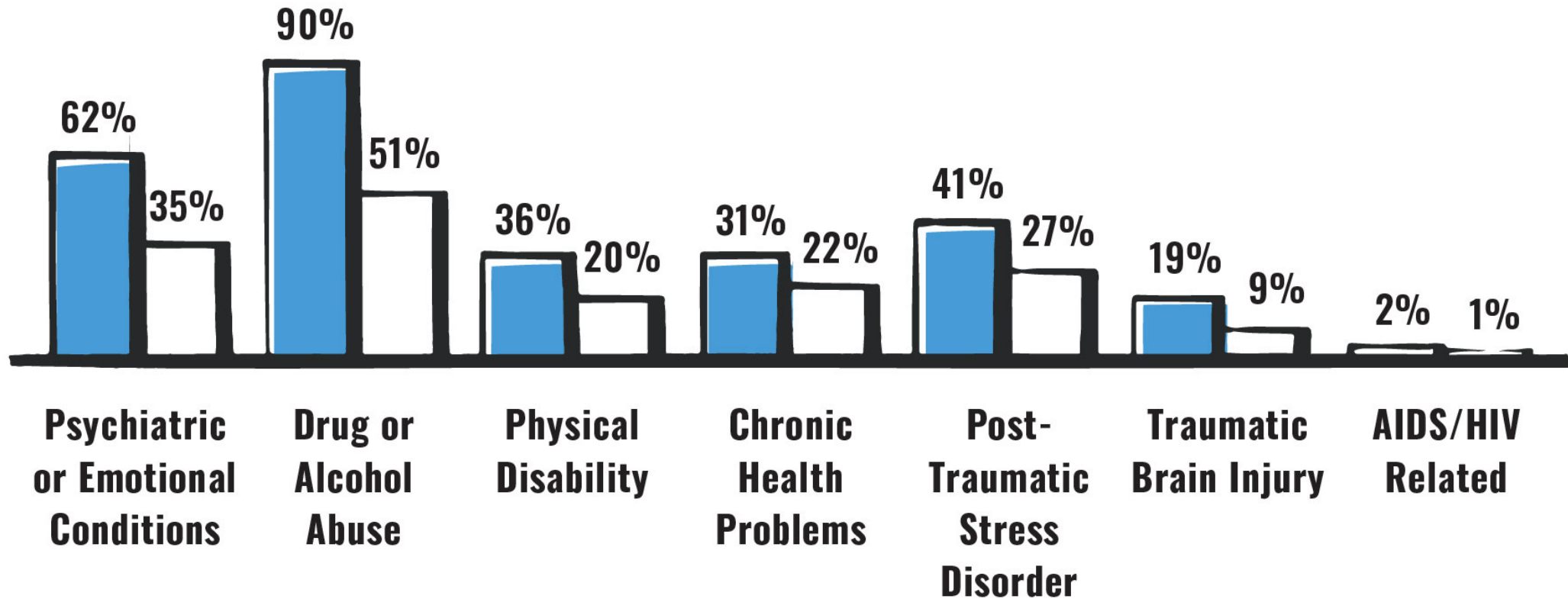
■ CHRONIC □ NON-CHRONIC



Source: [2019 Marin County PIT](#) (question not asked in Sonoma County)

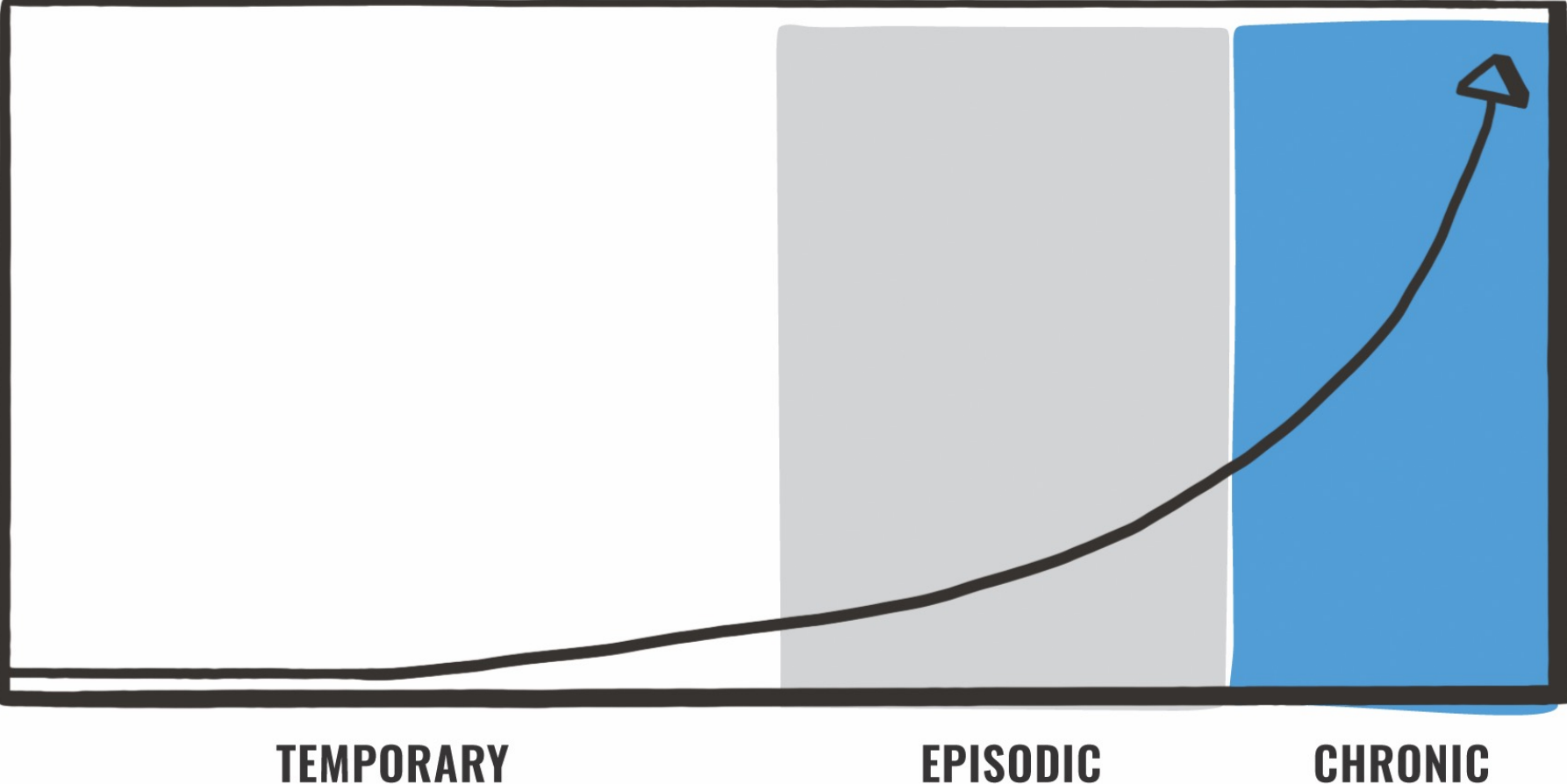
Type of Disabling Conditions

■ **CHRONIC** □ **NON-CHRONIC**



Source: [2020 Sonoma County PIT](#)

Public Service Utilization

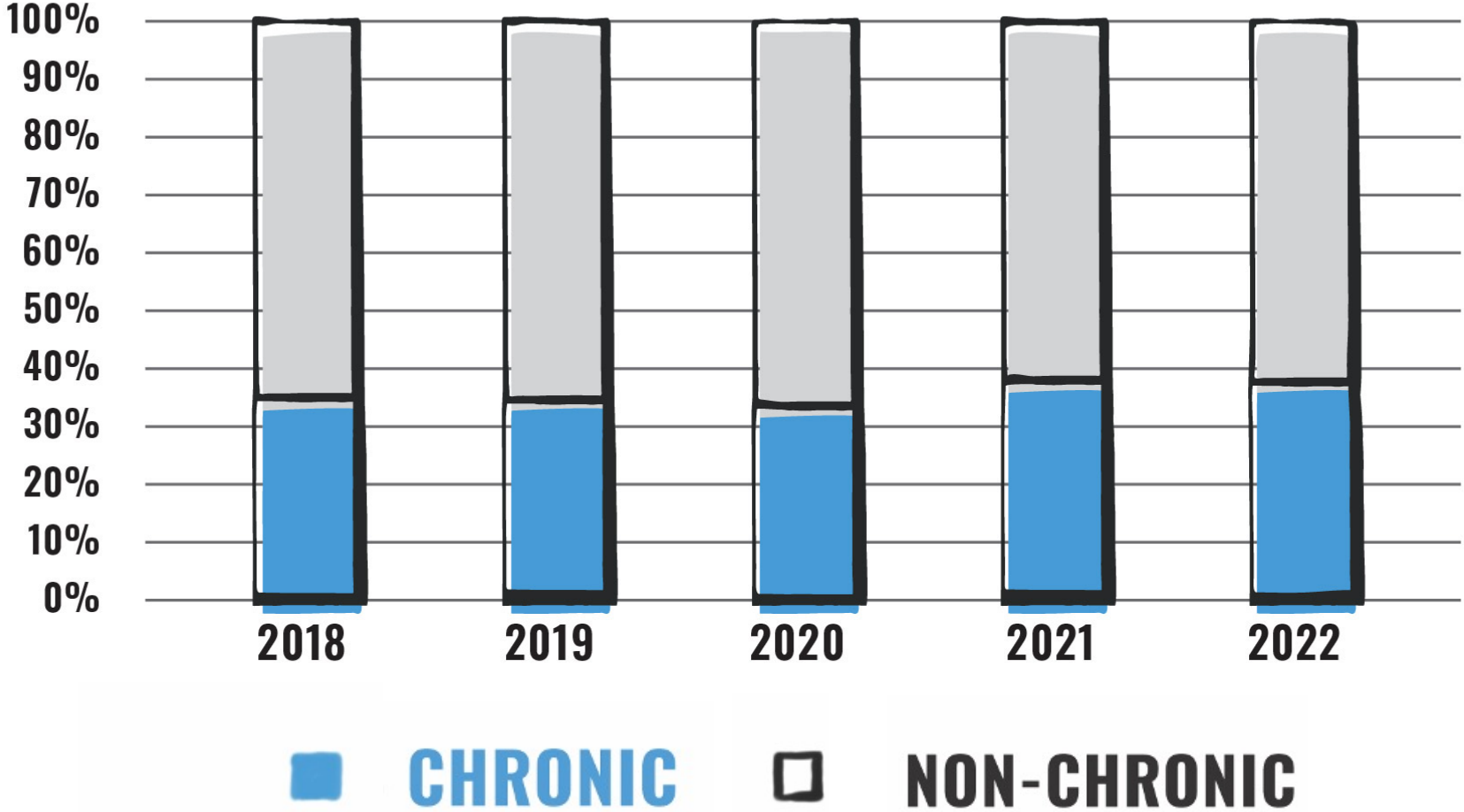


**Indeed, local data does show
that chronic homelessness is
becoming increasingly
entrenched in Sonoma County.**

**In an average month,
approximately 1,154 people are
now experiencing chronic
homelessness.**

In absolute terms, this average monthly number has increased by 30% since 2018.

Chronic Homelessness Over Time



Why does this matter?

Failing to distinguish between short-term homelessness and chronic homelessness results in costly and ultimately ineffective systems of care.

#1 Adding programs and services that don't address chronic homelessness will *not* necessarily improve conditions on the street.

#2 Cheaper housing and an improved cost of living *are* major aspects of solving the Modern Homelessness Crisis, but they won't necessarily solve chronic homelessness.

#3 If short-term homelessness isn't sufficiently addressed, it can lead to chronic homelessness.

#4 Throwing “short-term” solutions at chronic homelessness will likely produce more distrust (i.e., without the right ongoing support, people will likely not see “the system” as a source of help).

#5 Throwing “long-term” solutions at short-term homelessness is wasteful and inefficient (e.g., should a one-time job loss lead to lifelong subsidized housing?).

#6 There are proven programmatic benchmarks for responding to each of these different manifestations of homelessness.

III. Current Resources

**In attempting to respond to the
Modern Homelessness Crisis,
what resources are available to
our community?**

An Annual Public Operating Budget

The goal of this section is to establish an annualized **public** operating budget for local homeless services.

Ultimately, the true extent of community-based spending is likely much larger than what is represented here.

For example, these projections do not include one-time capital awards for affordable and homeless housing projects, nor do they include private and philanthropic giving.

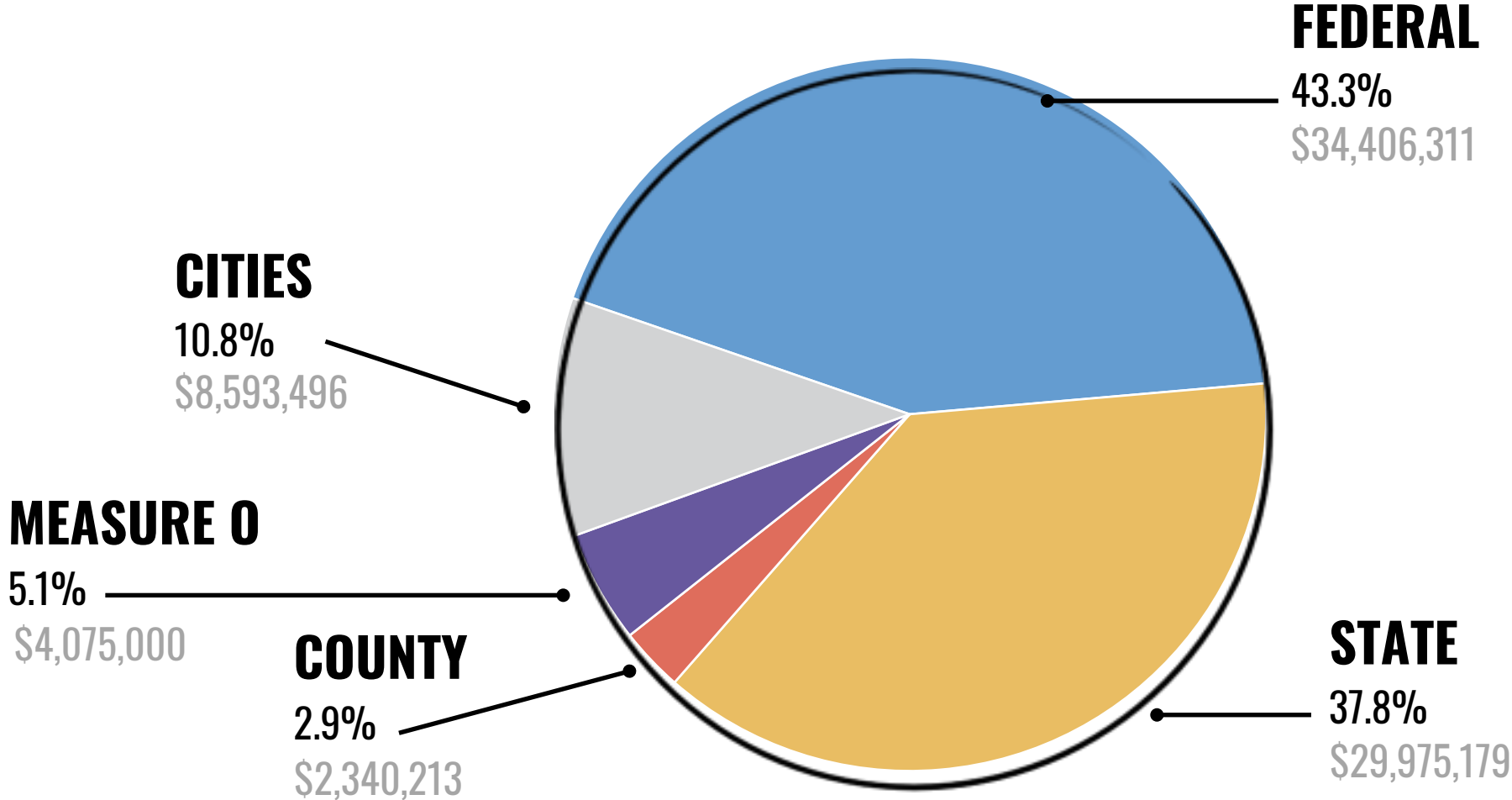
Additionally, this analysis does not incorporate more general social service programming; wherein, people experiencing homelessness do not represent 100% of the client base.

**As of FY22-23, we are spending
at least \$79.4M* every year to
address homelessness in
Sonoma County.**

*A full breakdown of this funding can be found in the Appendix

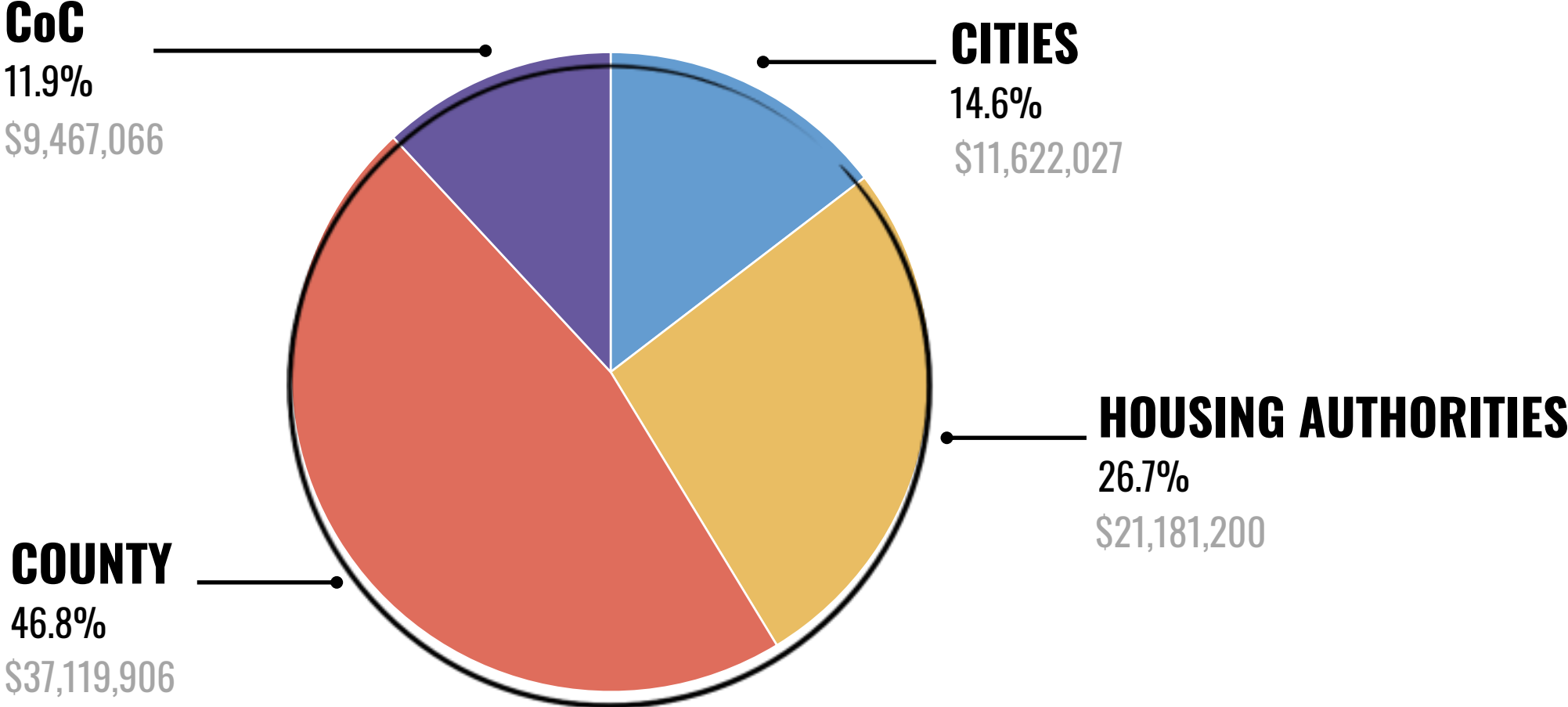
Approximately 80% of this funding (\$64.4M) is coming from State and Federal sources.

Funding by Source



The County has a plurality of the decision-making authority, but no one entity has a majority say.

Funding by Decision Body



**While \$79.4M is a big number,
it is critical to remember that
some of these funds are quite
flexible, while others are
mostly fixed.**

**We can see this in terms of
current programming ...**

**For example, nearly \$28.1M
(35.4%) is going to Permanent
Supportive Housing, meaning it
is supporting very vulnerable
people who have already been
housed.**

**We can also see it in the
nature of the funding sources
themselves ...**

Funding Acronyms

ARPA – American Rescue Plan

CaAIM – California Advancing and Innovating Medi-Cal

CDBG – Community Development Block Grant

CESH – California Emergency Solutions and Housing

ERF – Encampment Resolution Funding

ESG – Emergency Solutions Grant

HHIP – Housing and Homelessness Incentive Program

HHAP – Homeless Housing, Assistance and Prevention

NPLH – No Place Like Home

PLHA – Permanent Local Housing Allocation

Project Homekey – State capital & service dollars for housing

Hard to Change

Ongoing State and Federal sources like CoC funding, ESG, and CDBG are already generally supporting the existing system, including current shelter and supportive housing capacity.

The \$21.2M in revenue from housing vouchers is for people who were formerly homeless but continue to need financial assistance to remain housed. We cannot “take” their vouchers or “reallocate” those funds.

Similarly, approximately \$11.3M of County-controlled State and Federal monies are going to safety net programs (e.g., CalWorks, other welfare programs with housing supports) under strictly regulated legislative frameworks.

Finding Flexibility

Other resources, however, offer slightly more flexibility, especially as we look farther into the future.

For example, with Measure O, the size of the five funding buckets cannot be changed, but the allocations within those buckets can be modified over time.

Initial budgets are often submitted for large grants like HHIP and HHAP (\$18M a year collectively). These allocations can be amended but not totally overhauled.

Other sources, such as local city and County general funds, are potentially more flexible, as most contracts are typically renewed on an annual basis.

The Ebb and Flow of New Opportunities

Importantly, funding for homelessness tends to come in new and differing waves, which must be factored into future budgeting.

For example, ARPA and other “pandemic era” supports will be phased out over the next few years.

At the same time, new sources are emerging, such as the State’s ERF program (though it remains one-time in nature).

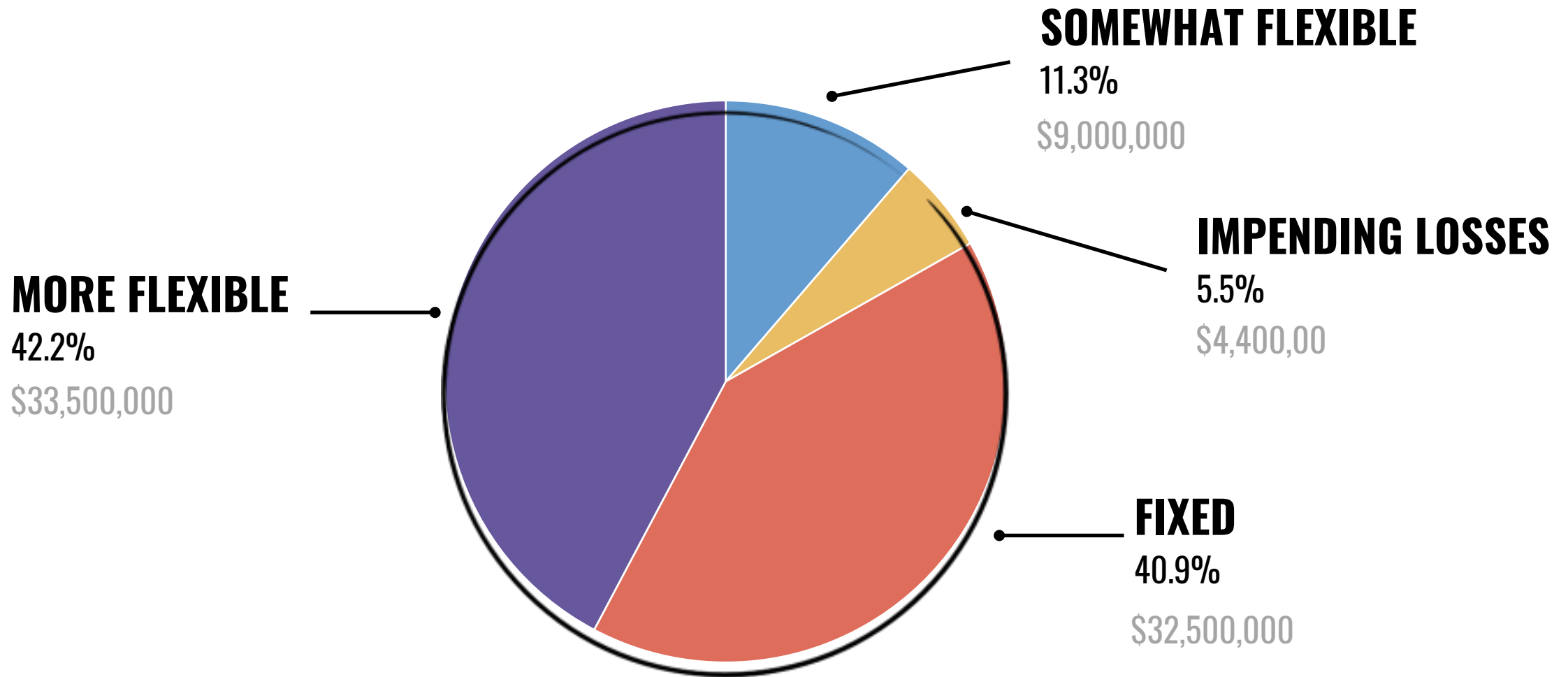
In the coming months and years, we will have a much clearer sense of how to leverage CalAIM, particularly the community supports funding and enhanced care management.

And while currently deployed housing vouchers cannot be changed, every year hundreds of new voucher placements become available through new programs and turnover.

Summary of Timing Considerations

Funding Horizon	Funding Source	Amount
Fixed	Federal Housing Vouchers	\$21,200,000
Fixed	State and Federal Safety Net Funds	\$11,300,000
Somewhat Flexible	CoC Grant and Other Federal	\$5,000,000
Somewhat Flexible	Predictable State and Federal Pass-Through	\$4,000,000
More Flexible	HHAP and other State	\$9,000,000
More Flexible	County and City General Funds	\$10,900,000
More Flexible	Measure O	\$4,000,000
More Flexible	HHIP	\$9,600,000
Impending Losses	One-Time State and Federal Pass-Through	\$4,400,000
Potential Infusion	CalAIM – Community Supports and ECM	TBD
Potential Infusion	Leveraging More Housing Vouchers	TBD
Potential Infusion	Private and Philanthropic Partnerships	TBD
	TOTAL	\$79,400,000

Timing Breakdown



IV. Planning for the Future

**Given the resources available
to our community, have we
created an effective and
efficient system of care?**

Strategically ...

Homelessness should be relatively simple to solve. It requires decreasing the inflow of people into the experience of homelessness while increasing the outflow of people who are currently experiencing homelessness back to housing.

Operationally, however ...

Even with a seemingly straightforward strategy, it is often extremely difficult and challenging to put the pieces together to form an effective homeless response system. Why?

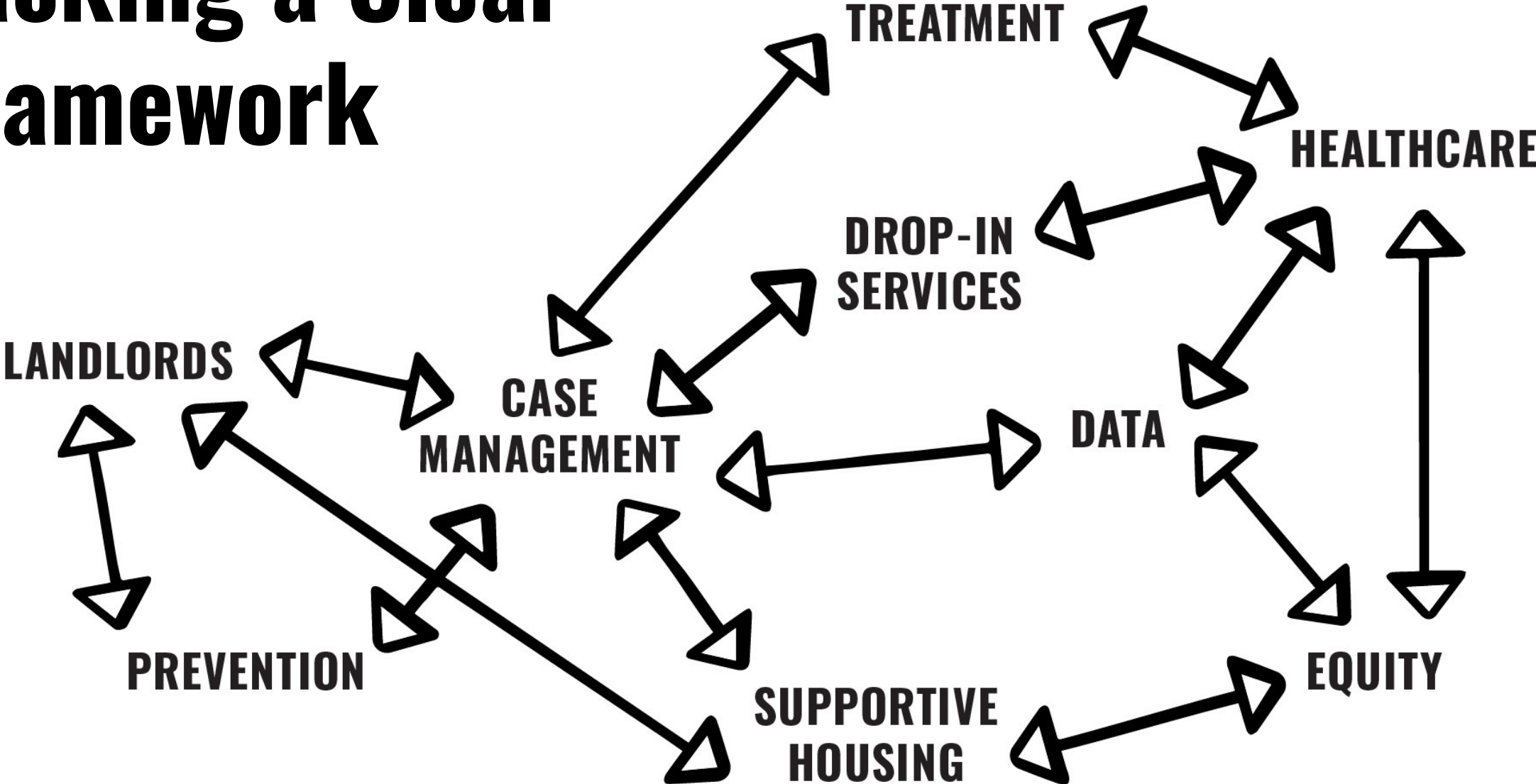
Funding & Resources - Variety in funders, philosophies, processes, requirements, timelines, expected outcomes

Agencies, Programs & Services – Variation in missions, strategies, and cultures

People – Wide range of mindsets, practices, and quality of service

Public Perception – Pressure to act, wanting short-term change vs. long-term solutions

Lacking a Clear Framework



STEP: A Framework for a More Connected System of Care

By visualizing the potential paths a person might take through a homeless system of care, STEP is a way of thinking about how to put the programmatic building blocks together.

S – Societal: 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 housing

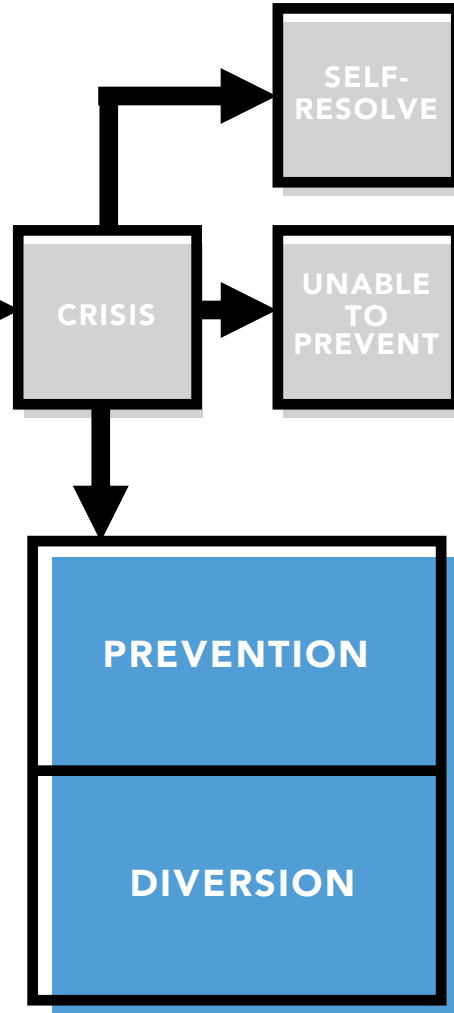
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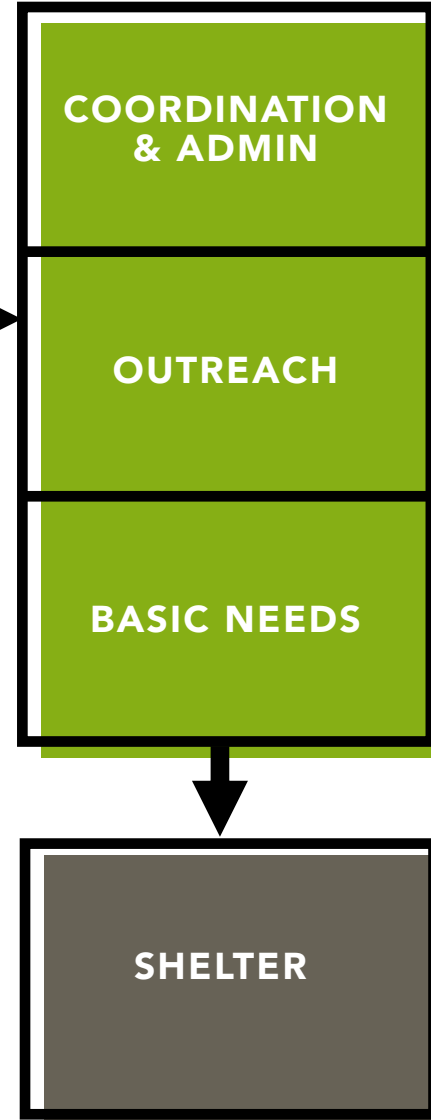
T

TRIAGE



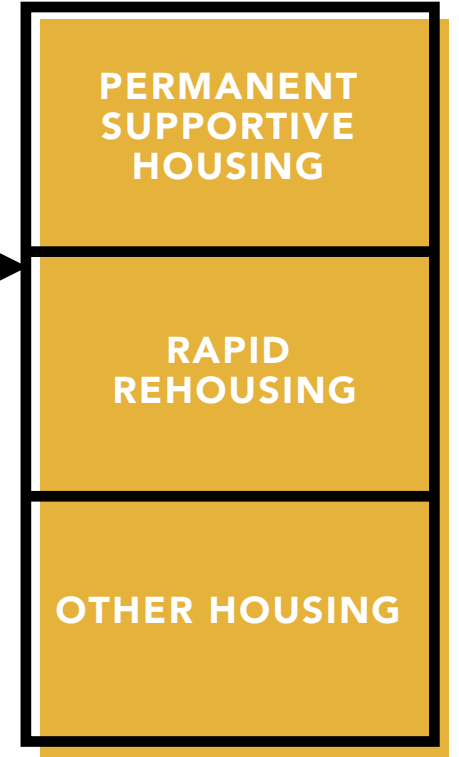
E

ENGAGEMENT



P

PLACEMENT



S: Societal

These are the national, regional, and local societal forces increasing the likelihood and duration of homelessness:

The cost of living

The presence or absence of behavioral health supports

The extent to which local social service systems can respond to personal crises (e.g., eviction, job loss, domestic violence)

The unique needs of individual subpopulations, such as BIPOC, TAY, LGBTQ+, seniors

In a fundamental way, homelessness is a symptom of these other problems.

T: Triage

“Triage” occurs when someone is at immediate risk-of or has just become homeless.

It includes “**prevention**”, or literally trying to stop that episode of homelessness from happening.

It also includes “**diversion**”, which is trying to find rapid housing solutions outside of the traditional homeless service system (e.g., reconnecting a person with family or friends)

Importantly, given the often finite and limited capacity of homeless services, diversion can and should happen throughout every part of the system of care.

E: Engagement

If a household does become homeless, “Engagement” is the process of connecting with a person to chart a path back to housing.

Engagement includes the **administration & coordination** that supports data sharing, case conferencing, and other service navigation processes.

It also includes **outreach** and **drop-in / basic needs** services (e.g., food, hygiene, laundry) designed to connect with people who are primarily unsheltered.

Finally, it includes **shelter** placements, which are an interim step on the way back to permanent housing.

P: Placement

“Placement” is the goal of the entire system – it’s getting people back into permanent housing as quickly as possible.

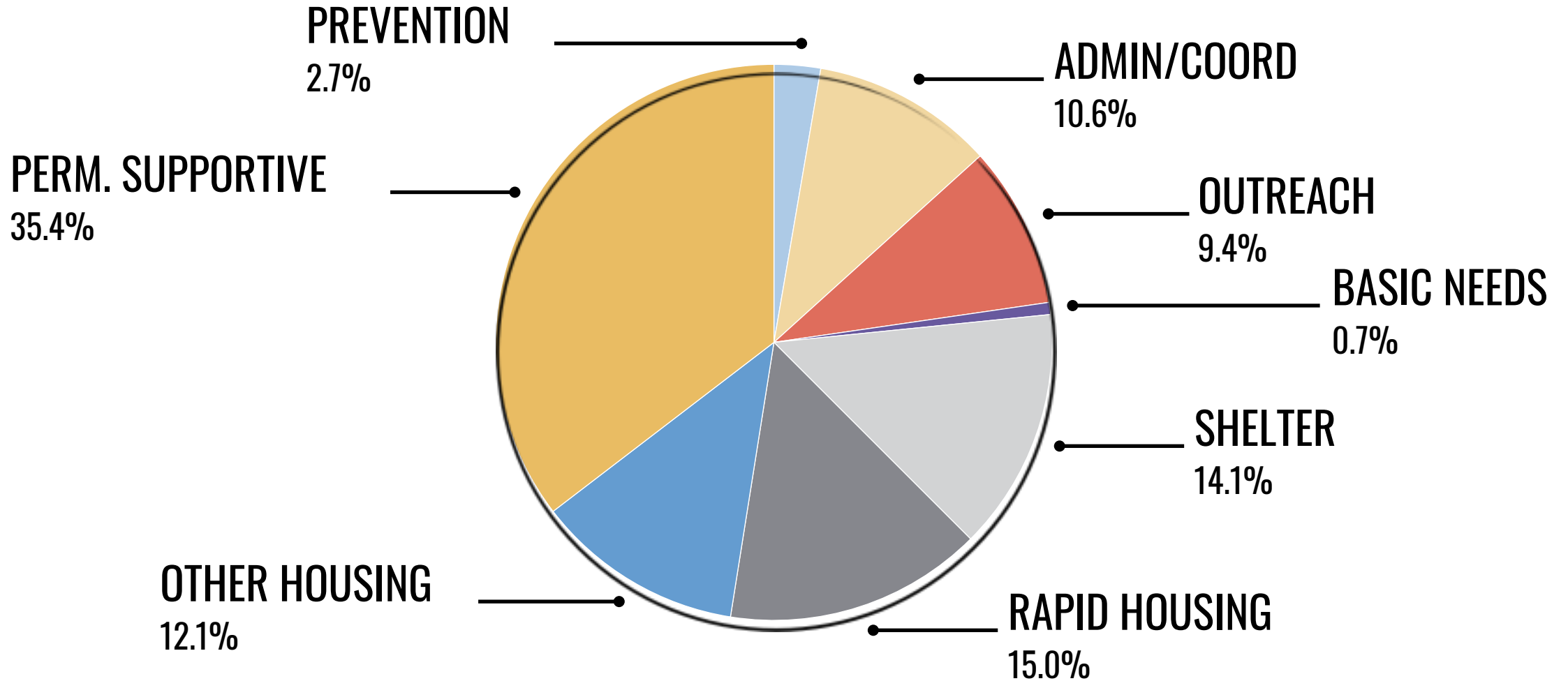
It includes “**permanent supportive housing**” (PSH), the data driven solution to chronic homelessness.

It also includes “**rapid rehousing**” (RRH), a timebound case management and housing intervention for people with lower levels of acuity.

Finally, it also includes the broader ecosystem of “**other housing**” programs, interventions, and supports (e.g., treatment options, landlord recruitment, home-sharing, financial assistance).

**What Is Our Current
Investment Across These
Services Areas?**

Current Service Portfolio



**Is This the
Right Service Mix?**

The CoC's Strategic Plan

In 2022, the County and CoC worked with HomeBase to develop and adopt a five-year strategic plan for improving the local system of care. This countywide plan attempted to align and synergize other subregional planning efforts (e.g., Petaluma, Santa Rosa, Sonoma Valley, North County), as well as other regional frameworks (e.g., All Home's 1-2-4 model) and funding requirements.

Advancing This Effort

This report is intended to align with and supplement HomeBase's plan by outlining funding recommendations (detailed in Section V) that will help the Sonoma County homeless system of care implement its strategic priorities. Examples of those investments include ...

“Year 1” Funding References (2023)

Fund 100 new non-congregate shelter units

Fund 200 new PSH units

Improve staffing ratios (i.e., fewer clients per staff member)

Effectively leverage CalAIM

Create a regionalized street outreach system

Create coordination capacity for subregional by-name-lists

Improve data infrastructure

**The Strategic Plan also calls
for more research and analysis
in certain areas.**

“Year 1” Research Priorities (2023)

Prevention

Diversion

Rapid rehousing

Turning congregate shelter into non-congregate

Basic needs services

Safe parking

Implications

Importantly, these investment and research priorities tie back to the analysis of the Modern Homelessness Crisis in Section II.

At the risk of oversimplification, the current “Year 1” funding priorities are pointing towards a strong initial focus on solutions to long-term, chronic homelessness

By comparison, the “Year 1” research priorities are more closely aligned with solutions for “short-term” homelessness (e.g., prevention, diversion, rapid rehousing).

The recommendations and analysis in the remainder of this report reflect a focus on these “year one” priorities. This plan can and should be revisited in the second half of 2023 to reflect research findings for the second category of programs.

Quantifying Investment Over Time

Service Area	Current* 2022	Goal	Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027
Prevention	Unknown	Study in Year 1	TBD	TBD	TBD	TBD	TBD
Diversion	0	Study in Year 1	TBD	TBD	TBD	TBD	TBD
Outreach / Coordination	Unknown	1 FTE per Region	100%	---	---	---	---
Outreach	Unknown	1:25 for 50%**	---	25%	35%	45%	50%
Basic Needs	Unknown	Study in Year 1	TBD	TBD	TBD	TBD	TBD
Emergency Shelter	1,146	200 more units	+100	+100	---	---	---
Perm. Supportive Housing	1,051	1,000 more units	+200	+200	+200	+200	+200
Rapid Rehousing	402	Study in Year 1	TBD	TBD	TBD	TBD	TBD

** Based on the 2022 Housing Inventory Count (HIC)*

*** This ratio is saying that of the total number of people experiencing unsheltered homelessness, 50% will have access to outreach case management with a 1:25 caseload capacity (more details in Section V)*

V. Funding Recommendations

For the past 40 years, local communities have been attempting to mount their own unique responses to the Modern Homelessness Crisis.

**If we want to see different
results, we need to begin
operating in different ways.**

**As one member of the Sonoma
County Lived Experience Board
expressed during this process,
“Homelessness has always
been a crisis for me.”**

Knowing what we know now, if this crisis had only just started, what type of crisis response system would we build to address it?

Animated by that spirit, this section will outline seven (7) process, program, and funding recommendations that could dramatically transform the system of care.

Overview of Strategies

-
1. Benchmark to the most effective interventions

 2. RFP for benchmarked interventions

 3. Expanded outreach through “sub-regionalization”

 4. 1,000 new permanent supportive housing (PSH) units

 5. Find cost saving synergies

 6. 200 new non-congregate shelter (NCS) units

 7. The creation of a community homeless fund

Cost of Living Disclaimer

Please note that the funding models and frameworks in the remainder of this report are primarily intended to be conceptual in nature.

As such, for simplicity's sake, current funding projections are **NOT** adjusted for inflation.

As this plan is endorsed, adopted, and implemented by local funders, it will be important to create updated, inflation-adjusted budgets prior to executing any formal, long-term contracts.

#1: Benchmark

We should not reinvent the wheel. Instead, the CoC should research and determine the most effective versions of different interventions (e.g., prevention, PSH, RRH). These “best” versions, including their associated costs, should become the building blocks for future financial and programmatic planning.

Example: Prevention

Homelessness prevention is a significant priority in HomeBase's Strategic Plan, as well as All Home's regional 1-2-4 Model (which the County and CoC have endorsed).

Using All Home's 1-2-4 model, it is estimated that we need approximately 5,200 prevention interventions per year to finally get ahead of the inflow of people falling into homelessness.

The Strategic Plan has recommended that we research prevention in Year 1 (2023). If we approached this from a benchmarking perspective, it might look like the following:

How To Benchmark Prevention

1. STANDARDIZE – Define what we mean by “prevention.” What does the average prevention intervention involve? Is it financial? Is it ongoing case management? Is it both?

2. INVENTORY – Analyze current prevention demand and available services (e.g., in 2022 Sonoma County distributed \$35M through the State’s Emergency Rental Asst. Program).

3. BENCHMARK – How do local programs (e.g., Petaluma People Services) compare with regional models (e.g., Destination:Home, Keep Oakland Housed)?

4. MODEL INVESTMENT – Match expected demand with a standard or average intervention cost to establish an annual operating budget for prevention.

Ex. Santa Clara County

For the last five years Santa Clara County has operated a prevention program resulting in 98% of financially assisted households staying housed (compared to 93% who did not receive financial assistance). The **average** cost per intervention has been \$5,600.

Applying This to Sonoma ...

Given the expected demand in Sonoma County (5,200 interventions per year), replicating this program locally would cost \$29.1M per year.

Generating Data for Societal Change

While this type of investment would be significant (37% of current homelessness spending), prevention obviates later, more expensive interventions. Importantly, data from robust prevention efforts could also help inform “upstream” policy fixes that could further reduce the risk and likelihood of homelessness in the first place.

This type of benchmarking cannot simply be an academic process. It must be actively incorporated into the system of care.

For example, when many communities have available funding, they simply establish spending priorities and create a Requests for Proposals (RFP) process.

The RFP process, then, is only as effective as the applications received, which could yield very different service proposals for essentially the same interventions.

**This is backwards and
ineffective.**

#2: RFP to Benchmarks

When issuing RFPs, the County, CoC, and other funders should seek qualified providers who can implement the benchmarked version(s) of the requested service(s). When needed, funders should be prepared to provide additional financial assistance and training to help providers get to the benchmarked version of the requested service(s).

The City of Petaluma

In the fall of 2022, the City of Petaluma created an RFP process for outreach and landlord recruitment that explicitly asked for organizations and programs that could implement specific best practices outlined in the RFP itself.

With clear a clear and focused benchmarking and procurement process, we can turn our attention to the investments we have said we're going to make.

#3: Expanded Outreach and Admin

There are three explicit Year 1 funding priorities in the Strategic Plan. The first is to increase administration, coordination, and outreach capacity to engage more people who are currently experiencing chronic homelessness. This can and should be done through “sub-regionalization”.

Scale – Sonoma County is larger than some states. It is difficult to centrally coordinate “on-the-street” care in such a sprawling geography.

The Lived Experience – We are consistently hearing that people *generally* want to remain in the community where they receive services.

Built for Zero – Sonoma County’s involvement with Built for Zero means we need a process and policies for identifying all persons experiencing chronic homelessness in the community on a monthly basis.

Manageability – On a weekly meeting basis, it is hard to coordinate care for more than 20; on a quarterly basis, more than 200-300

Not Reinvesting the Wheel – Other large counties in California (e.g., Alameda, Santa Clara, Los Angeles) have created specific service subregions or geographic Coordinated Entry access points to ensure care.

Existing Momentum – In practice, there is already local “by-name-list” coordination happening in different subregions (e.g. Petaluma, North County, Sonoma Valley).

“Sub-regionalization”

Sonoma County’s “on-the-street” response to homelessness should be sub-divided into more manageable service areas, based on both where people are already tending to cluster for services and management capacity to effectively coordinate care for a given area.

**Importantly, we can begin
applying our “benchmarking”
process to this new capacity.**

Vision: A Manager for Each Sub-Region

The point person for local efforts

Coordinates a regular “by-name-list” meeting

Shares best practices with other sub-regional managers

Manages and allocates locally accessible resources (e.g., local non-congregate shelter capacity)

Shares gaps with countywide partners and advocates for needed resources

Vision: A Standard Outreach Model

Outreach "Pairs" of two outreach workers

Each outreach worker will maintain a 1:25 caseload

Each team will be able to support 50 people

Caseloads will be assigned through the local by-name-list effort (i.e., the local sub-regional manager)

We should aim to have this level of outreach or better for at least 50% of people experiencing unsheltered homelessness.

The Cost

There are efforts currently underway through the County and CoC to determine potential subregions (likely between 6-8).

In determining costs, this plan has incorporated provider feedback about ensuring competitive compensation.

It assumes a subregional manager would cost \$120,000 per year, as well as a director for \$150,000.

It assumes each outreach worker costs \$100,000 (or \$200,000 per team).

Finally, it assumes a 20% overhead rate for the management of these outreach teams (\$240,000 per team).

The Cost of “Sub-Regionalization”

Region	Unshelt. (2022)	Shelt. (2022)	Total (2022)	Regional Mgmt*	Outreach Pairs	Outreach Cost	Regional Subtotal
North County	199	4	203	\$138,750	2	\$480,000	\$618,750
RP / Cotati	294	7	301	\$138,750	3	\$720,000	\$858,750
Petaluma	133	163	296	\$138,750	1	\$240,000	\$378,750
West County	290	37	327	\$138,750	3	\$720,000	\$858,750
Sonoma Valley	54	34	88	\$138,750	1	\$240,000	\$378,750
Santa Rosa**	728	798	1,526	\$416,250	8	\$1,920,000	\$2,336,250
						TOTAL COST	\$5,430,00

* Have spread the cost of the director (\$150,000) across the eight subregions

** Assumes three subregions in Santa Rosa

**Interestingly, we are currently
spending \$7.5M a year for
outreach services.**

Thus, using this model and these assumptions, we could actually “save” \$2.1M a year while likely serving more people than we currently are.

#4: 1,000 New PSH Units

The second Year 1 investment area specifically called for in the Strategic Plan is a dramatic expansion of permanent supportive housing (PSH).

**But first, we need a
definition.**

Housing First – “The How”

Housing First is a process, policy, and philosophy whereby communities offer unconditional permanent housing as quickly as possible and then offer intensive, wraparound support services afterward. Housing First was originally conceived while trying to support people experiencing chronic homelessness.

PSH – “The What”

If Housing First is the how, then PSH is the what. It is the programmatic combination of ongoing subsidized housing AND the availability of intensive wraparound support services. Over the past 30 years, PSH has proved to be the data driven best practice for solving chronic homelessness.

PSH – Subsidized Housing

In terms of housing support, PSH relies on long-term, ongoing housing subsidies. This does not mean “free” housing. Instead, PSH residents pay an affordable portion of their income (e.g., 30%) and the housing subsidy covers the remaining balance up to market rate. This could be funded through capitalized operating subsidies, housing vouchers, or other ongoing funding sources.

PSH – Wraparound Services

PSH only works when intensive and comprehensive wraparound services are offered. Importantly, communities having the most success with PSH recognize that there is often a continuum of service intensity needed, ranging from weekly case management visits to on-site, 24/7 service staffing.

A More Nuanced Service Portfolio

Intervention	Description of Services	Annual Cost	Approx. % of Need
“Standard” PSH Case Management	A case manager with a low caseload of clients (ideally no more than 1:15).	\$6,667 per client, \$100,000 per case manager	50%
Assertive Community Treatment (ACT)	A multi-disciplinary team typically serving people with severe behavioral health challenges. Team caseloads are around 1:10 – 1:12.	\$17,000 per client, \$1,700,000 per team	25%
24/7 On-Site	Clients are free to come and go, but there is a 24/7 staff and service presence.	Varies by project but assume \$30,000 per client.	20%
Beyond the System	Support beyond the homeless system of care for people with severe impairments (e.g., dementia, traumatic brain injuries, significant behavioral and/or physical health conditions)	A service offered outside of the traditional homeless system of care	5%

**According to the 2022 Housing
Inventory County (HIC), Sonoma
County has 1,051 PSH Units.**

**In actuality, it's a bit more
complicated than that.**

**If we think of PSH as something
the Coordinated Entry System
should be able to refer to a
chronically homeless single
adult in our community ...**

Deeper Analysis

Approximately 42% of existing PSH capacity (or 444 units) is reserved for Veterans (through HUD VASH).

267 current PSH units are “voucher-only” (e.g., mainstream, Super CE). They do not require services.

Just 51% of the total PSH inventory (or 536 units) is currently “referrable” through CE.

Thus, the HIC total of 1,051 units is misleading because of subpopulation requirements, Coordinated Entry participation, and insufficient services. In practice, just 222 units (or 21% of all units) are “true” PSH units referrable to chronically homeless single adults.

PSH Pipeline

Encouragingly, of the 1,000 new proposed units over the next 5 years, at least 197 will be available in 2023.

This number is the result of 5 different Project Homekey sites that will be coming online in 2023.

All of these new units are for chronically homeless single adults, and referrals will be made through CE.

All of these sites include project-based housing vouchers, which will cover long-term operating and service costs.

**Therefore, in Years 2, 3, 4, and 5,
we need to create approximately
800 additional units.**

To achieve this, we should pursue the following four sub-strategies:

#4a: Backfill Services

First, before adding any new units, we should backfill services to existing “PSH” units that lack them.

Backfilling Services

267 current PSH units are “voucher-only” (e.g., Mainstream, Super CE). They do not require services.

Additionally, the 2022 HIC does not include approx. 285 new COVID Emergency Housing Vouchers (EHVs).

EHVs in Sonoma County have been going to chronically homeless individuals with lower levels of acuity.

Like the Mainstream and Super CE vouchers, the EHVs have not required supportive services or case management.

Assuming the use of "Standard PSH Case Management," for 552 vouchers, we need up to \$3.7M in additional service dollars every year.

Presumably, a significant number of these 552 individuals, even without guaranteed services, have remained housed.

Thus, new service capacity could be scaled, prioritized, and targeted towards individuals as they become at-risk of losing their housing.

#4b: Housing Voucher Turnover

For the remaining 800 new PSH units we need to create in Years 2, 3, 4, and 5, we could create 600 scattered site PSH units by pairing “local”* service dollars with even more federal housing vouchers.

*This could include “locally controlled” State and Federal funding

**Every year approximately 8-10%
of overall housing voucher
capacity in Sonoma County, or up
to 500 vouchers, becomes
available through “turnover.”**

By matching sufficient services with these housing vouchers, we can rapidly develop hundreds of new PSH units.

In pursuing this strategy, we should utilize the PSH service portfolio described earlier.

Services for 800 PSH Units

Intervention	Service Level	Unit Cost	% Needed*	# Needed	Annual Service Cost
“Standard” PSH	1:15 Case Ratio	\$6,667 per client	50%	400	\$2,668,000
ACT Teams	100 Clients / Team	\$1,700,000 per team	25%	200	\$3,400,000
24/7 On-Site	24/7 On-Site	FUTURE HOMEKEY	19%	152	Recommendation 4c
Beyond the System	E.G. Care Court	BEYOND SYSTEM	6%	48	Recommendation 4d
Landlord Recruitment*	---	\$2,000,000	---	---	\$2,000,000
Services for 600 Scattered Site Units for					\$8,066,800
Potential Value of Vouchers (1 bedroom units)					\$13,377,600
“Local” to Federal Funding Leverage					1.6x match

** This strategy will only work if there is a sustained and proactive landlord engagement effort to ensure vouchers are actually placed in the community.*

**By investing \$8.1M a year on
Standard PSH services, two
ACT Teams, and landlord
recruitment for 600 new
scattered site units ...**

... we could more effectively leverage \$13.4M in federal funding that our community is already receiving, a 1.6x investment multiple.

**To do this, we would need 120
new vouchers per year, or
roughly 24% of annual voucher
turnover across Sonoma County's
two Housing Authorities.**

#4c: Homekey for 24/7 Sites

In addition to all of these scattered site units, we also need approximately 150 "project-based" units that could provide settings for 24/7 services. The capital funding for these sites could come through Project Homekey. The service and operating funding could come from project-based vouchers, plus additional local support.

Leveraging Project Homekey

The State has only officially authorized one more round of Project Homekey funding (2023).

Thus, in the coming year, the region should prioritize Homekey sites that could accommodate 24/7 services.

An example of this would be self-contained buildings that only have single points of entry and exit.

To ensure financial sustainability for the intensive nature of anticipated service needs, in addition to project-based vouchers, we should budget additional service subsidies.

We would need to project base at least 30 vouchers per year to support this sub-strategy.

**For these more intensive units,
we should budget an additional
\$15,000 per unit per year, or
\$2,250,000 per year total, to
cover increased service needs.**

#4d: Beyond the System

For an extremely small subset of people (approximately 50 individuals), more intensive supportive services outside of the homeless system of care must be identified and leveraged (e.g., conservatorships, Care Court, skilled nursing facilities, dementia care facilities, institutions for mental disease (IMDs)).

#5: Find Cost Saving Synergies

This new service capacity, especially for PSH, is substantial, and when possible, we should try to invest in and/or repurpose existing services that could actually serve multiple functions within the system.

For example, right now the region already funds two multi-disciplinary outreach teams (IMDT, HEART).

These teams have many of the same components typically found in Assertive Community Treatment (ACT) teams, which is a PSH best practice.

Thus, IMDT and HEART could shift to being ACT teams while continuing to provide outreach prior to housing placements.

With two ACT Teams serving 200 people, the region would need four fewer outreach pairs (a \$960,000 savings).

Importantly, under a sub-regionalized system, ACT referrals could be allocated across subregions.

Subregional ACT Team Referrals

Region	% of Total Need*	# of Slots**
North County	7%	14
RP / Cotati	11%	22
Petaluma	11%	22
West County	12%	24
Sonoma Valley	3%	6
Santa Rosa	56%	112
	TOTAL SERVED	200

** Based on 2022 PIT subregions*

*** Based on two teams serving a total of 200 people*

#6: 200 New NCS units

In addition to expanded outreach, administration, and PSH, the final explicit Year 1 investment area in the Strategic Plan is increased non-congregate shelter (NCS).

Like housing programs, shelter programs also require one-time capital investments, as well as ongoing service and operating budgets.

Recent Program Costs

Type	Program	# of Units	Total Startup Costs	Per Unit Startup Costs	Total Annual Operating	Per Unit Annual Operating
Conversion	L&M Village	22	\$5,720,000	\$260,000	\$841,000	\$38,227
Tiny Homes	People's Village	25	\$1,000,000	\$40,000	\$417,000	\$16,680
Tiny Homes	HAS – Sonoma Valley	20	\$2,000,000	\$100,000	\$800,000	\$40,000
Tiny Homes	Los Guilicos Village	60	XXX	XXX	\$2,000,000	\$33,333
Modular	Labath Landing	60	\$11,400,000	\$190,000	\$1,820,000	\$30,333
Safe Parking	Horizon Shine	20	XXX	XXX	\$780,000	\$39,000
Safe Parking	SR Safe Parking	50	\$34,000	\$680	\$1,300,000	\$26,000
Safe Sleeping	SR 2020 Safe Sleeping	68	\$5,000	\$74	\$1,209,000	\$17,779
Safe Sleeping	Robert's Lake	68	\$250,000	\$3,676	\$2,000,000	\$29,411

Awaiting additional financial info

With the exception of two outliers, per unit annual operating costs for NCS is running about \$35,000 a year.

To expand capacity by 200 units, we would need to budget an additional \$7,000,000 per year for operating and service costs.

On the capital side, start up costs have varied quite significantly across project types.

**“Tiny home” projects like
People’s Village or Los Guillicos
Village appear to be roughly
20% of the cost of modular or
conversion.**

Thus, if the 200 new NCS units are all tiny home projects, then we would need approximately \$8,000,000 in one-time capital.

Thus, if the 200 new NCS units are all tiny home projects, then we would need approximately \$8,000,000 in one-time capital.

Alternatively, like Labath Landing, the region could also try to utilize Project Homekey as a source of capital funding for this effort.

#7: A Community Homeless Fund

Finally, on the local revenue side, Sonoma County is already fortunate to have Measure O funding. Beyond that, there are significant differing levels of per capita homelessness spending by local jurisdictions. To create consistency and reliability over time, local jurisdictions could begin pooling their funding together for high-impact investments.

As previously described, when creating scattered site PSH, the local community could realize a 1.6x federal funding match (from housing vouchers).

To further incentive this type of local investment, we could use the sub-regionalized system to create sub-regional PSH allocations.

City-Funded* PSH Units (200 slots)

Region	% of Total Need	# of Slots	Regional Funding
North County	7%	14	\$93,338
RP / Cotati	11%	22	\$146,674
Petaluma	11%	22	\$146,674
West County	12%	24	\$160,008
Sonoma Valley	3%	6	\$40,002
Santa Rosa	56%	112	\$746,704
	TOTALS	200	\$1,333,400

* Rather than having the County or CoC pay for all 400 units of “Standard PSH Services,” what if the subregions paid for half (200 x \$6,667 = \$1,333,400)? The subregions could then have a proportional, dedicated set aside of these units.

VI. Bringing It All Together

**Across dozens of different
revenue streams and funders,
we are spending approximately
\$79.4M a year on homelessness.**

Current strategic planning efforts have outlined a number of ambitious investments over the coming years, including creating 1,000 new PSH units.

Anticipated Total Costs Over Time

Service Area	Intervention	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 5 (2027)
Outreach	Sub-regionalized Outreach System	\$5.4M	\$5.4M	\$5.4M	\$5.4M	\$5.4M
PSH	Landlord Recruitment	\$2M	\$2M	\$2M	\$2M	\$2M
PSH	Backfill PSH Case Mgmt.	\$3.7M	\$3.7M	\$3.7M	\$3.7M	\$3.7M
PSH	Housing Subsidies (120 / year)	\$2.7M	\$5.4M	\$8M	\$10.7M	\$13.4M
PSH	“Standard” PSH Case Mgmt.	\$2.7M	\$2.7M	\$2.7M	\$2.7M	\$2.7M
PSH	Additional 24/7 PSH services	---	\$2.3M	\$2.3M	\$2.3M	\$2.3M
PSH / Outreach	ACT Team #1	\$1.7M	\$1.7M	\$1.7M	\$1.7M	\$1.7M
PSH / Outreach	ACT Team #2	---	\$1.7M	\$1.7M	\$1.7M	\$1.7M
NCS	Shelter Capital Funding	\$4M	\$4M	---	---	---
NCS	Shelter Operating Funding	\$3.5M	\$7M	\$7M	\$7M	\$7M
Revenue Loss	Continuing Newly Funded Programs	---	---	---	\$4.4M	\$4.4M
	Net Needed	\$25.7M	\$35.9M	\$34.5M	\$41.6M	\$44.3M

Importantly, by utilizing the seven recommendations outlined in Section V, the price tag for these investments can be significantly minimized.

Net Local Need after Recommendations

Intervention	Funding Strategy	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 5 (2027)
Sub-regionalized Outreach	Repurpose existing contracts	(\$2.1M)	(\$2.1M)	(\$2.1M)	(\$2.1M)	(\$2.1M)
Landlord Recruitment	ARPA through 2025	\$0	\$0	\$0	\$2M	\$2M
Backfill PSH Case Mgmt.	Need to find – phase over time	\$0.7M	\$1.5M	\$2.2M	\$3M	\$3.7M
Housing Subsidies (120 / year)	Leverage housing vouchers	\$0	\$0	\$0	\$0	\$0
“Standard” PSH Case Mgmt.	Need to find – phase over time	\$0.5M	\$1.1M	\$1.6M	\$2.2M	\$2.7M
Additional 24/7 PSH services	Need to find	---	\$2.3M	\$2.3M	\$2.3M	\$2.3M
ACT Team #1	Repurpose HEART (2023)	\$0	\$0	\$0	\$0	\$0
ACT Team #2	Repurpose IMDT (2024)	---	\$0	\$0	\$0	\$0
Shelter Capital Funding	Need to find	\$4M	\$4M	---	---	---
Shelter Operating Funding	Need to Find	\$3.5M	\$7M	\$7M	\$7M	\$7M
Loss of Pandemic Revenues	Need to Find (landlord above)	---	---	---	\$2.4M	\$2.4M
	Net Needed	\$6.6M	\$13.8M	\$11M	\$16.8M	\$18M

While the funding need is still significant, it is manageable given anticipated incoming revenues.

Funding Acronyms

ARPA – American Rescue Plan

CaAIM – California Advancing and Innovating Medi-Cal

CDBG – Community Development Block Grant

CESH – California Emergency Solutions and Housing

ERF – Encampment Resolution Funding

ESG – Emergency Solutions Grant

HHIP – Housing and Homelessness Incentive Program

HHAP – Homeless Housing, Assistance and Prevention

NPLH – No Place Like Home

PLHA – Permanent Local Housing Allocation

Project Homekey – State capital & service dollars for housing

**For example, in Year 1 (2023)
and Year 2 (2024), we need
\$20.4M. CalAIM's HHIP grant
alone, which covers this exact
period, will provide \$19.1M.**

**When we factor in future rounds
of HHAP, ERF, and Project
Homekey, an improved
understanding of how to utilize
CalAIM funding, ...**

... new local funding commitments, and additional cost synergy strategies, this vision becomes even more achievable.

**Importantly, any future savings
or surpluses can then be
applied to other interventions
(e.g., prevention, other
research initiatives).**

**We can achieve our vision. And
this is the funding path for how.**

Appendix

Outline of Detailed Funding Breakdown

1. City

2. Measure O

3. County of Sonoma

4. CalAIM & HHIP

5. Other State

6. Housing Vouchers

7. Other Federal

Funding Acronyms

ARPA – American Rescue Plan

CaAIM – California Advancing and Innovating Medi-Cal

CDBG – Community Development Block Grant

CESH – California Emergency Solutions and Housing

ERF – Encampment Resolution Funding

ESG – Emergency Solutions Grant

HHIP – Housing and Homelessness Incentive Program

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NPLH – No Place Like Home

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Project Homekey – State capital & service dollars for housing

1. Cities

Cities are currently oversee and administer \$11.6M a year on homeless services.

\$8.6M is coming directly from city sources (e.g., general funds, housing in-lieu fees).

\$3M in local spending is coming from State and Federal sources that cities control (e.g., CDBG, ARPA, ERF).

\$1.3M of this pass through is “predictable” and “renewable” (i.e., CDBG); whereas, \$1.7M will expire within the next four years (i.e., ARPA, ERF, Homekey operating subsidies).

Crisis Mobile Outreach

Petaluma, Rohnert Park, Cotati, and Santa Rosa currently fund CAHOOTS-style “crisis mobile outreach.”

These cities are collectively spending \$3.5M a year on this alternative to traditional PD, FD, and EMS crisis responses.

This plan acknowledges this spending but has not included it as either a source of revenue or a homelessness expense.

Based on data from the SAFE Team specifically, 25% of annual clients are homeless, and 10% are housing insecure.

These are not “homeless only” programs, and it would be ill-advised to divest from them even if we solve homelessness.

2. Measure O

Measure O is a local ¼ cent countywide sales tax designed to fund behavioral health and homeless services.

Measure O is expected to generate approximately \$25M a year in revenue over a 10-year period (expiring in 2031).

The County of Sonoma's Department of Health Services develops the expenditure plan across five funding buckets.

While all funding buckets in some way impact homelessness, buckets 4 and 5 are the most directly and explicitly linked.

Buckets 4 and 5 represent 16% of total revenues from Measure O, or approximately \$4M per year.

Measure 0 Funding Categories

#	Service Area	% of Total*	Expected Funding**	Currently Supported Efforts
1	Behavioral Health Facilities	22%	\$5,500,000	---
2	Emergency Psych / Crisis	44%	\$11,000,000	---
3	Outpatient SUD Treatment	18%	\$4,500,000	---
4	Behavioral Health Homeless	14%	\$3,500,000	IMDT, HEART
5	Supportive Housing	2%	\$500,000	Match for Project Homekey
		TOTAL	\$25,000,000	

* Funding allocations determined in original ballot measure

** Will fluctuate based on actual revenue collected

3. County of Sonoma

The County of Sonoma currently administers approximately \$19M a year in homeless service funding.

\$2.3M is coming directly from the County itself (e.g., County general fund).

\$16.7M is coming from State and Federal sources, mostly for social service programs that the County is required to operate.

Based on current expenditures, of this State and Federal pass-through funding, \$2.7M will expire within the next two years (i.e., ARPA funding).

4. CalAIM

CalAIM is a far-reaching, multi-year State effort to better integrate healthcare funding with social service delivery.

CalAIM is based around the idea that addressing “social determinants of health” can drive down health costs.

Under CalAIM, the State contracts with managed care plans (MCPs) to provide coverage for people enrolled in Medi-Cal

MCPs, in turn, contract with agencies to provide per member per month compensation for eligible CalAIM services.

The State has acknowledged there are still significant hurdles to implementing this program, and it will take many years to fully integrate. In some cases, funding guidance is still unclear.

Enhanced Care Management

CalAIM has three primary components: enhanced care management, community supports, and HHIP.

Enhanced care management providers are required to meet members where they are – at a shelter, on the street, etc.

Eligible members will generally be Medi-Cal enrolled, homeless “high “service utilizers” (e.g., multiple ER visits).

Providers can receive \$386 per member per month, which must be renewed every six months.

In practice, it appears that most enhanced care management providers will be Federally Qualified Health Clinics (FQHCs).

Community Supports

MCPs can also contract with local service providers to offer up to 14 different pre-identified “community supports.”

Community supports might include: housing navigation, security deposits, and short-term post-hospitalization housing

Rates for these different services will vary (e.g., there is a one-time up to \$5,000 benefit for security deposits).

A creative use of these funding streams could offset significant costs in programs like rapid rehousing.

Community supports appears to be more specifically designed for traditional homeless service providers.

HHIP

The Housing and Homelessness Incentive Program is a one-time grant program totaling \$1.3B.

To access HHIP, each MCP must work with the local County and Continuum of Care to develop a “Local Homeless Plan.”

Sonoma County, in collaboration with Partnership Health (our MCP), finalized this plan in the summer of 2022.

Over the next two years (calendar years 2023 and 2024), Sonoma County will receive up to \$19.1M from HHIP.

While the County has submitted an initial budget, the State allows the funding categories and amounts to fluctuate over time.

Anticipated HHIP Expenditures

Service Area	Expected Funding	Initial Programming Ideas
Rapid Rehousing	\$0	---
Street Outreach	\$1,500,000	Support regionalized HEART, IMDT, and other outreach
Services Coordination	\$4,000,000	Service staff enhancement, more Homekey staffing
Permanent Housing	\$3,223,585	Acquisition or leasing of permanent facilities
Prevention and Shelter Diversion	\$1,000,000	Flexible rental assistance and diversion funding
Interim Sheltering	\$2,935,224	Shelter capacity, particular sober and non-congregate
Shelter Improvements	\$1,500,000	Shelter modifications to increase non-congregate capacity
Administrative (capped at 15%)	\$2,741,585	Lead Agency staffing
Data Infrastructure	\$2,200,000	HMIS, IBM / Watson Care, Coordinated Entry
TOTAL	\$19,100,395	

5. Other State

In addition to CalAIM, HHIP, and the pass-through monies described previously, Sonoma County is set to receive approximately **\$9M in additional State monies in FY22-23.**

Approximately **\$8.5M** of that is coming from the HHAP program and **\$450k is coming** from California ESG.

Decision-making authority for these funds is generally evenly divided between the County and the CoC.

Over the last two years, the State has also released variable, one-time funding through Project Homekey and ERF.

Beyond homelessness specifically, the State also provides significant financial support for local affordable housing efforts (e.g., PLHA, NPLH).

HHAP

After three rounds of funding, many communities were expecting HHAP to become a reliable, annual source.

However, in of November 2022, citing the lack of ambition in local homeless plans, Governor Newsom froze awards.

This decisions impacted HHAP-3, which we were expecting for FY22-23, as well as the anticipated HHAP-4 for FY23-24.

A funding agreement was ultimately reached with the Governor and monies were re-released in December 2022.

This is a very good example of the type of funding “shock” that can impact long-term financial planning.

Anticipated HHAP-3 Expenditures

Service Area	% of Total*	Examples
Rental Assistance	\$913,879.56	New and existing rapid rehousing
Non-Congregate Shelter (NCS) / Interim Housing	\$2,611,563.98	New and existing NCS sites
Permanent Supportive and Service-Enriched Housing	\$2,527,829.12	Enhanced services at Homekey sites
Outreach and Engagement	\$1,716,341.86	Operating subsidies for IMDT
Diversion and Homelessness Prevention	\$63,674.18	Support for homelessness prevention
Administrative Activities	\$597,731.56	Staffing support for contract oversight
Systems Support Activities	\$108,004.00	Stipends for Lived Experience Boards
TOTAL	\$8,539,024.26	

Project Homekey

Over the past 2 years, Sonoma County has received \$83.4M in Project Homekey funding from the State of California.

This funding has been used to secure 330 permanent and interim housing units across 8 projects.

Homekey is primarily a capital award designed for rapid development and redevelopment.

For projects like “Studios at Montero,” housing vouchers will eventually offset Homekey service / operating subsidies.

For projects like “Labath Landing,” which receives nearly \$700k in annual Homekey service / operating subsidies, the region will have to pickup the cost after Year 4.

Project Homekey Awards To-Date

Projects	Total Award	Units	Use(s)
Mickey Zane Place	\$8,800,000	44	Capital
Elderberry Commons	\$6,200,000	31	Capital
Studios at Montero	\$15,680,382	60	Capital & Operating Subsidies*
L&M Village	\$7,048,800	22	Capital & Operating Subsidies
Labath Landing	\$14,678,400	60	Capital & Operating Subsidies
St. Vincent de Paul Commons	\$13,291,377	51	Capital & Operating Subsidies
Caritas Center Family Shelter	\$11,360,000	40	Capital & Operating Subsidies
George's Hideaway	\$6,300,784	22	Capital & Operating Subsidies
TOTAL	\$83,359,743	330	

** Project Homekey does provide initial operating subsidies (up to four years), but these awards also require substantial long-term operating commitments from local jurisdictions.*

6. Federal Housing Vouchers

Sonoma County has two housing authorities – the Community Development Commission and the Santa Rosa Housing Authority.

Combined Sonoma County's housing authorities administer approximately 5,350 housing vouchers for people in-need of long-term housing subsidy.

As of December 2022, at least 950 of these vouchers (or roughly 18% of all vouchers) have been allocated towards households that are currently or were previously homeless.

Assuming a one-bedroom payment standard, these 950 housing vouchers are equivalent to the county receiving **\$21.2M in federal funding every year.**

Importantly, it is estimated that approximately 8-10% of local housing vouchers “turnover” each year, meaning they become eligible for reassignment.

7. Other Federal

In addition to any pass-through monies described previously, Sonoma County is set to receive approximately \$5M in additional Federal monies in FY22-23.

The overwhelming majority of this funding, \$4.8M, is administered and awarded by the Continuum of Care.

Of note, this analysis does not currently include Federal sources tied to veteran services or healthcare delivery (e.g., HRSA – Health Care for the Homeless).

Like the State, the Federal government also provides fairly significant financial support for local affordable housing efforts (e.g., HOME, CDBG, Low Income Tax Credits).

Private & Philanthropic Funding

Finally, this report did not explicitly quantify private and philanthropic giving but such an analysis is possible.

501(c)(3) non-profit financial information is publicly available online via 990 forms (these forms are often 2-3 years old).

It is possible to net total organizational revenues against known funding sources described in this section.

This work should be completed, but ideally it would be done in partnership with local providers. Importantly, private and philanthropic monies often represent the most flexible and dynamic sources of funding.