



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

Item No: 1
Subject: October 21, 2022 CoC Board Meeting Agenda
Meeting Date: October 21, 2022
Staff Contact: Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

SUMMARY

This staff report presents the October 21, 2022 CoC Strategic Planning Committee Meeting proposed agenda. The agenda contains all proposed items that will be discussed by the Strategic Planning Committee. The proposed agenda is attached as Attachment A.

RECOMMENDED ACTION(S)

Approve October 21, 2022 agenda.



Attachment A

**Sonoma County Continuum of Care (CoC) Strategic Planning Committee
Agenda for October 21, 2022
9:00am-10:30am Pacific Time**

Virtual Meeting: Join Zoom Webinar

<https://sonomacounty.zoom.us/j/94233222676?pwd=TIExUDVFdnRpSFkrVGQzSmxZMS9BZz09>

Passcode: 976436

Webinar ID: 942 3322 2676

Telephone: 1 669 900 9128

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Committee Co-Chairs/ CDC Staff	9:00am
1.	Approve Agenda (ACTION ITEM)	10/21 Agenda	Committee Co-Chairs	9:03am
2.	Approve Minutes (ACTION ITEM)	7/15, 8/19 & 9/16 Minutes	Committee Co-Chairs	9:05am
3.	City of Santa Rosa Strategic Plan	City of Santa Rosa Homeless Solutions Strategic Plan Presentation	Focus Strategies	9:10am
4.	Homebase Presentation (Potential ACTION ITEM) <ul style="list-style-type: none"> • Review Updated Goals, Strategies, Actions based on deep dive session feedback • Discussion – Year 1 high priorities actions • Discussion – Timeline to completion 	-Homebase Presentation -CoC Strategic Plan – DRAFT Goals & Strategies	Homebase Team	9:40am
5.	Discuss Workgroup Progress <ul style="list-style-type: none"> • Coordinated System of Care (Potential ACTION ITEM)		Workgroup Leads	10:25am
6.	Public Comment on Non-agendized Items		Committee Co-Chairs	10:30am

PUBLIC COMMENT:

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



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

Item No: 2
Subject: CoC Strategic Planning Committee Minutes for 7/15/22, 8/19/22 & 9/16/2022
Meeting Date: October 21, 2022
Staff Contact: Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

SUMMARY

This staff report briefly summarizes the minutes from the previous meetings on 7/15/22, 8/19/22 & 9/16/2022. The minutes reflect a general summary of the previous meeting's activities and are not intended to reflect verbatim comments. The minutes are attached as Attachment **A** (7/15/22) **B** (8/19/22) & **C** (9/16/2022).

RECOMMENDED ACTION(S)

Approve minutes from 7/15/22, 8/19/22 & 9/16/2022

Attachment A

**Sonoma County Continuum of Care
Strategic Plan Committee Meeting Minutes**

July 15th, 2022
9:00-10:30 pm Pacific Time - Meeting held by Zoom

Welcome

- * Co-Chair Stephen Sotomayor called the meeting to order, and clarified Zoom rules around public comment and Brown Act guidelines

- * **Roll Call taken:** Tom Schwedhelm, City of Santa Rosa; Stephen Sotomayor, City of Healdsburg; Ben Leroi, Santa Rosa Community Health; Jennielynn Holmes, Catholic Charities; Ludmilla Bade, Community Member; Dennis Pocekay, City of Petaluma; Karen Fies, County of Sonoma; Tim Miller, West County Community Services; Jennifer Harte, Sonoma County DA; Rebekah Sammet, Community Member.

- * **Absent:** Tom Bieri, Community Support Network

- * Staff Present: Dave Kiff, Alea Tantarelli, Araceli Rivera, Thai Hilton

- * Guests: Focus Strategies – Tara Carruth

1) Approve Agenda

Public Comment: None
Motion to approve agenda: **Motion Dennis, 2nd Tom S**
Approved

2) Minutes 6/17

Public Comment: None
Motion to approve minutes: **Motion Tom S, 2nd Jennifer**
Approved

3) Santa Rosa Strategic Plan

Tara Carruth, Senior Consultant at Focus Strategies presented an outline, timeline and update of the City of Santa Rosa's Homeless Solutions Strategic Plan.

Public Comment: Jerry and Gregory

No Action Taken

4) Homebase Strategic Planning Update: Summary and Discussion of Emerging Goals and Strategies

Lauren Larin & Matt Weber from Homebase provide an update on the 3 overarching goals and share the strategies that go underneath those goals. Additionally, they share a proposal of deep dive session that explore key themes.

Public Comment: Gregory & Gerry
No Action Taken

5) Workgroup Progress

Housing (Ben Leroi):

Reviewing results from a Systems Capacity Survey from providers and summarizing proposed strategies

Public Comment: Gregory & Gerry

Increasing Income (Karen Fies):

Discussing 211 and recently released a survey to providers about increasing income and waiting on responses. Going to make a recommendation about peer navigation to CoC Strategic Planning Committee soon. Looking to increase employment for individuals experience homelessness also looking into an SSI advocacy group.

Public Comment: Gregory

Coordinated System of Care (Tom S):

Provided an update on open HMIS and centralized housing locator. This group is now considering coordinating all of the strategic plans throughout the region. Additionally, this group would work on an accountability plan.

Public Comment: Gerry
No Action Taken

6) Public Comment on Non-Agendized Items

Gerry
Meeting Adjourned at 10:23am

Attachment C (Part 1)
Sonoma County Continuum of Care
Strategic Plan Committee Meeting Minutes

September 16, 2022
9:00-10:30 pm Pacific Time - Meeting held by Zoom

Welcome

- * Co-Chair Stephen Sotomayor called the meeting to order, and clarified Zoom rules around public comment and Brown Act guidelines

- * **Roll Call taken:** Tom Schwedhelm, City of Santa Rosa; Stephen Sotomayor, City of Healdsburg; Jennielynn Holmes, Catholic Charities; Ludmilla Bade, Community Member; Dennis Pocekay, City of Petaluma; Tom Bieri, Community Support Network; Karen Fies, County of Sonoma; Tim Miller, West County Community Services; Jennifer Harte, Sonoma County DA; Rebekah Sammet, Community Member.

- * Ben Leroi, Santa Rosa Community Health, arrived late

- * **Absent:** None

- * Staff Present: Dave Kiff, Alea Tantarelli, Araceli Rivera, Thai Hilton

- * Guests: Homebase representative- Lauren

1) Approve Agenda

It was announced that Chris Keys needs to leave the Strategic Plan Committee, though he will be remaining on the CoC Board. It was decided that we should add an Emergency Item (Item 7) to the Agenda, in order to determine if we wish to leave the position open for now, or begin a search for a new member.

Public Comment: None

Motion to approve agenda with addition of Emergency Item: **Motion Karen, 2nd Tom B**
Approved

2) Minutes 7/15 & 8/19

These minutes were unavailable, and approval will be delayed until our next meeting.

Public Comment: None

3) Strategic Planning Committee Secretary

As Chris was secretary and has left the committee, we must appoint a new secretary. Dennis volunteered to take on the position.

Public Comment: None

Motion to approve Dennis as secretary: **Motion Tom S, 2nd Jennifer**
Approved Unanimously

4) Increasing Income Recommendations (Karen)

Presentation listed the types of income considered by the Workgroup, the questions addressed, and specific recommendations. During discussion, it was noted that the group has disbanded for now, at least temporarily.

Public Comment: Gerry

Motion to include Increasing Income Report in Strategic Plan: **Motion Tom B, 2nd Tom S**
Approved with **one abstention: Ben**

5) Homebase Interim Report Out on Deep Dive Sessions (Lauren)

Three Deep Dive Sessions have taken place, while one (Encampments) had to be postponed until early October. A full update will be given at our October meeting, followed by a discussion of implementation steps in November and completion of work in December.

Public Comment: Gerry

No Action Taken

6) Workgroup Progress

Coordinated System of Care (Tom S):

As all requested tasks have been accomplished, the Workgroup is beginning to compare the Strategic Plans of different jurisdictions to aid future collaboration. It was noted that Homebase and Andrew Hening are both also working on this issue, which itself demands collaboration.

Housing (Tom B):

Discussion of 3 complicated questions which for the most part address reconciling safety concerns with HUD Housing First regulations; they have posed the questions to the HUD legal team, and hope to have answers by next month. See Attachment A for details.

Public Comment: Gerry

No Action Taken

7) Consideration of Adding a Member to Replace Chris Keys (Emergency Item)

After spirited discussion, consensus seemed to be that the position should be left open until the CoC Board turns over in 2023.

Public Comment: Gerry

Motion to Leave Vacated Position Open Until 2023: **Motion Dennis, 2nd Rebekah**
Approved with **one nay: Ludmilla**

8) Public Comment on Non-Agendized Items

None

Meeting Adjourned at 10:45am

Question Status: In Progress

Thank you for submitting a question via the HUD Exchange. We will review the question and try to provide you with a response within 7-10 business days. However, note that some questions must be referred to HUD subject matter experts and/or attorneys and will take longer to address. We appreciate your patience as we work to provide a response as quickly as possible.

Requestor Name: Tom Bieri

Requestor Email: tom@csn-mh.com

Question Related To: Continuum of Care Program

Question ID: 202225

Question Subject:

Question 1 Related to Taking Nondiscriminatory Steps to Protect Safety

Question Text:

We are asking three questions related to our legal and ethical responsibility to take steps to protect the safety of our staff and our residents in various housing models funded by HUD. The first question is included here.

Question 1: Does HUD still stand behind the following statement that was made to us in the AAQ 147405 of December 12, 2019? “When privacy and safety concerns are raised by residents, providers must take non-discriminatory steps to address those concerns. In general, the implementation of and adherence to Housing First policies should not jeopardize the safety and well-being of other residents, their property, and program staff. In all cases, providers should use their judgement when it comes to safety. For example, if a resident had previously been involved in a physical altercation with an applicant and continued to feel threatened, that applicant could be denied because the decision would be based on accurate and objective information and not a general feeling of not being comfortable with the applicant.”

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Question 1: Does HUD still stand behind the following statement that was made to us in the AAQ 147405 of December 12, 2019? “When privacy and safety concerns are raised by residents, providers must take non-discriminatory steps to address those concerns. In general, the implementation of and adherence to Housing First policies should not jeopardize the safety and well-being of other residents, their property, and

program staff. In all cases, providers should use their judgement when it comes to safety. For example, if a resident had previously been involved in a physical altercation with an applicant and continued to feel threatened, that applicant could be denied because the decision would be based on accurate and objective information and not a general feeling of not being comfortable with the applicant.”

Question Status: In Progress

Thank you for submitting a question via the HUD Exchange. We will review the question and try to provide you with a response within 7-10 business days. However, note that some questions must be referred to HUD subject matter experts and/or attorneys and will take longer to address. We appreciate your patience as we work to provide a response as quickly as possible.

Requestor Name: Tom Bieri

Requestor Email: tom@csn-mh.com

Question Related To: Continuum of Care Program

Question ID: 202228

Question Subject:

Question 2 Related to Taking Nondiscriminatory Steps to Protect Safety

Question Text:

We are asking three questions related to our legal and ethical responsibility to take steps to protect the safety of our staff and our residents in various housing models funded by HUD. The second question is included here.

Question 2: Please help us understand how we can integrate and reconcile our legal and ethical obligation to keep our residents and staff safe in a nondiscriminatory manner with the concern about conducting assessments during the coordinated entry process. Specifically, would assessing all individuals who have a recent history of harming themselves or others, for their current risk of potentially harming themselves or others, be consistent with the Housing First philosophy? The intention of gathering this information is to help determine which kind of housing program will most likely keep them and others safe.

Background:

The Sonoma County Continuum of Care runs a variety of supportive housing programs designed for individuals with behavioral health challenges. 95% of the

chronically homeless population in Sonoma County report having behavioral health challenges. Many providers employ licensed clinicians who are tasked with reviewing cases when referrals come in that present a potential safety issue.

As mental health professionals we are held to an ethical standard of care, including practicing within our scope, and not ignoring factors that seem likely to include a significant risk of someone being harmed in a given situation. The relevant documentation, history, and referral packet are reviewed before deciding which housing option would be most appropriate for the individual. A clinical interview has historically been included in the application process when someone has a recent history of violence, in which a myriad of factors are being assessed and weighed in determination of appropriateness for placement within a congregate living environment or an individual housing placement. This includes background information reported by the client, from collateral resources in the packet, and the referral itself. Having a violent history does not automatically disqualify someone from housing. However, looking at the multiple factors collected in the process, including the clinical judgement of the provider conducting the interview, if it is determined that the applicant poses a threat to the safety of other residents or the program staff in a congregate living environment, this would result in referrals to more appropriate housing option like living in an individual unit.

This is also consistent with the ethical codes of the American Psychological Association, American Marriage and Family Therapist Association, and the American Counseling Associations in which the guidelines specifically address the role of clinician in maintaining to the best of their ability the safety of the client. To include growing support and acknowledgment of the need for mental health services, support and intervention to be included when working with the unhoused population, we cannot ignore the ethical obligations of these professions.

Question Status: In Progress

Thank you for submitting a question via the HUD Exchange. We will review the question and try to provide you with a response within 7-10 business days. However, note that some questions must be referred to HUD subject matter experts and/or attorneys and will take longer to address. We appreciate your patience as we work to provide a response as quickly as possible.

Requestor Name: Tom Bieri

Requestor Email: tom@csn-mh.com

Question Related To: Continuum of Care Program

Question ID: 202229

Question Subject:

Question 3 Related to Taking Nondiscriminatory Steps to Protect Safety

Question Text:

We are asking three questions related to our legal and ethical responsibility to take steps to protect the safety of our staff and our residents in various housing models funded by HUD. The third question is included here.

Question 3: Is HUD specifically opposed to housing providers who specialize with housing individuals with behavioral health challenges implementing the HCR 20 with all residents who present with a recent history of harming others?

Background:

As part of the intake process, an applicant's information is reviewed, and an interview takes place. In addition to the previously accumulated data, it is proposed that providers with formalized training administer the HCR-20 to assess for the potential for violence. It is not being proposed that this measure be used as a qualifier for housing, only that the information collected will be included with the information already provided in consideration for placement in a congregate living setting or an individual unit. This is to ensure the safety of everyone living and working in a housing program including the applicant.

The HCR-20 appears to be most universally used as an assessment tool to help in collecting information towards a client's potential for violence. "The Historical, Clinical, Risk Management – 20 can be described as clinical guidelines produced by a collaborative process between mental health clinicians and researchers" using the Structured Professional Judgement (SPJ) method. The Structured Professional Judgement (SPJ) method includes some of the actuarial decision-making approaches, but also incorporates professional judgement at the point of making final decisions. Evaluators are encouraged to consider the relevance of risk factors to the given individual being evaluated and to make decisions, of low, moderate, or high risk based on number, pattern, and relevance. It also has explicit emphasis on risk management and the importance of bridging assessment and risk management.

*"The purpose [of the SPJ] is to provide clinicians with a framework to guide interventions designed to manage specific risks such as violence against others. The use of evidence-based clinical methods, especially in a multidisciplinary setting, is now commonly considered a **best-practice approach when managing violence and related risks.**"*

References:

Haque, Q. & Webster, C. (2018) Staging the HCR-20: towards successful implementation of team-based structured professional judgement schemes. Cambridge University Press.

Vivienne De Vogel PhD & Corine De Ruiter (2006) Structured professional judgment of violence risk in forensic clinical practice: A prospective study into the predictive validity of the Dutch HCR-20, *Psychology, Crime & Law*, 12:3, 321-336

Douglas, K.S. & Reeves, K.A. (2009) Historical-Clinical-Risk Management-20 (HCR-20) Violence Risk Assessment Scheme: Rational, Application, and Empirical Overview, *Handbook of Violence Risk Assessment (1st Ed)*. Routledge

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

Item No: 3
Subject: City of Santa Rosa Strategic Plan
Meeting Date: October 21, 2022
Staff Contact: Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

SUMMARY

Focus Strategies will be presenting an update on the Santa Rosa Homeless Solutions Plan. The City of Santa Rosa Homeless Solutions Strategic Plan Presentation is attached as Attachment A.

RECOMMENDED ACTION(S)

None – an informational item only



F O C U S
strategies

Attachment A

**CITY OF SANTA ROSA
HOMELESS SOLUTIONS STRATEGIC PLAN**

PRESENTER: TARA CARRUTH, SENIOR CONSULTANT | OCTOBER 2022

SANTA ROSA HOMELESS SOLUTIONS PLAN VISION



- The vision of the Santa Rosa Homelessness Solutions Plan is that all people living in Santa Rosa have a safe, decent, and affordable home. The City, along with its regional partners aim to achieve “functional zero” homelessness where homelessness is rare, brief, and non-recurring.

SANTA ROSA HOMELESS SOLUTIONS PLAN OVERARCHING STRATEGIES



1. Improve the Performance of the City's Homeless Response in Alignment with the Regional Homelessness Response System
2. Expand Service-Oriented Responses to Unsheltered Homelessness
3. Continue and Enhance Collaboration in Regional Homelessness Solutions with Key Stakeholders

STRATEGY 1: IMPROVE SYSTEM PERFORMANCE



- Prevent Homelessness
- Enrich and Expand Mobile Outreach Services
- Provide Low-Barrier Shelter
- Expand Housing Solutions
- Embrace Housing First
- Support Housing Retention
- Implement Regional Performance Measures and Continuous Improvement
- Invest Strategically

STRATEGY 2: SERVICE-ORIENTED RESPONSES TO UNSHELTERED HOMELESSNESS



- Provide Services & Supports to Encampments
- Build Collaborative Relationships with People Living in Encampments
- Provide Safe, Temporary Locations as Alternative to Unsheltered Homelessness
- Build stronger connections to Permanent Housing

STRATEGY 3: COLLABORATION

-
- Adopt Five-Year Plan
 - Continue Partnerships for Regional Housing Solutions
 - Develop Formal Partnerships with Regional Partners
 - Include People with Lived Experience
 - Center Equity



FOCUS
strategies

DISCUSSION/QUESTIONS



F O C U S
strategies

THANK YOU!



(916) 436-1836



FocusStrategies.net



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

Item No: 4
Subject: Homebase Presentation
Meeting Date: October 21, 2022
Staff Contact: Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

SUMMARY

Homebase will be reviewing updated goals, strategies, and actions based on deep dive session feedback; discussing – year 1 high priorities actions; and reviewing a timeline that outlines the completion of the Sonoma County CoC Strategic Plan. The Homebase Presentation is attached as Attachment A and CoC Strategic Plan – DRAFT Goals & Strategies is attached as Attachment B.

RECOMMENDED ACTION(S)

None

Attachment A

Strategic Planning Update

CoC Strategic Planning Committee
October 21, 2022

Outline

- I. Review Updated Goals, Strategies, Actions based on deep dive session feedback
- II. Discussion – Year 1 high priorities actions
- III. Discussion – Timeline to completion

Goals, Strategies, Actions

Development of Document

- **Goals, Strategies, Actions and priorities were identified through a robust data analysis and stakeholder involvement process including:**
 - **HHAP 3 data analysis, including racial equity data analysis**
 - **PIT/HIC/HMIS/SPM data review**
 - **Stakeholder focus groups and interviews**
 - **Strategic Planning Committee Meetings**
 - **CoC Board Meetings**
 - **Deep Dive Sessions**

Housing and Prevention



GOAL 1: MORE HOUSING & PREVENTION

Create comprehensive housing interventions, from prevention to permanent housing, to reduce inflow into homelessness and increase pathways to housing stability

Strategy 1.1: Preserve housing for those at risk of homelessness by investing in prevention and problem-solving interventions

Strategy 1.2: Enhance and invest in non-congregate interim housing options

Strategy 1.3: Develop sustainable permanent housing solutions

- Please see packet materials for draft action steps and highest year one priorities

Stronger Supportive Services

GOAL 2: STRONGER SUPPORTIVE SERVICES

Build supportive services capacity to meet the complex and diverse needs of people experiencing homelessness in the Sonoma County region



Strategy 2.1: Standardize minimum compensation and training. Provide model wellness practices for housing and supportive service providers

Strategy 2.2: Significantly expand mental and physical healthcare services for individuals experiencing homelessness, including those living in supportive housing

Strategy 2.3: Improve services dedicated to the unique needs of specific populations

Strategy 2.4: Coordinate cross sectors of healthcare, behavioral health, and homeless response

Strategy 2.5: Develop, expand, and coordinate interventions to support those living on the street, in encampments

Strategy 2.6: Create meaningful pathways to economic self-sufficiency

- Please see packet materials for draft action steps and highest year one priorities

Operate as One Agency

GOAL 3: OPERATE AS ONE AGENCY

Work across the Sonoma County region to develop shared priorities, aligned investments, seamless coordination and equitable solutions to address homelessness



- Strategy 3.1:** Develop a countywide coordinated funding process to use available resources efficiently and effectively to drive local priorities and ensure accountability
- Strategy 3.2:** Prioritize funding to entities that align with local priorities to promote equity, center the voices of people with lived experience, and utilize evidence-based practices
- Strategy 3.3:** Ensure the voices of individuals with lived experience of homelessness are consistently incorporated into planning and evaluating the homeless response system
- Strategy 3.4:** Improve systemwide and project level data collection, performance, and reporting
- Strategy 3.5:** Engage the community in the effort to end homelessness in Sonoma County
- Strategy 3.6:** Improve transparency and effectiveness of the Coordinated Entry System (entry points of the homeless response system)
- Strategy 3.7:** Eliminate disparities in access, service provision, and outcomes in underserved and overrepresented subpopulations in the homeless response system

- Please see packet materials for draft action steps and highest year one priorities

Discussion

- 1) Clarifying questions about Goals, Strategies, or Actions?
- 2) What resources may be available throughout the community to support the growth of year one initiatives?
- 3) Any other feedback on this list?

Next Steps




Timeline and Adoption Next Steps

- CoC Board regular meeting on **Wednesday, October 26th** for priorities feedback
- Draft plan document to SPS, LEAP and CoC Board on **November 10th**
- **Special 3-hour joint meeting** of the CoC Board, the Strat Planning Committee, and the LEAP Board for **Friday, November 18, 2022 at 9:00 a.m. to Noon.**
- The CoC Board will be asked to adopt the final plan at its regular meeting on **Wednesday, November 30th, 2022.**
- Board of Supervisors will be asked to approve the final plan in December

Attachment B

Draft for Discussion and Public Comment, revised Oct 17, 2022

SONOMA COUNTY COC STRATEGIC PLAN – DRAFT GOALS AND STRATEGIES

	<p>GOAL 1: MORE HOUSING & PREVENTION</p> <p>Create comprehensive housing interventions, from prevention to permanent housing, to reduce inflow into homelessness and increase pathways to housing stability</p> <p>Strategy 1.1: Preserve housing for those at risk of homelessness by investing in prevention and problem-solving interventions</p> <p>Strategy 1.2: Enhance and invest in non-congregate interim housing options</p> <p>Strategy 1.3: Develop sustainable permanent housing solutions</p>
	<p>GOAL 2: STRONGER SUPPORTIVE SERVICES</p> <p>Build supportive services capacity to meet the complex and diverse needs of people experiencing homelessness in the Sonoma County region</p> <p>Strategy 2.1: Standardize minimum compensation and training. Provide model wellness practices for housing and supportive service providers</p> <p>Strategy 2.2: Significantly expand mental and physical healthcare services for individuals experiencing homelessness, including those living in supportive housing</p> <p>Strategy 2.3: Improve services dedicated to the unique needs of specific populations</p> <p>Strategy 2.4: Coordinate cross sectors of healthcare, behavioral health, and homeless response</p> <p>Strategy 2.5: Develop, expand, and coordinate interventions to support those living on the street, in encampments</p> <p>Strategy 2.6: Create meaningful pathways to economic self-sufficiency</p>
	<p>GOAL 3: OPERATE AS ONE AGENCY</p> <p>Work across the Sonoma County region to develop shared priorities, aligned investments, seamless coordination and equitable solutions to address homelessness</p> <p>Strategy 3.1: Develop a countywide coordinated funding process to use available resources efficiently and effectively to drive local priorities and ensure accountability</p> <p>Strategy 3.2: Prioritize funding to entities that align with local priorities to promote equity, center the voices of people with lived experience, and utilize evidence-based practices</p> <p>Strategy 3.3: Ensure the voices of individuals with lived experience of homelessness are consistently incorporated into planning and evaluating the homeless response system</p> <p>Strategy 3.4: Improve systemwide and project level data collection, performance, and reporting</p> <p>Strategy 3.5: Engage the community in the effort to end homelessness in Sonoma County</p> <p>Strategy 3.6: Improve transparency and effectiveness of the Coordinated Entry System (entry points of the homeless response system)</p> <p>Strategy 3.7: Eliminate disparities in access, service provision, and outcomes in underserved and overrepresented subpopulations in the homeless response system</p>

SONOMA COUNTY COC STRATEGIC PLAN – DRAFT GOALS, STRATEGIES & ACTION STEPS

GOAL 1: MORE HOUSING AND PREVENTION.

Create comprehensive housing interventions, from prevention to permanent housing, to reduce inflow into homelessness and increase pathways to housing stability

STRATEGY 1.1: PRESERVE HOUSING FOR THOSE AT RISK OF HOMELESSNESS BY INVESTING IN PREVENTION AND PROBLEM-SOLVING INTERVENTIONS

ACTION STEPS:

	In process / Year 1 Priority	Funding Landscape	Owner (s)
<p>1.1a: Develop brief and needs-based countywide assessment tool (aka a “prevention version of the VI-SPDAT”) for rapid provision of financial assistance to prevent homelessness/evictions.</p> <p>Note: Where rapid provision of assistance is warranted, \$\$ should be able to be used by CE Access Points as well. Important to establish benchmarks as well as what’s happening now (an inventory of prevention activities) in the county.</p>	Year 1 high priority	TBD as to the development of the tool.	Coordinated Entry Advisory Committee w/SoCo HSD.
<p>1.1b: Identify and develop flexible cash assistance grants/short-term subsidies to pay for rental and utility arrears, security deposits that can be kept, move-in expenses, reunification, relocation, and transportation</p>	(in process) Year 1 high priority	Some funding = County BOS has allocated about \$800,000 in ARPA funds for rapid financial assistance.	Lead agency in partnership with So Co DHS, HSD, PHAs.
<p>1.1c: Leverage 211 to make quick connections for prevention assistance to address time sensitive cases</p>	(in process) Year 1 high priority	County has allocated \$250,000 in ARPA funds to improve the 2-1-1 connection.	Lead agency in partnership with So Co HSD.
<p>1.1d: Co-locate prevention resources at existing entry points to the homeless response system, including CE access points, shelters, and benefits offices</p>			
<p>1.1e: Ensure adequate legal assistance is available to provide eviction prevention services to the average number of granted evictions per month that lacked legal aid support</p>	(in process)		
<p>1.1f: Develop landlord and family mediation services to preserve existing housing or support reunification</p>			
<p>1.1g: Offer financial counseling/budgeting classes to support those who are at risk of homelessness or newly housed (attach to those receiving financial assistance)</p>	(in process) Year 1 high priority	Possibly HHAP	Service providers, could do

			coordinated training
1.1h: Expand housing problem-solving training to support households in identifying choices and solutions to quickly end their housing crisis	Year 1 high priority	Possibly HHAP, Cal-AIM and Cal-AIM capacity building grants	CE Staff (HomeFirst) to lead this training
1.1i: Seek legal reforms to enhance tenant protections			

STRATEGY 1.2: ENHANCE AND INVEST IN NONCONGREGATE INTERIM HOUSING OPTIONS

ACTION STEPS:

	In process / Year 1 Priority	Funding Landscape	Owner (s)
1.2a: Prioritize existing and new funding sources to increase existing shelter operations’ capacity to create additional private and non-congregate spaces (e.g., privacy barriers, smaller sleeping pods, sober living rooms)	Year 1 high priority	HHAP, HHIP, MHSA (?), city and county discretionary funds.	Lead agency w/DHS, BOS, CoC Board, existing shelter providers
1.2b: Earmark new funding to develop non-congregate interim housing such as shelters, tiny homes, mobile homes, trailers, RVs <i>Note: Ideally we’d be able to direct EHV holders from these sites to open them up as long as we have supportive services to back up the EHV placements.</i>	Year 1 high priority	County discretionary funds, Encampment Resolution Funds, city discretionary funds.	Lead agency with Board of Supervisors and cities.
1.2c: Assess the need for medical respite/recuperative care and identify funding to reduce the strain on shelters/interim housing options Note: leverage some level of preference placement for these beds if there is funding from hospitals.	Year 1 high priority	Possible partnership with hospitals/health care system	Partnership with hospitals/health care system
1.2d: Scale up (or secure new) Safe Parking sites, inclusive of services, security, and sanitation	Year 1 high priority	County discretionary funds, Encampment Resolution Funds, city discretionary funds.	Lead agency with Board of Supervisors and cities
1.2e: Expand pet-friendly interim housing options			
1.2f: Increase involvement of people with lived experience in operation, support and outreach at interim housing sites.	(in process) Year 1 high priority	Current funding is County ARPA funds for the WCCS program – expansion would be via HHAP, HHIP.	LEAP Board and WCCS peer support pilot.
1.2g: Secure appropriate interim housing for families with children and unaccompanied youth			

<p>1.2h: Require all renewing and newly contracted shelter providers to adhere to Housing First principles and provide Housing-Focused Case Management (must be a funded mandate that includes operations and supportive services)</p> <p><i>Note: Need to have a discussion & agreement as a System as to what Housing First means.</i></p>	<p>Year 1 high priority</p>		<p>Lead Agency</p>
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STRATEGY 1.3: DEVELOP SUSTAINABLE PERMANENT HOUSING SOLUTIONS

ACTION STEPS

	<p>In process / Year 1 Priority</p>	<p>Funding Landscape</p>	<p>Owner (s)</p>
<p>1.3a: Advocate that new housing developments in the County include units dedicated to those experiencing homelessness as long as strong supportive services are provided.</p>			
<p>1.3b: Purchase or master lease non-congregate sites for Permanent Supportive Housing to ensure the County or local governments control housing stock (i.e., Homekey)</p>	<p>Year 1 high priority</p>	<p>HHIP, Homekey, HHAP, Encampment Resolution Fund awards, city and county discretionary sources.</p>	<p>Lead agency, CDC, DHS, city partners.</p>
<p>1.3c: Continue work to align polices and preferences of Housing Authorities in the County to create “Move On” initiatives that will free up space in supportive housing</p>	<p>(In Process) Year 1 high priority</p>	<p>where available, PHA administrative dollars.</p>	<p>PHAs with CoC Support.</p>
<p>1.3d: Require supportive housing providers to secure and work with property management companies that will align with Housing First programming and use eviction as the tool of last resort</p>			
<p>1.3e: Reduce barriers and time taken to secure permits for affordable housing development</p>	<p>(In process)</p>		
<p>1.3f: Increase funding for capital development given cannot carry debt in permanent supportive housing projects</p>			
<p>1.3g: Explore leveraging housing vouchers (esp PBVs) to create more supportive housing</p>			<p>PHAs with CoC Support</p>
<p>1.3h: Invest in and assign housing navigators to households receiving vouchers (e.g., EHV)</p>			
<p>1.3i: Increase shared and community housing options</p>	<p>(In Process)</p>		
<p>1.3j: Develop a regional strategy to ensure surplus public land be used for permanent supportive housing or for very low-income housing at the lowest thresholds</p>			

1.3k: Work with local jurisdictions to increase the number of very low income to extremely low-income units required through their inclusionary housing programs and/or regional housing needs allocations that can be accessed for permanent supportive housing	Year 1 high priority	County BOS has allocated \$\$ to Gen Housing to support pro-housing designations across Sonoma County	Generation Housing (Lead) with CDC, BOS, and city councils.
1.3l: Develop more individual units in conjunction with intensive case management services to safely house individuals who have substance abuse and mental health challenges, have a recent history of harming others, and who want low barrier housing			
1.3m: Dedicate an appropriate amount of resources for recovery housing, proportionate to local need/demand.			

GOAL 2: STRONGER SUPPORTIVE SERVICES

Build supportive services capacity to meet the complex and diverse needs of people experiencing homelessness in the Sonoma County region

STRATEGY 2.1: STANDARDIZE MINIMUM COMPENSATION, TRAINING, AND WELLNESS PRACTICES FOR HOUSING AND SUPPORTIVE SERVICE PROVIDERS

ACTION STEPS:

	In process / Year 1 Priority	Funding Landscape	Owner (s)
2.1a: Establish minimum compensation needs for front line staff to maintain their own housing stability within the county and increase through amended/new grant awards. <i>Cities may wish to consider Living Wage Ordinances.</i> <i>Note: This may reduce capacity in short-term, especially when done in conjunction with 2.1b. May also conflict with 2.1b. For example, using existing funding sources to increase wages may reduce funding available to reduce case loads.</i>	Year 1 high priority	Funding sources may be HHIP, HHAP, Cal-AIM.	Service Providers Roundtable to coordinate.
2.1b: Modify case management/staffing caseload ratios based on the acuity of the population served (i.e., higher acuity results in lower caseloads, 1:10 for complex behavioral and health needs, caseloads 1:17 or 1:25 for other program types/care	Year 1 high priority	Existing sources include, HHAP, HHIP, Continuum of Care NOFA; CalAim	Service Providers Roundtable should develop proposals.

environments) and fund any gaps in staffing that result <i>Note: This may reduce capacity in short-term, especially when done in conjunction with 2.1a. May also conflict with 2.1a. For example, using existing funding sources to modify case loads may reduce funding available to increase wages.</i>			
2.1c: Provide annual and ongoing training opportunities for free to service providers to equip staff to meet the needs of their complex caseloads, including Trauma-informed care, housing-focused case management, Psychosocial Rehabilitation, and culturally competency			
2.1d: Create model policies and procedures for service providers that promote staff wellness at the organizational level and fund necessary supports including training, consultation, and time off			
2.1e: Ensure providers are equipped with safety plans and adequate security personnel to handle emergencies such as violence or medical crisis			

STRATEGY 2.2: SIGNIFICANTLY EXPAND MENTAL AND PHYSICAL HEALTHCARE SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS, INCLUDING THOSE LIVING IN SUPPORTIVE HOUSING

ACTION STEPS:

	In process / Year 1 Priority	Funding Landscape	Owner (s)
2.2a: Expand use of multidisciplinary teams for both outreach and housing (including, for example, inRESPONSE and ACCESS Sonoma/IMDT) to provide regular and ongoing roving care to interim housing sites and encampments to ensure continuity of engagement and support across the countywide geography. Consider different model that expands into Assertive Community Treatment (ACT) program	Year 1 high priority	MHSA, Measure O (Category four – Behavioral Health), City funding via MOU that delineates services.	DHS, county safety net teams and city teams.
2.2b: Fund at least 1 position at all interim and permanent supportive housing sites (dedicated to people experiencing homelessness) that is trained to provide physical health support (e.g., nurse, paramedic)			
2.2c: Fund at least 1 position at all interim and permanent supportive housing sites (dedicated to people experiencing homelessness) that is trained to provide mental health and substance abuse support (e.g., LCSW, LMFT)			
2.2d: Increase the availability of detox and substance abuse services, including on site AA and NA groups	Year 1 high priority	Mental Health Services Act	DHS

		funding, Measure O	
2.2e: Provide ongoing medication management services to residents of shelters and supportive housing sites			
2.2f: Leverage the requirement in No Place Like Home funding that the County committed to providing mental health supportive services to the tenants of the supportive housing development for at least 20 years			
2.2g: Ensure accountability with Measure O and its continuity beyond 2030			

STRATEGY 2.3 IMPROVE SERVICES DEDICATED TO THE UNIQUE NEEDS OF SPECIFIC POPULATIONS

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
2.3a: Develop and ensure system connection with services for those with long term learning disabilities		County ARPA Funds (funds assigned for Front End Assessment implementation)	CoC/Consultant assistance
2.3b: Develop and ensure system connection with services for older adults who are aging/experiencing dementia	Year 1 high priority	County ARPA Funds (funds assigned for Front End Assessment implementation)	County HSD w/Lead Agency/CoC Board, Public Defender, hospitals; CoC/Consultant assistance
2.3c: Develop and ensure system connection with services for transitional-aged youth (TAY)		County ARPA Funds (funds assigned for Front End Assessment implementation)	County HSD w/Lead Agency/CoC Board, consultant assistance

STRATEGY 2.4 COORDINATE CROSS SECTORS OF HEALTHCARE, BEHAVIORAL HEALTH, AND HOMELESS RESPONSE

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
2.4a: Secure a neutral facilitator to bring County and sector leaders together to align services, funding, and goals	(in process) (possible Year 1 Priority)	County ARPA Funds (Front End Assessment implementation)	CoC/Consultant assistance
2.4b: Create system mapping that guides the path for individuals experiencing homelessness through intake, referral, and placement into the various sectors – with the goal of creating a more streamlined and efficient process	Possible Year 1 priority)	County ARPA Funds (Front End Assessment implementation)	CoC/Consultant assistance
2.4.c: Identify need for care facilities (inc. skilled nursing, memory care, inpatient psychiatric, crisis residential, crisis stabilization & social rehabilitation) based on current capacity			

STRATEGY 2.5: DEVELOP, EXPAND, AND COORDINATE INTERVENTIONS TO SUPPORT THOSE LIVING ON THE STREET, IN ENCAMPMENTS

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
2.5a: Ensure outreach providers are contracted to provide services with dignity and respect and coordinate subregionally to achieve the goals of Built for Zero (look to Los Guilicos Village, West County Services, COTS shelter)	(in process) Year 1 high priority		CE and BFZ team implementors.
2.5b: Provide 24-7 locations equipped with bathrooms, laundry, showers, phone charging, and Wi-Fi services			
2.5c: Identify and support safe sleeping sites, providing daily outreach, case management, CE assessment, and sanitation services			
2.5d: Coordinate with law enforcement and 211 to establish a policy that ensures nonviolent calls for service are handled by homeless outreach/behavioral health workers			

<p>2.5e: Identify liaisons/advocates for those living unsheltered to coordinate with law enforcement or local government entities</p>	<p>(in process) Year 1 high priority</p>	<p>Existing resources for those who already have coordinators (Petaluma, SR, RP, North Co, Sebastopol) but shortfall in Sonoma/Sonoma Valley. Need for financial support in West County (maybe w/County \$\$ support for unincorporated).</p>	<p>Subregional Coordinators in cities</p>
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STRATEGY 2.6 CREATE MEANINGFUL PATHWAYS TO ECONOMIC SELF-SUFFICIENCY

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
<p>2.6a: Increase resource information for residents to increase income (via 211)</p>	<p>(in process) Year 1 high priority</p>	<p>County ARPA Funding</p>	<p>Sonoma County, 2-1-1, DHS/EH Team</p>
<p>2.6b: Establish a peer navigator pilot (to assist with navigation to supportive services/resources)</p>	<p>(in process) Year 1 high priority</p>	<p>County ARPA Funding</p>	<p>Lead Agency Team w/key service provider (eg WCCS).</p>
<p>2.6c: Establish a countywide SSI advocacy program</p>	<p>(in process) year 1 high priority</p>	<p>Possibly Sonoma County's (overall) 5-year Strategic Plan allocations</p>	<p>DHS and HSD</p>
<p>2.6d: Increase employment and training opportunities for homeless adults</p>	<p>(in process)</p>	<p>Funding TBD – Explore whether Job Link may cover growth costs.</p>	<p>HSD and Job Link.</p>

GOAL 3: OPERATE AS ONE AGENCY

Work across the Sonoma County region to develop shared priorities, aligned investments, seamless coordination and equitable solutions to address homelessness

STRATEGY 3.1: DEVELOP A COUNTYWIDE COORDINATED FUNDING PROCESS TO USE AVAILABLE RESOURCES EFFICIENTLY AND EFFECTIVELY TO DRIVE LOCAL PRIORITIES AND ENSURE ACCOUNTABILITY

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
3.1a: Develop a shared service vision and procurement (consistent with established procurement rules) process when funding opportunities within the county that can be received and awarded by multiple jurisdictions (i.e., County, CoC, Housing Authority)			
3.1b: Task and provide funding for the CoC Board and the CoC Strategic Planning Committee to monitor and report on the progress of Plan implementation and advise the Board of Supervisors and other bodies on how to adhere to the Plan and when to deviate from the Plan based on new information	Year 1 high priority		CoC Strategic Planning Committee via its Coordinated System of Care Work Group
3.1c: Provide ongoing outreach, coordination, and technical assistance to prospective funding applicants to build confidence and capacity in providers			
3.1d: Task and provide funding for the CoC Funding and Evaluation Committee with monitoring ongoing, expiring, and new funding sources in order to make recommendations to the CoC Board, CoC Strategic Planning Committee, and the Board of Supervisors	Year 1 high priority		Lead Agency team
3.1e: Create an annual calendar of funding opportunities and related processes to allow jurisdictions and providers to better plan and coordinate activities	(in process) Year 1 high priority		Lead Agency team.

STRATEGY 3.2: PRIORITIZE FUNDING TO ENTITIES THAT ALIGN WITH LOCAL PRIORITIES TO PROMOTE EQUITY, CENTER THE VOICES OF PEOPLE WITH LIVED EXPERIENCE, AND UTILIZE EVIDENCE-BASED PRACTICES

ACTION STEPS:

	In process / Year 1 Priority	Funding Landscape	Owner (s)
3.2a: Condition new and renewal funding to homeless services providers on adherence to Housing First and Trauma-Informed care principles. Agree upon what these terms mean (HF and TIC). Consider a modest carve-out for non-HF programs such as sobriety placements. Research and understand what percentage of the system should be non-HF/sober placements.	Year 1 high priority		Lead Agency
3.2b: Incorporate equity goals into performance measures and invest in programs closing equity gaps, disaggregating data by age, race, ethnicity, and language	Year 1 high priority		Lead Agency to work with County RBA Team
3.2c: Monitor and provide technical assistance to providers related to incorporating input into service design from people with lived experience			
3.2d: Ensure that funding opportunities are inclusive of smaller entities that are POC-led or offer culturally-specific services (e.g. allow / encourage collaboration, provide scalable funding, etc.)			
3.2e: Incorporate peer support into housing programs and services whenever the literature on best practices indicates that it is appropriate.			

STRATEGY 3.3: ENSURE THE VOICES OF INDIVIDUALS WITH LIVED EXPERIENCE OF HOMELESSNESS ARE CONSISTENTLY INCORPORATED INTO PLANNING AND EVALUATING THE HOMELESS RESPONSE SYSTEM

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
3.3a: Provide standing opportunities for input from the Sonoma County Lived Experience Advisory and Planning (LEAP) and (when established) Youth Advisory Boards at CoC Board (including the Strategic Planning Committee) and Board of Supervisors meetings, and by invitation to other meetings regarding available funding awards and service delivery.	(in process) Year 1 high priority		LEAP w/Lead Agency
3.3b: Create a centralized platform to share up-to-date information for people experiencing homelessness to learn about services (e.g., warming/cooling shelters, portable restrooms, showers, meals, vouchers, etc.), program requirements/timelines (e.g., documentation needed, deadlines), encampment resolutions/police action, and avenues to share input			

3.3c: Create an ombudsman hotline where concerns about poor or discriminatory treatment by a provider can be reported			
3.3d: Pay people with lived experience at consultant rates when they effectively serve in the role of consultants	(in process) Year 1 high priority	HHAP, HHIP	Lead Agency

STRATEGY 3.4: IMPROVE SYSTEMWIDE AND PROJECT LEVEL DATA COLLECTION, PERFORMANCE, AND REPORTING

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
<p>3.4a: Adopt HHAP 3 outcome goals below as strategic plan goals, modify as needed due to annual updates/subsequent HHAP rounds.</p> <p>CoC recommends focusing in particular on metrics 5 (returns to homelessness, 4 (time spent homeless), and 3 (placements into permanent housing). Consider also reporting on increased income.</p> <p>#1a: Increasing the Number of People Served #1b: Reducing unsheltered homelessness (10% reduction) #2: Reducing first time homelessness (3% reduction) #3: Increasing moves into permanent housing (10% increase) #4: Reducing the length of time homeless (20% decrease) #5: Reducing returns to homelessness (1% decrease) #6: Increasing successful placements from street outreach.</p>			
3.4b: County will review progress towards system level goals quarterly and project level goals annually			
3.4c: Require HMIS participation by all interim and supportive housing providers who primarily serve people experiencing homelessness			
<p>3.4d: Establish an Open HMIS that allows for providers across the homeless response system to view client level data to ensure continuity of care.</p> <p>Note: Community needs working definition and scope of “Open HMIS”). <i>Coordinated System of Care Work Group is working on a housing plan that is attached to agencies’ HMIS file. All should agree on using the one plan.</i></p>	(Year 1 priority)	TBD, but possibly can be from CoC HMIS grant	DHS, HMIS Committee to propose recommendations
3.4e: Ensure adequate funding is made available to purchase HMIS licenses and train staff on a regular and ongoing basis			

3.4f: Centralize a system to track outcomes expected of grantees			
3.4g: Initiate process for updating decision makers including the Board of Supervisors and CoC Board on progress and challenges in carrying out the strategic plan and the status of countywide funding sources for homelessness, including HHAP. Regular data review and report out of the three key data metrics quarterly to stakeholders.	In process. Year 1 high priority	Existing CoC Funds	Lead Agency
3.4h: Invest in project management software (e.g., Gantt Chart Software) to track progress towards Year 1 Plan Implementation Goals	Year 1 high priority	HHAP, HHIP admin share	Lead agency including HMIS w/DHS staff.
3.4i: Build out implementation steps for remaining action steps (not currently outlined in Implementation Addendum)			

STRATEGY 3.5: ENGAGE THE COMMUNITY IN THE EFFORT TO END HOMELESSNESS IN SONOMA COUNTY

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
3.5a: Proactive ongoing information pushed out at least annually (but provided regularly) on homelessness and housing that updates residents on the progress made on the strategic plan			
3.5b: Develop materials to explain the use and success of evidence-based best practices	Year 1 high priority	Lead agency admin resources	Lead Agency
3.5c: Build a public-facing online dashboard that displays the number of people experiencing homelessness and outcomes related to service interventions and permanent housing efforts	Year 1 high priority	Lead agency admin resources	Lead Agency
3.5d: Organize regular and consistent opportunities for community support such as calls to action, funding needs, donation drives, job fairs, housing opportunities, shadowing opportunities for interested parties/the public with service providers, etc.			Service providers

STRATEGY 3.6: IMPROVE TRANSPARENCY AND EFFECTIVENESS OF THE COORDINATED ENTRY SYSTEM (ENTRY POINTS OF THE HOMELESS RESPONSE SYSTEM)

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)

3.6a: Build a single by name list of all persons experiencing homelessness in the county	(in process) Year 1 high priority	County ARPA funds for implementation of Front End Assessment concepts	BFZ team and subregional coordinators
3.6b: Assign ownership of a single by names list to a nonconflicted entity	(in process) Year 1 high priority	County ARPA funds for implementation of Front End Assessment concepts	BFZ team
3.6c: Incorporate existing local and countywide by names lists into HMIS			
3.6d: Facilitate case conferencing around PSH referrals, prioritization, retention, and service right-sizing. Develop a prioritization hierarchy for placement into supportive housing.	Year 1 Priority	County ARPA funds for implementation of Front End Assessment concepts	CE Provider
3.6e: Develop a new tool (versus VI-SPDAT) that assesses the vulnerability of persons accessing the system without bias as to race and ethnicity, justice system interactions, or documentation status.	(Year 1 Priority)		CEA Committee, CE Provider (HomeFirst)
3.6f: The CoC should endorse or authorize a regionwide encampment protocol that determines the relative prioritization of those residing in encampments, defined as chronically homeless, and in other key subpopulations	(Year 1 priority)	County ARPA funds for implementation of Front End Assessment concepts	County (BOS and DHS) with CoC and cities.
3.6g: Ensure that the Coordinated Entry process maintains a person-centered approach that involves the respectful consideration of the following factors: <ul style="list-style-type: none"> o Client Choice o Client Needs o Safety Considerations o The Value of Reducing Barriers as Long as Safety Considerations Are Not Overridden o Provider Capacity, Expertise, and Competency 	Year 1 high priority	County ARPA funds for implementation of Front End Assessment concepts	CE Provider and CEA Committee

STRATEGY 3.7: ELIMINATE DISPARITIES IN ACCESS, SERVICE PROVISION, AND OUTCOMES IN THE HOMELESS RESPONSE SYSTEM

ACTION STEPS

	In process / Year 1 Priority	Funding Landscape	Owner (s)
3.7a: Track access and outcomes data by age, race, ethnicity, gender, and sexual orientation	Year 1 high priority	Existing CoC admin sources	Lead Agency

			including HMIS Team
3.7b: Ensure that BIPOC residents are provided equal services within the homeless response system	year 1 high priority	Existing CoC admin sources	CoC, Lead Agency, Service Providers Roundtable.
3.7c: Build on Equity-Centered Results-Based Accountability (RBA) framework			
3.7d: Emphasize Trauma Informed Care			
3.7e: Accommodate multi-generational households; work to keep households intact			
3.7f: Continue working with BARHII			
<p>3.7g: Increase the number of BIPOC individuals on the CoC Board and throughout the system of care. Update the Charter to include designated seats for BIPOC members</p> <p>Note: Build on existing strategies as identified in First Five and Portrait of Sonoma including staff being more direct, mentoring program, mentor CoC to how to create conditions for folks to want to stay. Lead Agency MOU would describe a role for County to encourage BIPOC representation.</p>	Year 1 high priority	Existing CoC admin sources.	Lead Agency