

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

Item No: 10
Subject: Community Development Block Grant Cares Act (CDBG-CV) and Low-and Moderate Income Housing Asset Fund (LMIHAF) Funding Recommendations
Meeting Date: October 26, 2022
Staff Contact: Veronica Ortiz-De Anda, Community Development Associate, 707-565-7520

BACKGROUND – CONSOLIDATED PLAN AND ANNUAL ACTION PLAN

The Board of Supervisors approved the Sonoma County 2020 Consolidated Plan on June 2, 2020. The Consolidated Plan is a document required by the United States Department of Housing and Urban Development (HUD) for jurisdictions that receive annual allocations of CDBG, HOME Investment Partnership Program (HOME), and Emergency Solutions Grant (ESG) funding, as well as supplemental CDBG-CV and ESG-CV funds provided under the *Coronavirus Aid, Relief, and Economic Security Act (CARES Act)*, and supplemental HOME-ARPA funds provided under the *American Rescue Plan Act*. The Consolidated Plan spans a five-year planning period and lays out local rationales and priorities for the use of the subject federal grant funds to benefit lower-income residents.

For Sonoma County, the entitlement entity that is eligible to receive both the annual and supplemental CDBG, HOME, and ESG allocations is the “Urban County”, which is established through a Joint Powers Agreement (JPA) between the County of Sonoma and the cities/town of Cloverdale, Cotati, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and Windsor. The Community Development Commission (CDC) is the designated fiscal agent under the JPA and administers all aspects of the Urban County program using these funds from HUD.

These federal funds are administered according to the HUD regulations and guidelines, which require these funds to be included in each Annual Action Plan (Action Plan) of the 5-year Consolidated Plan, or amendments to the Action Plans. The Action Plan includes funding recommendations for use of CDBG, HOME, ESG and other similar federal funds such as CDBG-CV and ESG-CV.

In addition to the Citizen Participation Plan process required and implemented in the development of the Action Plan or amendments to the Action Plan, the process for making funding recommendations for public services specifically related to homelessness, homelessness prevention and rapid rehousing includes consultation with the Continuum of Care (CoC). The CoC funding recommendations are then considered by the Community Development Committee (CD Committee) and Cities and Towns Advisory Committee (CTAC) for inclusion in the Action Plan funding recommendations to the Board of Supervisors.

In FY 2020-2021 and FY 2021-2022, federal ESG was allocated in conjunction with other local services contracts by the Continuum of Care (CoC). ESG funds were utilized to achieve stable funding with combined sources. In FY 2022-2023, federal ESG was recommended to support homeless shelters and homeless services and will be coordinated with other currently funded homeless services contracts as previously recommended by the CoC. The federal ESG funds were included in the FY 2022-2023 (FY 2022) Action Plan, prepared by the CDC. The FY 2022 Action Plan was approved by the Board of Supervisors on May 10, 2022 and subsequently submitted to HUD for their approval.

Low-and Moderate Income Housing Asset Fund (LMIHAF)

LMIHAF set aside funds of up to \$250,000 are associated with the annual allocation for homelessness prevention and rapid rehousing activities. LMIHAF funds are derived from revenue received by the CDC as the Housing Successor entity and can only be used to support homelessness prevention and rapid rehousing services. This program is administered in conjunction with the federal fund sources.

ACTION PLAN SUBSTANTIAL AMENDMENT

There are CDBG-CV and LMIHAF funds currently available for allocation, which may include public services specifically related to homelessness, homelessness prevention and rapid rehousing. Both funding sources will be distributed through a Notice of Funding Availability (NOFA) process to seek qualified applicants with eligible activities. On August 30, 2022, the CDC published a NOFA, which included \$1.37 million of available CDBG-CV funds and \$250,000 LMIHAF funds. The NOFA can be viewed here: [https://sonomacounty.ca.gov/mid-year-notice-of-funding-availability-\(fy-2022-2023\)](https://sonomacounty.ca.gov/mid-year-notice-of-funding-availability-(fy-2022-2023)).

Applications are due to the CDC office on Thursday, October 20, 2022. If applications are received for CDBG-CV and/or LMIHAF funds, staff will present these to the CoC at its regular meeting on October 26, 2022. An addendum will be made to the agenda accordingly to include any staff reports and application materials for the CoC's review.

CDC staff will prepare funding recommendation summary reports based on the eligibility of the applicant and proposed activities for the CoC consideration and funding recommendations. The CoC funding recommendations will then be considered by the CD Committee and CTAC for inclusion in the FY 2022 Action Plan Substantial Amendment funding recommendations to the Board of Supervisors, after a 30-day public comment period.

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) - CV
AFFORDABLE HOUSING, CAPITAL PROJECTS, PUBLIC SERVICES, AND ECONOMIC
DEVELOPMENT PROGRAMS**

FY 2020 CDBG-CV funds available to reprogram: \$1,370,855

CDBG-CV APPLICATIONS

Applicant	Public Services Project Name	CDBG-CV Amount Requested	CDC Staff Recommendation
Homeless Action Sonoma	Home and Safe Center	\$75,000	\$75,000
	Total Requested	\$75,000	
	Total Recommended		\$75,000

APPLICANT NAME: Homeless Action Sonoma, Inc.

PROJECT NAME: Home and Safe Center

CDBG-CV AMOUNT REQUESTED: \$75,000

PROJECT DESCRIPTION

Applicant-Provided Summary Description from Submitted Application:

“Homeless Action Sonoma (HAS), through its Home and Safe Navigation Center (HASC) in the Springs, will provide evidence-based (1) street outreach to 82 unhoused individuals currently living in Sonoma Valley with the goal of moving everyone into safe temporary housing; (2) temporary housing at HASC for at least 20 unhoused individuals; (3) wraparound case management for 82 unhoused individuals in the areas of health, finance, and housing; and (4) Coordinated Entry, ensuring all clients are eligible to access all housing resources in Sonoma County and information regarding housing and services available at HASC is current in Sonoma County’s Coordinated Entry system. All services rendered by HAS and myriad program partners follow Housing First best practices. All program participant information will be entered into Sonoma County’s HMIS”

PUBLIC SERVICES PROJECT TYPE:

Through their navigation center: street outreach to homeless persons, , COVID testing and health services coordination, and related case management services.

PROPOSED USE OF FUNDS:

As provided in the Application Attachment “Project Description Narrative”, the CDBG-CV funding request would be used to support two case manager positions that would assist in the implementation of the project as described above, with the exception that the use of CDBG-CV funds would not be funds for temporary housing.

FUNDING POLICIES (Funding Goals and Objectives):

Does the project address one of the highest priorities of: 1) creating or preserving affordable housing, 2) building infrastructure or public facilities that support creation or preservation of affordable housing, or 3) building infrastructure or public facilities that support low-income communities?

CDBG-CV related priorities were not identified in the CDBG and HOME Funding Policies, as this fund source is available for use to address high priority activities that help prevent, prepare for or respond to Coronavirus in the Urban County.

CDBG-CV REQUIREMENTS

Does the proposed public services activity prevent, prepare for or respond to Coronavirus (activities must demonstrate they respond to one or more)?

Yes, the application states that Covid-19 vaccination/boosting would be provided to persons contacted, including testing, and non-congregate temporary housing would be provided for the quarantine time- period should the test be positive (temporary housing will not be funded by CDBG-CV). Additionally, the application states that hygiene services would be provided such as hand sanitizing stations, bathrooms, and laundry services at the navigation center, which would promote public health and prevent the spread of the coronavirus.

THRESHOLD CRITERIA

Does the project meet at least one National Objective as required under CDBG regulations (24 CFR 570.208)?

Yes, the activity proposed would benefit a low- and moderate-income limited clientele with incomes at or below 80% of the area median income (AMI), specifically the extremely low-income homeless demographic with incomes at or below 30% of the AMI, as people who are homeless are considered to be a “presumed low-income benefit” population under CDBG regulations.

Does the proposed project or activity meet the eligibility requirements of the CDBG and HOME Funding Policies? (If not, provide the specific reason)

The temporary housing aspect of the of the proposed activity does not meet the public services eligibility requirements of the CDBG and HOME Funding Policies addendum for CDBG-CV funds, however, the supportive services aspect as described in the application is eligible.

Does the applicant demonstrate capacity to effectively deliver the proposed project?

The applicant, Homeless Action Sonoma, Inc. (HAS) is only two years old, however, they are currently implementing this project. Last year they were able to assist 82 households. They currently own the site they operate from and have obtained building permits for installation of 22 tiny homes to serve as temporary non-congregate housing to their clients, which are planned to be completed in December of 2022. HAS uses the “assertive community treatment model comprising health care providers, community-based organizations, trusted individuals in the client’s life, and HAS case managers [to] assist clients meet their basic needs, providing opportunities for skill development and self-sufficiency, and connecting individuals to relevant community services with the goal of helping them secure safe housing.”.

SELECTION CRITERIA

Does the applicant describe the primary beneficiaries and outcome/s of the activity?

Yes, the proposed activity would serve homeless persons with a focus on serving persons residing in the Sonoma Valley, where their navigation center is located. The outcome of the proposed activity is intended to help reduce homelessness by providing temporary shelter, access to health and hygiene services, and case management services to help clients exit into stable, permanent housing.

Does the applicant describe how data and other information will be used as a self-evaluation tool as an outcome measurement?

Yes, the applicant states that a comprehensive work-plan would be developed to ensure the organization is on track to meet their goals as well as use the evidence-based Plan-Do-Study-Act problem solving model for their data. The comprehensive work plan will guide their day-to-day work and would be updated as necessary. It would include short-term goals and measurable objectives to evaluate success.

Does the applicant have experience providing the proposed services?

Yes, the application indicates HAS is currently operating the program, which began in Fiscal Year (FY) 2020-2021. At that time, they served 42 households and in FY 2021-2022 they served 82 persons. Since inception they have placed unhoused persons in housing through SHARE Sonoma County and other localized shared living opportunities, including Coordinated Entry; provided wraparound case management in areas of housing, health, and finance.

Do services offered in this project directly utilize evidence-based practices (EBPs) represented in the Upstream Portfolio?

Yes, the applicant utilizes EBPs (motivational interviewing) and participates in the Housing First/Housing First Fidelity process.

For Homeless Services applicants, does the activity require participation in Coordinated Entry? If yes, provide an overview of your organization's ability, knowledge, and potential barriers to overcome to take part in Coordinated Entry.

The applicant states they currently participate in the Coordinated Entry system and would continue to implement it at their navigation center, where they accept referrals and serve as an access point as well. The applicant states that their main barrier is that 85% of clients they currently serve, who reside in Sonoma Valley, do not want to relocate outside of this area through Coordinated Entry and consequently more people remain unhoused for a longer period of time. A second barrier the applicant identifies is the lack of housing available in general in Sonoma Valley, which makes it challenging to locate affordable housing.

Federal regulations require that 51% of participants be low income. Does the applicant describe the method that will be used to verify CDBG-CV income eligibility and track other required demographic and quantitative data?

Yes, the applicant states they would be able to obtain, verify and document that program beneficiaries meet this requirement by collecting data and documentation and retaining it in their database. While they also assist persons outside of the Sonoma Valley, their primary focus is to assist those living in the area. If the person agrees to receive services, they verify their residential history using HMIS as well as ask for identification. All data is logged into the HMIS data system.

	<u>Proposed</u> number to be served by project in upcoming Fiscal Year	Current number served as of the filing of this application (if project is currently in operation)	Number served by project last Fiscal Year
	July 1, 2022 – June 30, 2023	July 1, 2021 to January 21, 2022	July 1, 2020 - June 30, 2021
Number of <u>households</u> served	82	82	42
Number of <u>persons</u> served	82	82	42

List the estimated percentage of the target population served in each of the income categories below:

Household Income	List the total estimated percentage of the households served in each of the income categories below	<u>Considering only Urban County residents</u>, list the estimated percentage of households served in each of the income categories below
Extremely Low (Below 30% AMI)	100%	100%
Very Low (Between 31% - 50% AMI)	0%	0%
Low (Between 51% -80% AMI)	0%	0%
Moderate (Over 80% AMI)	0%	0%

If there are substantial changes to the past, current or proposed number of households to be served, does the applicant provide an explanation for the changes?

The applicant proposes to serve the same number of persons as last fiscal year, 82 total.

PROJECT BUDGET

Total Organization Budget	\$3,226,500
Total program budget	\$694,875
Percent of program to organization budget	21.5%
Amount of CDBG-CV request	\$75,000
Percent of CDBG-CV request of program budget	10.8%
Unduplicated number proposed to be served with program	82 in outreach
CDBG-CV cost per person/ household	\$915/person

ADDITIONAL INFORMATION:

This applicant received County General Funds in Fiscal Year 2021-22 to support this activity and the purchase of the 22 tiny homes as well.

CONSEQUENCES OF NO FUNDING:

The applicant currently operates the program with other fund sources and states the program is scalable. If they are awarded less funding than requested, they would scale down the number of case managers and outreach staff. Consequently, they would assist fewer homeless persons.

STAFF RECOMMENDATION:

The project, as proposed in the application, cannot be fully funded with federal funds. The federal housing quality standards require that non-congregate housing units be fully habitable with their own bathroom and kitchen facility on a permanent foundation. As proposed, the applicant's tiny homes and use of hotels do not meet this standard. However, the supportive services/operations aspect of the project, including but not limited to outreach, testing, case management, hygiene services at the navigation center are eligible activities for CDBG-CV funding. Staff recommends that the Continuum of Care Board recommend the full funding request of \$75,000 for the supportive/operational services aspect of the project to the Community Development Committee and the Cities and Town Advisory Committee.

Preliminary Condition(s) of Approval

Allocated funding will be a grant a loan

1.	In accordance with federal regulations, including the National Environmental Policy Act (NEPA), an environmental review must be completed before the applicant can be offered a Funding Agreement. The Sonoma County Community Development Commission staff will prepare the NEPA.
2.	CDBG-CV funds will be used only to reimburse costs to provide services to persons who last resided in the Urban County (Urban County excludes the cities of Petaluma and Santa Rosa) and who experienced a negative impact related to the coronavirus pandemic.
3.	The applicant will provide a detailed line item budget and amended scope of work must be submitted for approval prior to the preparation of a Funding Agreement.
4.	CDBG-CV funding awarded must be used for eligible expenses within 12 months of execution of a Funding Agreement. Specific terms will be included in a Funding Agreement, and no costs can be incurred prior to a fully executed Funding Agreement.

Attachments:

1. CDBG-CV Application submitted by Homeless Action Sonoma, Inc.(HAS) Link: <https://share.sonoma-county.org/link/N2SEDCyXAUs/>
2. Comprehensive Project Description of “Home and Safe Center” implemented by HAS Link: <https://share.sonoma-county.org/link/6oQrTO2Btwc/>

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) - CV
AFFORDABLE HOUSING, CAPITAL PROJECTS, PUBLIC SERVICES, AND ECONOMIC
DEVELOPMENT PROGRAMS**

FY 2020 CDBG-CV funds available to reprogram: \$1,370,855

CDBG-CV APPLICATIONS

Applicant	Public Services Project Name	CDBG-CV Amount Requested	CDC Staff Recommendation
Homeless Action Sonoma	Home and Safe Center	\$75,000	\$75,000
	Total Requested	\$75,000	
	Total Recommended		\$75,000

APPLICANT NAME: Homeless Action Sonoma, Inc.

PROJECT NAME: Home and Safe Center

CDBG-CV AMOUNT REQUESTED: \$75,000

PROJECT DESCRIPTION

Applicant-Provided Summary Description from Submitted Application:

“Homeless Action Sonoma (HAS), through its Home and Safe Navigation Center (HASC) in the Springs, will provide evidence-based (1) street outreach to 82 unhoused individuals currently living in Sonoma Valley with the goal of moving everyone into safe temporary housing; (2) temporary housing at HASC for at least 20 unhoused individuals; (3) wraparound case management for 82 unhoused individuals in the areas of health, finance, and housing; and (4) Coordinated Entry, ensuring all clients are eligible to access all housing resources in Sonoma County and information regarding housing and services available at HASC is current in Sonoma County’s Coordinated Entry system. All services rendered by HAS and myriad program partners follow Housing First best practices. All program participant information will be entered into Sonoma County’s HMIS”

PUBLIC SERVICES PROJECT TYPE:

Through their navigation center: street outreach to homeless persons, , COVID testing and health services coordination, and related case management services.

PROPOSED USE OF FUNDS:

As provided in the Application Attachment “Project Description Narrative”, the CDBG-CV funding request would be used to support two case manager positions that would assist in the implementation of the project as described above, with the exception that the use of CDBG-CV funds would not be funds for temporary housing.

FUNDING POLICIES (Funding Goals and Objectives):

Does the project address one of the highest priorities of: 1) creating or preserving affordable housing, 2) building infrastructure or public facilities that support creation or preservation of affordable housing, or 3) building infrastructure or public facilities that support low-income communities?

CDBG-CV related priorities were not identified in the CDBG and HOME Funding Policies, as this fund source is available for use to address high priority activities that help prevent, prepare for or respond to Coronavirus in the Urban County.

CDBG-CV REQUIREMENTS

Does the proposed public services activity prevent, prepare for or respond to Coronavirus (activities must demonstrate they respond to one or more)?

Yes, the application states that Covid-19 vaccination/boosting would be provided to persons contacted, including testing, and non-congregate temporary housing would be provided for the quarantine time- period should the test be positive (temporary housing will not be funded by CDBG-CV). Additionally, the application states that hygiene services would be provided such as hand sanitizing stations, bathrooms, and laundry services at the navigation center, which would promote public health and prevent the spread of the coronavirus.

THRESHOLD CRITERIA

Does the project meet at least one National Objective as required under CDBG regulations (24 CFR 570.208)?

Yes, the activity proposed would benefit a low- and moderate-income limited clientele with incomes at or below 80% of the area median income (AMI), specifically the extremely low-income homeless demographic with incomes at or below 30% of the AMI, as people who are homeless are considered to be a “presumed low-income benefit” population under CDBG regulations.

Does the proposed project or activity meet the eligibility requirements of the CDBG and HOME Funding Policies? (If not, provide the specific reason)

The temporary housing aspect of the of the proposed activity does not meet the public services eligibility requirements of the CDBG and HOME Funding Policies addendum for CDBG-CV funds, however, the supportive services aspect as described in the application is eligible.

Does the applicant demonstrate capacity to effectively deliver the proposed project?

The applicant, Homeless Action Sonoma, Inc. (HAS) is only two years old, however, they are currently implementing this project. Last year they were able to assist 82 households. They currently own the site they operate from and have obtained building permits for installation of 22 tiny homes to serve as temporary non-congregate housing to their clients, which are planned to be completed in December of 2022. HAS uses the “assertive community treatment model comprising health care providers, community-based organizations, trusted individuals in the client’s life, and HAS case managers [to] assist clients meet their basic needs, providing opportunities for skill development and self-sufficiency, and connecting individuals to relevant community services with the goal of helping them secure safe housing.”.

SELECTION CRITERIA

Does the applicant describe the primary beneficiaries and outcome/s of the activity?

Yes, the proposed activity would serve homeless persons with a focus on serving persons residing in the Sonoma Valley, where their navigation center is located. The outcome of the proposed activity is intended to help reduce homelessness by providing temporary shelter, access to health and hygiene services, and case management services to help clients exit into stable, permanent housing.

Does the applicant describe how data and other information will be used as a self-evaluation tool as an outcome measurement?

Yes, the applicant states that a comprehensive work-plan would be developed to ensure the organization is on track to meet their goals as well as use the evidence-based Plan-Do-Study-Act problem solving model for their data. The comprehensive work plan will guide their day-to-day work and would be updated as necessary. It would include short-term goals and measurable objectives to evaluate success.

Does the applicant have experience providing the proposed services?

Yes, the application indicates HAS is currently operating the program, which began in Fiscal Year (FY) 2020-2021. At that time, they served 42 households and in FY 2021-2022 they served 82 persons. Since inception they have placed unhoused persons in housing through SHARE Sonoma County and other localized shared living opportunities, including Coordinated Entry; provided wraparound case management in areas of housing, health, and finance.

Do services offered in this project directly utilize evidence-based practices (EBPs) represented in the Upstream Portfolio?

Yes, the applicant utilizes EBPs (motivational interviewing) and participates in the Housing First/Housing First Fidelity process.

For Homeless Services applicants, does the activity require participation in Coordinated Entry? If yes, provide an overview of your organization's ability, knowledge, and potential barriers to overcome to take part in Coordinated Entry.

The applicant states they currently participate in the Coordinated Entry system and would continue to implement it at their navigation center, where they accept referrals and serve as an access point as well. The applicant states that their main barrier is that 85% of clients they currently serve, who reside in Sonoma Valley, do not want to relocate outside of this area through Coordinated Entry and consequently more people remain unhoused for a longer period of time. A second barrier the applicant identifies is the lack of housing available in general in Sonoma Valley, which makes it challenging to locate affordable housing.

Federal regulations require that 51% of participants be low income. Does the applicant describe the method that will be used to verify CDBG-CV income eligibility and track other required demographic and quantitative data?

Yes, the applicant states they would be able to obtain, verify and document that program beneficiaries meet this requirement by collecting data and documentation and retaining it in their database. While they also assist persons outside of the Sonoma Valley, their primary focus is to assist those living in the area. If the person agrees to receive services, they verify their residential history using HMIS as well as ask for identification. All data is logged into the HMIS data system.

	<u>Proposed</u> number to be served by project in upcoming Fiscal Year	Current number served as of the filing of this application (if project is currently in operation)	Number served by project last Fiscal Year
	July 1, 2022 – June 30, 2023	July 1, 2021 to January 21, 2022	July 1, 2020 - June 30, 2021
Number of <u>households</u> served	82	82	42
Number of <u>persons</u> served	82	82	42

List the estimated percentage of the target population served in each of the income categories below:

Household Income	List the total estimated percentage of the households served in each of the income categories below	<u>Considering only Urban County residents</u>, list the estimated percentage of households served in each of the income categories below
Extremely Low (Below 30% AMI)	100%	100%
Very Low (Between 31% - 50% AMI)	0%	0%
Low (Between 51% -80% AMI)	0%	0%
Moderate (Over 80% AMI)	0%	0%

If there are substantial changes to the past, current or proposed number of households to be served, does the applicant provide an explanation for the changes?

The applicant proposes to serve the same number of persons as last fiscal year, 82 total.

PROJECT BUDGET

Total Organization Budget	\$3,226,500
Total program budget	\$694,875
Percent of program to organization budget	21.5%
Amount of CDBG-CV request	\$75,000
Percent of CDBG-CV request of program budget	10.8%
Unduplicated number proposed to be served with program	82 in outreach
CDBG-CV cost per person/ household	\$915/person

ADDITIONAL INFORMATION:

This applicant received County General Funds in Fiscal Year 2021-22 to support this activity and the purchase of the 22 tiny homes as well.

CONSEQUENCES OF NO FUNDING:

The applicant currently operates the program with other fund sources and states the program is scalable. If they are awarded less funding than requested, they would scale down the number of case managers and outreach staff. Consequently, they would assist fewer homeless persons.

STAFF RECOMMENDATION:

The project, as proposed in the application, cannot be fully funded with federal funds. The federal housing quality standards require that non-congregate housing units be fully habitable with their own bathroom and kitchen facility on a permanent foundation. As proposed, the applicant's tiny homes and use of hotels do not meet this standard. However, the supportive services/operations aspect of the project, including but not limited to outreach, testing, case management, hygiene services at the navigation center are eligible activities for CDBG-CV funding. Staff recommends that the Continuum of Care Board recommend the full funding request of \$75,000 for the supportive/operational services aspect of the project to the Community Development Committee and the Cities and Town Advisory Committee.

Preliminary Condition(s) of Approval

Allocated funding will be a grant a loan

1.	In accordance with federal regulations, including the National Environmental Policy Act (NEPA), an environmental review must be completed before the applicant can be offered a Funding Agreement. The Sonoma County Community Development Commission staff will prepare the NEPA.
2.	CDBG-CV funds will be used only to reimburse costs to provide services to persons who last resided in the Urban County (Urban County excludes the cities of Petaluma and Santa Rosa) and who experienced a negative impact related to the coronavirus pandemic.
3.	The applicant will submit a detailed line item budget and amended scope of work for approval prior to the preparation of a Funding Agreement.
4.	CDBG-CV funding awarded must be used for eligible expenses within 12 months of execution of a Funding Agreement. Specific terms will be included in a Funding Agreement, and no costs can be incurred prior to a fully executed Funding Agreement.

Attachments:

1. CDBG-CV Application submitted by Homeless Action Sonoma, Inc.(HAS)
2. Comprehensive Project Description of “Home and Safe Center” implemented by HAS

**SONOMA COUNTY COMMUNITY
DEVELOPMENT COMMISSION
CDBG-CV FUNDING APPLICATION: PUBLIC
SERVICES**

(See separate application for Fair Housing and Housing Justice programs)

This space reserved for CDC date and time stamp

Please review the Notice of Funding Availability (NOFA), Application Guidelines, and the FY 2022–2023 CDBG and HOME Funding Policies before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

Part 1: Applicant Information

Legal name of organization:	Homeless Action Sonoma	
Organization’s DUNS number:	005184469	
Contact Information		
Authorized Representative (City/Town Manager, Executive Director, or other):	Name, title:	Annie Falandes
	Phone:	707-304-0502
	Email:	hassonomaorg@gmail.com
Primary point of contact:	Name, title:	Annie Falandes
	Phone:	707-304-0502
	Email:	hassonomaorg@gmail.com
Organization is a:	<input checked="" type="checkbox"/> Non-profit organization <input type="checkbox"/> Local government	
Organization mailing address:	PO Box 482, Sonoma CA 95476	
Organization website:	https://www.hassonoma.org	
Organizational Capacity and Experience		
Describe applicant’s record of administrative and programmatic capacity using federal, state, local, and/or private grant funds, explaining any past issues or challenges administering grant funds.		
<p>Homeless Action Sonoma (HAS) is grateful for the \$396,916 that the SCCDC funded us in 2022. This generous grant provided us (1) 22 tiny homes that are currently awaiting installation at our Home and Safe Navigation Center (HASC) in the Springs; (2) the technical support to finalize the permitting and approval process for HASC; and (3) expanded staff capacity to continue work on the HASC site while also providing robust wraparound case management to the 82 unhoused adults we currently serve. The challenges with this grant were two-fold: (1) The permit process took longer than anticipated, resulting in a delay in HAS staff gaining access to the HASC site and in the installation of the tiny homes, requiring us to modify our original timeline proposed to SCCDC; and (2) As a new nonprofit, it is challenging that government grants are paid in arrears. This payment system can lead to tough financial decisions internally and a delay in paying vendors. Additionally, we were the recipient of major gifts from private donors, which allowed us to pay off the loan we used to purchase our HASC property and which we are using to prepare the HASC site for building (i.e., grading, retaining wall, utilities). We’ve experienced no challenges with these private gifts because they were unrestricted. We provide regular reports to each funder, keeping them abreast of HAS activities and outcomes.</p>		

Part 2: Project Description

Brief Description of Project or Program

The description provided here will be incorporated into the staff reports provided to the Community Development Committee, Cities and Towns Advisory Committee, and/or the Board of Supervisors. Descriptions MUST BE 125 words or less. It will not be edited and will be truncated at 125 words. A longer project description may be attached (see Part 6, Attachments).

Homeless Action Sonoma (HAS), through its Home and Safe Navigation Center (HASC) in the Springs, will provide evidence-based (1) street outreach to 82 unhoused individuals currently living in Sonoma Valley with the goal of moving everyone into safe temporary housing; (2) temporary housing at HASC for at least 20 unhoused individuals; (3) wraparound case management for 82 unhoused individuals in the areas of health, finance, and housing; and (4) Coordinated Entry, ensuring all clients are eligible to access all housing resources in Sonoma County and information regarding housing and services available at HASC is current in Sonoma County's Coordinated Entry system.. All services rendered by HAS and myriad program partners follow Housing First best practices. All program participant information will be entered into Sonoma County's HMIS.

Part 3: Project Information

Project Name	Home & Safe Center		
Amount of Funding Request:	\$75,000		
Primary Physical Location of Activities or Program (if applicable):	Home & Safe Shelter & Navigation Center		
Address: 18820 Sonoma Hwy, Sonoma, CA 95476			
Project Focus (check one)			
<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Street Outreach and Day Centers <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Permanent Supportive Housing <input checked="" type="checkbox"/> Other Public Service: <u>Navigation Center</u>			
CDBG-CV Requirements			
Please describe the how the proposed activity will <u>prevent, prepare for or respond to Coronavirus</u> (<i>activities must demonstrate they respond to one of more</i>):			
We will provide the following activities to meet CDBG-CV requirements: (1) The Sonoma Valley Community Health Center (SVCHC) will provide vaccines/boosters to clients; (2) HASC will implement regular rapid testing, in partnership with SVCHC, to identify any positive COVID-19 cases; (3) SVCHC will provide PCR tests, as needed; (4) If a client tests positive, SVCHC will implement the appropriate protocols and the client will be quarantined in a designated tiny home. If a tiny home is not available, a hotel will be provided. HASC & SVCHC staff will check-in regularly with the client; (5) Distribute PPE and rapid tests during street outreach and at HASC; (6) Provide non-congregate housing for 20 program participants, avoiding congregate settings that can lead to increased COVID-19 transmission; (7) Provide hand sanitizing stations, bathrooms, laundry services, and more at HASC to maintain public health; (8) Distribute, in partnership with SVCHC, educational materials through HASC and street outreach; (9) HASC staff will discuss health and safety protocols with all clients upon intake and provide reminders, as appropriate; and (10) Each client receiving wraparound case management undergoes a medical check-up with SVCHC, including COVID-19 testing and a review of their COVID-19 history.			
Please fill out the table below by stating the numbers served per category according to the stated time frames.			
	Proposed number of Households Served project in upcoming Fiscal Year	Current number of Households Served as of the filing of this application (if project is currently in operation)	Number of Households Served by project last Fiscal Year
	July 1, 2022 – June 30, 2023	July 1, 2021 to Current Date	July 1, 2020 - June 30, 2021

Number of households served	82	82	42
Number of households with children	0	0	1
Number of Households comprised of unaccompanied youth under 25 years old	0	0	0
Number of adults in households served	82	82	40
Number of children in households served	0	0	2

Project Subpopulation

Check subpopulations that the proposed project will directly serve:

- Homeless Day Laborers
 Chronically Homeless
 Veterans
 Runaway & Homeless Youth (12-17)
 Developmental Disability
 Seniors/Elderly
 Substance Abuse Disabilities
 Victims of Domestic Violence / Sexual Assault
 Mental Health Disabilities
 Other Subpopulation: _____

Supplemental Project Services Provided

Check **secondary** services provided directly by your staff to participant:

- Individual or Family Counseling
 Housing Location
 Financial Literacy
 Domestic Violence Intervention
 Street Outreach
 Tenancy Education
 Short- to Medium-Term Rental Assistance
 Housing Focused Case Management
 Drug/Alcohol Treatment Services
 Mental Health Services & Treatment
 Case Management
 Other Services Not Listed: _____

Urban County Beneficiaries

The County of Sonoma, as well as the seven municipalities of Cloverdale, Cotati, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and Windsor, comprise the Urban County. At least 51% of beneficiaries served by the program or activity funded by the Sonoma County Community Development Commission with CDBG-CV funds must be Urban County residents. Please state how your organization will obtain, verify and document program beneficiaries meet this requirement:

HAS is committed to serving people in the Urban County. While our target area is the underserved region of Sonoma Valley, we will accept individuals from anywhere into our program through Coordinated Entry. Our most recent survey of 55 unhoused adults, completed in September 2022, comprised 47 adults who have lived in Sonoma Valley for over 20 years. Of those adults, 46 are unwilling to relocate outside of the region. For every visit our Street Outreach team makes with an unhoused individual, they complete a Daily Encounter Tracking Sheet, which includes that individual's current location. We also confirm how long they have lived in the area. If the individual agrees to receive services, we ask if they are willing to relocate outside Sonoma Valley. Street Outreach staff will input all data into HMIS, complying with the SCCDC's tracking location detail reporting requirements. Upon enrolling at HASC, Case Managers verify client location history in HMIS and further discuss the client's residential history. We also request paperwork or identification (i.e., license, vehicle registration, phone bills), if available, for further verification.

Considering only Urban County residents to be assisted, list the estimated percentage of the target population served in each of the income categories below

Extremely Low (Below 30% AMI)	100
Very Low (Between 31% -50% AMI)	0
Low (Between 51% -80% AMI)	0

Moderate (Over 80% AMI)		0
Project Outcomes In the table below, choose an Outcome Identifier and describe two measurable changes in participants' lives from their participation in the program. Please discuss the change in a <u>participant's status, knowledge, or behavior</u> resulting from receiving this service.		
Outcome Number	Outcome Identifier	Project Goal
	Select one Outcome Indicator that you will use to measure your success.	Briefly describe how your project will work towards achievement the specified Outcome Indicator
1	System Performance Measures <input checked="" type="checkbox"/> Outreach, day centers or coordinated entry – placement in temporary or permanent housing <input type="checkbox"/> Coordinated entry – decrease length of homeless episodes <input type="checkbox"/> Shelter or transitional housing – exits to permanent housing <input type="checkbox"/> Permanent supportive housing – retention of permanent housing <input type="checkbox"/> Homeless prevention and housing retention – improvement in housing stability	The Home & Safe Navigation Center will enable (1) 20 people to secure temporary onsite housing; and through wraparound case management: (2) 82 people have improved health outcomes through increased access to health services; and (3) 82 people have increased financial stability through increased access to public benefits, employment services, and job training.
2	Other Measures <input type="checkbox"/> Increased income from benefits and/or employment <input checked="" type="checkbox"/> Increased access to health benefits	All clients are enrolled in health care benefits. Sonoma Valley Hospital and SVCHC provide medical care services. Dentists and mental health practitioners provide pro-bono care. We refer clients to mental and behavioral health providers, including substance abuse programming, and provide transportation to meetings/appointments, as needed. We have MOUs with local professionals to provide yoga, mindfulness, and wellness classes.
Outcomes Describe the experience your agency has in providing services associated with Outcome #1 as identified in the previous section.		
We have over two years of experience as a service provider. Since our inception, we have (1) placed unhoused individuals in housing through SHARE Sonoma County and other localized shared living opportunities, apartments, Coordinated Entry, and affordable housing opportunities for veterans; (2) provided over 54 individuals with wraparound case management, including in the areas of housing, health, and finance. This case management includes (a) enrolling individuals in Coordinated Entry and securing them housing, when available; (b) facilitating benefits enrollment and obtaining proof of identification; (c) linking people to employment opportunities; (d) providing mental, physical and behavioral health care services in partnership with local health care providers; and (e) providing mentoring opportunities through HAS volunteers, which includes financial education, job training, GED tutoring, and more; and (3) conducted ongoing Street Outreach throughout Sonoma Valley, led by three individuals with lived experience.		
Describe the experience your agency has in providing services associated with Outcome #2 as identified in the previous section.		
All clients are enrolled in the appropriate health care benefits, including Medi-Cal. SVCHC, a Federally Qualified Health Center, provides initial check-ups to all clients. SVCHC also provides ongoing health services to clients, including physical, mental, and behavioral, becoming a client's Health Home. Sonoma Valley Hospital provides specialized care to HAS clients. We also have ongoing relationships with private practice therapists, dentists and physicians who provide pro-bono care. Local professionals also provide mindfulness workshops, including yoga. Finally, we work with nutritionists to evaluate client nutritional needs and provide nutrition classes to clients.		
Project Evaluation Framework Please provide responses to the following questions.		
Describe how your organization will use data and other information as a self-evaluation tool to ensure you are on track to achieve proposed outcomes:		

To ensure we are on track to achieve our proposed outcomes, the HAS team will develop a comprehensive work plan upon the award being made. This will guide our day-to-day work and will be regularly updated during our monthly staff meetings. The work plan puts into context HASC's concrete objectives during the grant period, providing clarity, an overall sense of purpose, and an encouraging collaboration towards shared goals. The work plan will include defined short-term goals and measurable objectives/outputs/outcomes to evaluate success. It will identify potential obstacles and provide proactive solutions. It will also clarify specific tasks/actions for each staff member and the outcomes they must achieve, paving the way for accountability and successful collaboration.

Explain how the use of data will help to improve service offerings:

HAS is committed to process improvement, using the evidence-based Plan-Do-Study-Act (PDSA) problem-solving model to improve our work and implement change. Every month, our Operations Director meets with our staff to assess the most recent programmatic activities, outputs, outcomes, successes, and challenges and our work plan progress. After identifying challenges and possible changes to improve processes, we implement PDSA. We do this through four steps: (1) Plan—State the change we desire, make predictions on outcomes, and develop the plan to test the proposed change; (2) Do—Carry out the test on a small scale, document problems or unexpected observations, and analysis the data; (3) Study—Our team completes the data analysis, compares the data to our predicted outcomes, and summarizes/reflects on what was learned; and finally, (4) Act—We refine the change based on what we learned from the test and implement.

Please describe the involvement of participants in the evaluation of the project:

Since our inception we have prioritized the feedback and experience of individuals with lived experience. This has enabled us to build a cadre of services that are based truly on the needs of unhoused people. HASC includes various methods to collect regular participant feedback including (1) Daily Encounter Tracking Sheets maintained by Street Outreach used during encampment visits; (2) Interviews upon program enrollment and exit; (2) Twice-yearly surveys with current clients to gauge satisfaction and program recommendations; (3) Observational data provided by participants, staff and volunteers; (4) Regular meetings with the HAS Residents Council, comprising clients HAS currently serves both through outreach and at HASC; and (5) the HAS Lived Experience Advisory Council, comprising current and formerly unhoused individuals. We also have individuals with lived experience who currently serve on our Board of Directors.

Project History and Readiness
(Please answer only one of the following two questions)

If this project has been operating **one year or less**, please discuss its stage of project growth or preparation.
(If more than one year = NA)

NA

If this project has been operating **longer than one year**, describe any material changes that have affected the project along with associated impact(s) that have taken place over the past two years due to any of the following conditions. *(If under one year = NA)*

HASC has been operating for two years. In a short period of time, we have gone from not having a designated service site to having an office in downtown Sonoma and a property purchased in the Springs. The latter is where the HAS Navigation Center is located. We are in the process of preparing the site to move the tiny homes onsite and install the outdoor kitchen and portable restrooms. Our site in the Springs is also where we will build our permanent facility. These changes have been critical to (1) providing people a temporary place to live and rebuild their lives; (2) making HAS a recognized, valuable service in the community of people experiencing homelessness and boosting our recognition among the public (including philanthropists); and (3) enabling our staff to expand capacity to further our mission.

Part 4: Alignment with Sonoma County Initiatives

Do services offered in this project directly utilize evidence-based practices (EBPs) represented in the Upstream Portfolio?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposed project directly utilize any EBPs included in the Upstream Investment portfolio?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the next question.</i>

Which Tier does the EBP utilized directly in the proposed project fall.	<input checked="" type="checkbox"/> Tier 1 – Evidence Based Practice <input type="checkbox"/> Tier 2 – Promising Practice <input type="checkbox"/> Tier 3 – Emerging Practice
If you are directly using an EBP in this project please enter the name of the strategy:	
Motivational Interviewing	
Are you participating in the Housing First / Housing First Fidelity process?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe your strategy to ensure that staff are trained and are using the EBP to fidelity:	
<p>HAS uses Motivational Interviewing (MI), a person-centered and goal-oriented approach to help people make change in their lives. It is recommended by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) as a key tool in working with the unhoused, including individuals with substance abuse disorder and mental health diagnosis. HAS case management and outreach staff members receive training facilitated by the Coordinated Entry System staff. To ensure fidelity to the model, we examine our outcome data (i.e., does the client show self-efficacy, are they succeeding in their action plan goals) and use PDSA and the guidance of Coordinated Entry System staff to improve processes.</p>	

Part 5: Coordinated Entry (this part only applicable to Homeless Services)

<p>Coordinated Entry Capacity If funded for homeless services, your project will be required to participate in Coordinated Entry, either as an access point or accepting referrals (or both). In the space below, provide an overview of your organization's ability, knowledge, and potential barriers to overcome to take part in Coordinated Entry. Please limit your response to no more than 125 words.</p>
<p>HAS participates in Coordinated Entry and we will continue to implement it at the HAS Navigation Center We accept referrals and serve as an access point. HAS Case Managers enroll clients into Coordinated Entry. We have received training through the SCCDC and all new staff are trained on Coordinated Entry processes. When new training opportunities are made available by SCCDC or other recognized agencies or organizations, we will engage in those opportunities. The main barrier is that 85% of the clients we currently serve, all of whom live in Sonoma Valley, do not want to be relocated outside of Sonoma Valley through Coordinated Entry. As a result, more people remain unhoused longer. The second barrier is the lack of available housing in Sonoma Valley in general, making it hard to find affordable housing.</p>
<p>Program Standards Workgroup Does your agency participate in the program standards workgroup for your project type? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please state in which standards group your organization engages and the name of the staff responsible for attending. <i>Compliance with the local program standards for your project component, and participation in program standards working groups will be a requirement of all funding agreements.</i></p>
<p>We participate in the Provider workgroup. President Annie Falandes attends the meeting.</p>

Part 6: Part 6: Project Financing and Budget

Funding Status	
Is this application for new or renewal funding?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal

Has this project been previously funded by the CDC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If this project received funding under a different name, please state the name of the program (If "No" = NA)	Indoor-Outdoor Shelter
What percentage of your project budget does your request make up?	10.79%
Will funding requested supplant existing funding for the project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Community Development Commission Funding History

	FY 2019-20	FY 2020-21	FY 2021-22	Request for FY 2022-2023
Funds Requested	0	0	\$396,916	\$75,000
Funds Awarded	0	0	\$396,916	TBD

Application Budget Overview

Total Organization Budget:	\$3,226,500
Total Project Budget:	\$694,875
The request represents this percentage of the project budget:	10.79%

Please state funding sources leveraged to support your proposed project and approximate percentage of the total project budget that these represent.

We will be applying for the upcoming Encampment Resolution Funding Program Rolling grant, with SCCDC as the official applicant. We will also be applying for Project Homekey in the next grant cycle, with SCCDC as the official applicant. We anticipate the Encampment Resolution Funding grant to comprise 50% and Homekey to comprise 10% of this HASC grant.

Describe the aspects of the project design that are scalable. Indicate how many fewer participants will receive services if the award is less than the amount requested.

The tiny homes make this project very scalable. They are easy to set up and deconstruct, as needed, for space or by demand. They are easily stored, cleaned, and moved. Additionally, the HASC project presented here will be temporary. In winter 2024-25, we anticipate removing the tiny homes and moving all clients and staff into our new permanent facility, which will include 24 individual apartments and 10 single occupancy rooms. While our temporary HASC will offer wraparound case management services and include utilities, a dining area, showers/restrooms, security, and a garden, our permanent facility will grow to include a social wellness center, offices, multiple dining areas, a teaching kitchen and café, a post-op respite area, a designated space for women at-risk, a gym/exercise area, and a multi-purpose teaching garden. If we receive less than our requested amount, we will have fewer case managers and outreach staff, meaning we would not be able to have as many encounters with unhoused individuals to help them find stability. The number of participants served is commensurate with the amount awarded, for example, if we receive 20% less in funding, we will serve 12 fewer individuals.

What is your organization's plan for the long-term financial sustainability of this project?

We have an ongoing fund development program in which we actively seek to secure relationships with foundations, corporations, and major donors that align with our mission. We also research federal, state and county grant opportunities that can further our work. Additionally, we raise funds through fundraising events, through generous individual donors, and via our annual appeal, in which we seek gifts through US Mail, social media, and email.

Part 7: Attachments Required

Project sponsors must submit the following documents, as applicable, with their funding application:

- **Project Description:** Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time.
 - **Authorizing Resolution:** For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application.
 - **IRS Letter of Determination:** Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
 - **Letters of Commitment:** Submit letters of commitment from all other funding sources.
 - **Financial Documentation:**
 - Non-profit organizations must attach the following:
 - Current operating budget
 - Most recent completed final audit report
 - IRS Form 990 for the most current tax year
 - If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors.
- *Additional financial information may be requested by CDC staff as deemed appropriate.*
- Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.
- Organizations are **required** to have **written** policies and procedures. The applicant must submit certification that they have the following policies and procedures. (Please complete the forms found in Part 7 – Certifications)
 - Accounting
 - Conflict of Interest
 - Procurement
 - Record Retention

Part 8: Certifications

- Grant Certification Form – 1 (Application Completeness & Accuracy & Signatory Authority)
- Grant Certification Form – 2 (Federal Regulations)
- Grant Certification Form – 3 (Conflict of Interest)
- Grant Certification Form – 4 (Policies and Procedures)



Sonoma County Community Development CDBG/HOME Public Services Funding Narrative for Homeless Action Sonoma

Mission and History of Homeless Action Sonoma

Homeless Action Sonoma's (HAS) mission is to end homelessness in Sonoma Valley. HAS was founded in 2020 by Annie Falandes to address the limited number of resources available to the unhoused in the City of Sonoma, including the lack of a permanent overnight shelter. HAS provide temporary housing and person-centered, evidence-based, trauma-informed wraparound case management and street outreach. Our work focuses on three areas: housing, health, and finance. Through an Assertive Community Treatment model comprising health care providers, community-based organizations, trusted individuals in the client's life, and HAS case managers, we assist clients in meeting their basic needs, providing opportunities for skill development and self-sufficiency, and connecting individuals to relevant community services with the goal of helping them secure permanent, safe housing so they may thrive in life. In 2022, we purchased a 27,000 square foot property on Highway 12 in the Springs area of Sonoma. This property will serve as the HAS Home & Safe Navigation Center (HASC) and will include a full-service navigation center and 34 permanent supportive housing units. We anticipate the facility will open in winter 2024-25. However, to accommodate the current underserved population in Sonoma Valley, we are in the process of installing a temporary HASC, including 20 tiny homes to serve as temporary housing. This temporary housing will be completed in December 2022. All services rendered by HAS and myriad program partners follow Housing First best practices. In 2021, we served 55 individuals. Of those individuals served, all were over the age of 18 and all were single households.

Homeless Action Sonoma's 2023 Home and Safe Navigation Center Program

In 2023, the HAS Navigation Center will provide vital services to at least 82 unhoused individuals by implementing four primary activities: (1) street outreach to 82 individuals currently living in Sonoma Valley with the goal of connecting everyone to safe temporary housing; (2) temporary housing at HASC for at least 20 individuals; (3) wraparound case management for 82 clients in the areas of health, finance and housing; and (4) Coordinated Entry, ensuring all clients are eligible to access all housing resources in Sonoma County and that information regarding housing and services available at HASC is current in Sonoma County's Coordinated Entry system.

HAS Street Outreach

Our street outreach (SO) program is an essential component in meeting people experiencing homelessness, particularly long-term or multiple episode homelessness. It's also important in developing critical relationships necessary to support an individual's transition into affordable housing and/or to receive other necessary services. We anticipate providing outreach to at least 82 unhoused individuals in Sonoma Valley. Our SO program is centered around a series of core outreach principles to ensure program success:

- (1) We meet people where they are geographically, emotionally, and physically.



- (2) We help meet their basic needs.
- (3) We are respectful and treat everyone with dignity.
- (4) We recognize that the relationship is central to outreach and engagement; and
- (5) We create a safe, open, friendly space, regardless of the setting (National Health Care for the Homeless Council (NHCHC), 2014; Olivet et al., 2010).

Our SO team comprises three social outreach workers with lived experience. Their work is also supported by a multidisciplinary team that comprises two case managers, relevant County staff, health care workers, first responders, and others who may accompany the SO team. The SO team visit places where clients naturally congregate for services, including Sonoma Valley Hospital, Sonoma Valley Community Health Center, Springs Community Hall (for food distribution), and Sonoma Valley Library. We also serve more disengaged populations at public transportation stops, under bridges and overpasses, encampments, parking lots, wooded and covered areas, riverbeds, and other street locations known as gathering spots. Additionally, law enforcement, government agencies, and health care providers reach out to HAS regarding individuals who should be targeted for outreach.

The SO team uses two strategies in their outreach: initial approach and building engagement. Through initial approach, the SO team is undemanding, asks open-ended questions, and gets to know the individual without pushing our goal of moving them off the street and into housing. Our team uses the “three homes” concept to inform their initial approach to individuals. This means our SO team respects the “three homes of a person experiencing homelessness: the individual’s personal space, the physical space where they live, and the community in which they live” (San Diego Homeless Outreach Workers Best Practices, 2018). When the SO team approaches an individual for the first time, they must identify themselves and that they represent Homeless Action Sonoma. Next, they proceed to try to get to know the individual and identify any needs that can be met. The SO team describes resources and service possibilities that are available through HAS and hopefully, we will be able to enroll them for services in some capacity – such as, providing them immediate temporary housing or simply referring them for health care services or having them visit HASC to enroll in benefits. While we wish to always enroll individuals as clients upon first encounters, we understand that is rarely an option. The SO team may have to have repeat engagements with an individual, building a relationship and trust (NHCHC, 2014). During initial approach, our SO staff also distribute food, water, PPE, hygiene packets, garbage bags, storage totes, Narcan, fentanyl test strips, COVID-19 instant tests, and other items, which is particularly helpful for individuals who are more hesitant to engage.

The second strategy is building engagement. After making initial contact with potential clients, the SO team continues to engage until individuals build trust, feel comfortable, and are empowered to access HAS services and referrals. Client engagement may comprise an individual’s willingness to speak with the SO team on an ongoing basis, checking that the client is showing up to appointments regularly (i.e., group meetings, food distribution, health care appointments), and/or if the client establishes a collaborative relationship with the SO staff so they may both achieve mutual goals. SO staff build trust and relationships by learning an individual’s personal narratives, showing empathy, and treating unhoused individuals as



equals. We also recognize that having SO staff with shared experiences (a history of addiction and/or homelessness) is beneficial in forging these relationships. Through evidence-based Motivational Interviewing and person-centered efforts, our SO staff lets the client lead in agreeing to develop an action plan and enrolling in HAS services. Upon agreement to pursue housing or other services, we facilitate a thoughtful strategy to ease potential missteps in enrolled clients. SO staff members make a *warm hand-off* by introducing clients to HAS Case Managers, and volunteers and community partners, as needed. Staff members complete the appropriate paperwork with the client to formalize their needs. The transition to HASC begins and SO staff members continue to follow-up with the client and proceed to develop relationships with potential new clients.

In their outreach work, SO staff members use the following documents to gather information and process clients: (1) Sonoma County Community Development Commission's (SCCDC) *Housing Options Assessment*; (2) SCCDC's *Case Management Referrals and Services* form to better understand services needed by clients; (3) County of Sonoma Department of Health Services Behavioral Health Division *Adult Needs and Strengths Assessment (ANSA)*. These documents are updated by the assigned case manager as needed.

Safety is of the utmost priority for the SO team. Using best practices established by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) our SO team members (1) inform HAS management of their location and travel patterns; (2) go in pairs whenever possible; (3) do not approach individuals who are "giving signs" that they do not want to be approached; and (4) do not interrupt sales of drugs or sex.

Temporary Housing at the HAS Navigation Center

In 2023, we will provide safe temporary housing for at least 20 unhoused individuals onsite at the HAS Navigation Center. These temporary units will be 20 furnished tiny homes located onsite at our HAS property in the Springs area of Sonoma. Clients are enrolled in our temporary housing program via street outreach; referrals from Coordinated Entry, government, and organizational partners; and unhoused individuals who reach out directly. HASC staff will provide housing-centered case management with the goal of moving individuals into safe permanent housing as soon as possible and providing supportive services to improve client health and financial stability.

We are installing a total of 22 tiny homes; however, one will be used for a 24-hour onsite manager and another for case management. These tiny homes will be in addition to a dining tent, restrooms/showers, storage containers, a dog park, garden, utilities, and security unit. The site will also utilize a solar array as a power source. These facilities will be installed by December 2022, in time for the HAS Navigation Center to implement winter shelter programming. The HASC facility will be ADA compliant and accessible. Two of the tiny homes are fully accessible. The facility will have 24/7 security. Services provided onsite include therapeutic and substance abuse groups and one-on-one meetings, medical care pop-ups, distribution of



COVID-19 safety protocols and PPE, cooking and nutrition classes, food distribution, health and wellness services, veterinarian pop-up clinics, and all case management activities.

The 2023 HAS Navigation Center will operate as temporary facility. The tiny homes and temporary structures will be replaced by a full-service permanent navigation center in winter 2024-25. This full-service navigation center will include 10 single occupancy rooms, 24 individual apartments, social wellness center, offices, multiple dining areas, a teaching kitchen and café, a post-op respite area, a designated space for women at-risk, a gym/exercise area, and a multi-purpose teaching garden. It will also include the solar array and dog park that exists in the temporary facility.

Wraparound Case Management at the HAS Navigation Center

During 2023, HASC will provide evidence-based wraparound case management services for at least 82 individuals. Clients do not have to live at HASC to receive services. The only qualification is that they are currently experiencing homelessness or are at-risk of being unhoused. Our two experienced Case Managers provide client-centered case management that ensures the client has a major say in identifying their goals and the services they need, while providing shared accountability. Our goal with case management is to empower each client by helping them draw on their strengths and abilities, while promoting an improved quality of life by providing timely access to necessary resources resulting in housing stability and improved health and financial outcomes.

At in-take, Case Managers guide clients, using evidence-based Motivational Interviewing, to identify client needs, challenges, strengths, successes, and overall goals in the fields of housing, health, and finance. We use the Assertive Community Treatment (ACT) model. ACT comprises a multi-disciplinary team to help clients achieve their established goals. The ACT team comprises a HAS Case Manager and may include psychiatrists/therapists, physicians, social workers, nurses, housing advocates, law enforcement, employment specialists, and trusted peers and mentors. The ACT team is established in a short period of time after immediate intake and works collaboratively with the client to achieve the client's goals. We understand that building therapeutic relationships with clients may take time, so all clients are treated as the unique individuals they are. Our Case Managers work at a pace that is respectful, yet efficient. Once a client's ACT plan is put in place, HAS and the ACT team provide the clients the support they need to achieve their intended outcomes in the fields of housing, health, and finance.

To secure housing, the HAS Case Manager and select members of the ACT team work towards securing the client permanent housing through Coordinated Entry. We identify affordable housing opportunities, develop relationships with landlords and rental properties, and advocate for our clients. We help clients complete rental applications and pay for their deposit and first month rent, if needed. We also provide clients with guidance on how to be a good tenant and neighbor.



As the Case Manager and ACT team begin the process of securing permanent housing for clients (unless a client chooses otherwise for the time being), the ACT team begins the process of supporting the clients as they work towards their goals in health and finance.

In the area of health, HAS offers the following, but not limited to, services:

- Health benefits enrollment
- Sonoma Valley Community Health Center (SVCHC) and Sonoma Valley Hospital provide care to clients, including family medicine, behavioral health, women's health, prenatal care, STI testing/treatment, cancer screenings, dental care, podiatry, pain management, pharmacy services, optometry, and chiropractic care
- SVCHC provides pop-up clinics and basic check-ups onsite at HASC. This includes podiatry, blood pressure checks, vaccinations, and preventative care services
- We have MOUs with dentists to provide pro-bono dental care
- Onsite group and one-on-one behavioral and mental health counseling
- Referrals to mental, physical, and behavioral health, care providers, including substance abuse programming
- Dietician and nutritionist services, including nutrition and cooking classes
- Wellness classes provided by local professionals, including yoga and meditation
- Pets Lifeline provides veterinarian pop-up clinics onsite at HASC to care for client pets
- Harm reduction classes and Narcan use workshops with Micah's Angels

In the area of finance, HAS offers the following, but not limited to, services:

- Public benefits enrollment
- Financial education, including goal setting, saving, budgeting, paying bills, debt, credit reports and scores, how to choose financial products and services, protecting one's money and more
- Workforce development opportunities through Santa Rosa Junior College's trade programs and apprenticeships with local employers
- GED tutoring
- Career counseling, including resume and interview skill development. We also help individuals find employment through job searches and temp agencies

In addition to the services described above, we also provide:

- Securing social security cards, birth certifications and other government identification
- Legal aid referrals
- Transportation to and from Homeless Court and other court appointments
- Transportation to and from health care appointments
- Art classes and therapy provided by the Sonoma Community Center
- Mentoring opportunities with HAS volunteers to gain additional hard and soft skills
- Public transportation vouchers and gas gift cards
- Bicycle maintenance



We continue to provide the services described above for clients who move into interim or permanent housing, if clients elect to receive them.

Outcomes and evaluation for the HAS Navigation Center 2023

Our anticipated outcomes are that we serve 60 individuals and that (1) at least 20 individuals are provided temporary housing at HASC; (2) 100% of clients show improvements in their financial outcomes; and (3) 100% of clients report improvements in their health outcomes. We evaluate these outcomes using the following tools: (1) Housing Options Assessment; (2) Case Management Referrals and Services form; (3) ANSA form; (4) Daily Encounter Tracking sheets maintained by SO; (5) Enrollment and exit interviews; (6) Health care reports (without violating HIPAA) from our health care partners; (7) Self-reporting on health and finance outcomes from clients; (8) Pre- and post-tests during workshops; (9) Observational data collected by HAS staff and volunteers; (10) Twice-yearly surveys with clients; (11) Number of clients housed in temporary housing; (12) Number of clients moved to permanent housing; (13) Regular meetings with the HAS Residents Council, comprising clients HAS currently serves both through outreach and at HASC; (14) Client banking and financial reports; (15) Number of clients enrolled in and receiving health and/or finance benefits; (16) VI-SPDAT; and (17) ACT Goal Plan progress.

CDBG-CV Coronavirus Response at the HAS Navigation Center

To prevent, prepare or respond to COVID-19, HASC will implement the following activities:

- (1) SVCHC will provide vaccines and boosters to clients onsite at HASC or SVCHC and at encampments, when appropriate. We will provide transportation to and from vaccine sites, if needed, and may provide vaccine incentives to clients to encourage participation.
- (2) HASC will implement regular rapid testing, in partnership with SVCHC, to identify any positive COVID-19 cases. This testing includes during street outreach and onsite at HASC.
- (3) SVCHC will implement PCR testing to verify positive rapid tests, if needed.
- (4) If a client tests positive, SVCHC will implement the appropriate health protocols to ensure client health. HAS will quarantine the client in a designated tiny home at HASC. If a tiny home is not available, we will provide a hotel voucher to quarantine them. HASC & SVCHC staff will regularly check-in with the client and continue case management.
- (5) HAS will distribute PPE during SO and onsite at the navigation center.
- (6) Knowing that congregate settings can enhance COVID-19 risk and spread, we will provide non-congregate housing to at least 20 individuals at HASC and work towards securing additional non-congregate housing for individuals through vouchers and Coordinated Entry.
- (7) Provide hand sanitizing stations, well-maintained bathrooms/showers, laundry service, and other supplies to support sanitation at HASC.
- (8) Distribute educational materials at HASC and during SO.
- (9) HAS staff will talk to clients about public health safety and COVID-19 upon intake and during SO; and

(10) Each client, upon enrollment in case management services, is provided a medical check-up at SVCHC, including COVID-19 testing and staff inquire about the client's history with COVID-19.

CDBG-CV 2022 Grant Request

Our total program budget for the 2023 HASC is \$694,875. We are requesting a grant of \$75,000 to support two Case Managers. This grant will fund a one full salary and a partial full salary for two full time positions, specifically: (1) Case Manager #1 at \$27.68/hour (includes benefits) for 2,080 hours/year totaling \$57,574.40 and (2) Case Manager #2 at \$27.68/hour (includes benefits) for 629 to 630 hours/year totaling \$17,425.60. Your gift will be matched with grants from the Encampment Resolution Fund (\$347,437.50–pending), Project Homekey (\$69,487.50–pending), Julia L. Grant Fund for Basic Human Needs (\$25,000–pending), County of Sonoma Community Investment Fund (\$10,000–pending), Jack London Yacht Club (\$2,000–pending), Sisters of St. Joseph of Orange (\$25,000–pending), individual donors (\$70,475–committed), and fundraisers (\$70,475–committed).

Best practices implemented for the HAS Navigation Center

Based on research by SAMHSA and Homelessness NSW (2016), HASC implements the following evidence-based best practices to ensure program success:

- Person-Centered Practices—to promote a person's right to have choice and control over the process of exiting homelessness through self-empowerment. Involving clients in all decision-making supports a person's right to autonomy, develops their living skills, and builds their capacity to live independently.
- Harm Reduction—HAS staff uses harm reduction to build trust while helping to maintain the health and safety of those we serve, specifically those with substance abuse disorders. We use harm reduction to teach clients safe substance use practices and implement motivational interviewing to help clients work towards recovery goals.
- Trauma-Informed Care and Practice—All HAS staff are trained in trauma-informed practices to better understand an individual's previous exposure to trauma and how traumatic experiences have shaped their life trajectory. TIC helps reduce the possibility that an individual will be re-traumatized; and
- Culturally Sensitive Practices—Not providing culturally sensitive practices can perpetuate stereotypes and result in re-traumatization. To avoid these negative outcomes, HAS staff members are trained to provide mindful, trauma informed care to individuals from diverse backgrounds, including BIPOC, LGBTQI+ and domestic violence survivors.

Equity and Inclusion at the HAS Navigation Center

HASC is designed with equity and inclusion as priorities. We implement the following best practices using the research presented by Tom Albanese and Ashley Kerr on shelter and street outreach. These practices include the following:



- (1) Hiring staff representative of the people being served – including hiring people with lived experience of homelessness.
- (2) Training and supporting all staff and volunteers to be person-centered, housing focused, and trauma informed.
- (3) Designing programs to be welcoming by (a) maximizing supportive services staff so we can connect as many clients as possible to housing and other services and (b) creating policies and procedures that ensure those least likely to access services are assisted.
- (4) Developing and maintaining relationships with community organizations that have trusted relationships with underserved groups and can provide expertise on reaching and engaging them, including contracting with the organizations for essential services.
- (5) Providing anonymous ways for people to give feedback on racial and cultural treatment while they engage with our program; and
- (6) Reviewing data on outcomes and impact of shelter policies, including the banning or termination of individuals from HASC to check for disparities in who is asked to leave, how long, or who has unknown exits.