



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

**Item No:** 1 (Consent Calendar)  
**Subject:** October 25, CoC Board Meeting Agenda  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

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**SUMMARY**

This staff report presents the October 25, 2023, CoC Board Meeting proposed agenda. The agenda contains all proposed items that will be discussed by the CoC Board. The proposed agenda is attached as Attachment A.

**RECOMMENDED ACTION(S)**

Approve October 25, 2023, agenda.



**Sonoma County Continuum of Care (CoC) Board  
Agenda for October 25, 2023  
1:00pm-5:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbjJ0UDNOcUhfQT09>

**Phone: 1 (669) 900-9128 Webinar ID: 992 6179 1880 Passcode: 650935**

#	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
	<b>Note: Items 1-3 below are proposed for adoption via one motion as the Consent Calendar.</b>	N/A		
1.	10/25/23 Agenda (Consent Calendar)	Draft Agenda	Staff	1:05pm
2.	Minutes from 9/27/23 (Consent Calendar)	Draft Minutes	Staff	
3.	Summary of Follow-ups from the Previous Meeting(s) (Consent Calendar)	Summary of Follow-ups	Staff	
4.	Reports from Lead Agency Staff <ul style="list-style-type: none"> <li>• NOFA Timeframe</li> <li>• CoC Board Elections Timeline</li> <li>• Subregional Outreach</li> <li>• Racial Equity Work</li> </ul> Potential ACTION ITEM	Staff Report for Reports from Lead Agency	Staff	1:25pm
5.	CoC Memorandum of Understanding Revisions ACTION ITEM	Staff Report on CoC MOU Revision	Staff	1:45pm
6.	Becoming a More Data-Informed System: Phase II - Data Visualization ACTION ITEM	Staff Report on Phase II – Data Visualization	Staff	2:00pm
7.	CoC Name Change Proposal ACTION ITEM	Staff Report on Name Change	Staff	2:30pm

8.	Service Provider Roundtable (SPR) Update (with presentation) Potential ACTION ITEM		Margaret Sluyk	2:40pm
9.	Word from the Street Potential ACTION ITEM		Chessy Etheridge	3:00pm
10.	10-minute break			3:10pm
11.	Long-term Funding Plan & Stella M Discussion Potential ACTION ITEM	Staff Report on Funding Plan and Stella M	Staff	3:20pm
12.	Response to HMIS Evaluation Issues Identified Potential ACTION ITEM	Staff Report on HMIS Evaluation Issues	Staff	3:50pm
13.	Reports from Standing Committees: <ul style="list-style-type: none"> <li>• Funding &amp; Evaluation Committee</li> <li>• HMIS Committee</li> <li>• CEA Committee</li> </ul> ACTION ITEM: Update to CE Policies & Procedures <ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> <li>• Lived Experience Advisory &amp; Planning Board (LEAP)</li> </ul> Potential ACTION ITEM	-CE Update  -Progress Update on SP Year 1 Priorities	Committee Representatives	4:05pm
14.	Review Agenda for Next CoC Board Meeting <ul style="list-style-type: none"> <li>• HHAP 5 Application</li> <li>• 2024/25 NOFA</li> </ul> Potential ACTION ITEM	Staff Report for DRAFT Agenda for <b>11/15/23 (Rescheduled mtg)</b>	Board Chair	4:30pm
15.	Board Member Questions & Comments Potential ACTION ITEM		Board Chair	4:45pm
16.	Public Comment on Items not on the Agenda		Board Chair	4:55pm

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email [Araceli.Rivera@sonoma-county.org](mailto: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 Board*



*members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.*



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

**Item No:** 2 (Consent Calendar)

**Subject:** Meeting Minutes 9/27/23

**Meeting Date:** 10/25/2023

**Staff Contact:** Araceli Rivera, Homeless Project Specialist, [Araceli.Rivera@sonoma-county.org](mailto:Araceli.Rivera@sonoma-county.org)

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**SUMMARY**

This staff report briefly summarizes the September 27, 2023, CoC Board Meeting Minutes. The attached meeting minutes contain all items discussed by the Continuum of Care Board at the September 27, 2023, CoC Board Meeting.

**RECOMMENDED ACTION(S)**

Approve CoC Board Meeting Minutes from September 27, 2023 CoC Board Meeting.



# Sonoma County Continuum of Care Board

## Continuum of Care Board Meeting Minutes

**DRAFT** Wednesday, September 27, 2023

1:00 – 5:00 p.m. Pacific Time – Meeting held by Zoom

Zoom Recording:

[https://sonomacounty.zoom.us/rec/share/akaeLzS9yF5zl4Cq\\_ZjvHKXEMI10GLceogrnMJQk9NdLvZ03s8Og\\_uut9\\_762erRi.vabA9FoVxceFKXRC](https://sonomacounty.zoom.us/rec/share/akaeLzS9yF5zl4Cq_ZjvHKXEMI10GLceogrnMJQk9NdLvZ03s8Og_uut9_762erRi.vabA9FoVxceFKXRC)

Passcode: JzW6#69t

### **Welcome and Roll Call (00:05:14 – 00:07:44)**

Dennis Pocekay called the meeting to order and went over the Zoom rules around public comment and Brown Act guidelines.

### **Present:**

Dennis Pocekay- City of Petaluma, Natalie Rogers- City of Santa Rosa, Ben Leroi- Santa Rosa Community Health Center, Margaret Sluyk- Reach For Home, , Kathleen Pozzi- Community Member, Martha Cheever-Community Development Commission Dot Iriks Proxy after 4pm, Cheyenne McConnell- TAY Representative, Una Glass-City of Sebastopol, Don Schwartz- City of Rohnert Park, Mark Krug-Burbank Housing, Ron Wellander- City of Sonoma, Dannielle Danforth-West County Community Services , Chris Coursey-BOS County of Sonoma, Jackie Elward-City of Rohnert Park, Chessy Etheridge-Community Member/ LEAP, Jennielynn Holmes- Catholic Charities,

**Absent:** Chris Keys, Redwood Gospel Mission

***A quorum was present.***

### **1. Approval of Consent Calendar (00:07:44 – 00:11:22)**

Don Schwartz requests to pull Agenda Item 3, “Summary of Follow-ups from the Previous Meetings.”

**Motion:** Una Glass moves to approve Consent Calendar 1, 2 and 4 with Item 3 removed.  
Natalie Rogers seconds.

**Public Comment:** none

**Abstentions or Objections:** None

**Motion approved** Discussion regarding Agenda Item 3: “Summary of Follow-ups from the Previous Meetings” **(11:30 – 1:00:12)**

Discussion regarding Agenda Item 3: “Summary of Follow-ups from the Previous Meetings” **(11:30 – 1:00:12)**

- Update on COC MOU going to BOS
- How does the County's IBM/Watson Care (aka Merative) interact with HMIS?
- Waitlist Status
- Adapted Petaluma Dashboard - FY22/23 Homelessness Data Sonoma County HMIS System
- Winter Warming Stations Update
- Long-term Funding Plan & Stella M Discussion

**Public Comment:** Colleen Halbohm

**5. Reports from Lead Agency Staff (01:00:13 – 01:06:42):**

- **CoC Funding Competition Application Submission:**

Michael Gause reported (on behalf of Karissa White) that the Continuum of Care Competition Consolidated Application will be submitted at the conclusion of today's meeting (10/25/2023). HUD has not previously required that the application be approved by the CoC Board, so that aspect was missed. It's already posted, so the Board is asked to approve this year's application today, but next year there will be a process for approval. In the future the Board could chose to approve, which may require an additional meeting about a week before the due-date, or the Board could designate either the collaborative applicant (DHS) or membership to approve. The Board should outline how they'd like to proceed in the next few months, as a charter revision will be necessary. Michael requests a motion to approve.

**Motion:** Una Glass moves to approve the application today, 10/25/2023, and to further consider whether to cede that responsibility to staff in the future. Chessy Etheridge seconds.

**Public Comment:** None

**Abstentions or Objections:** None

**Motion approved.**

- **CoC Board & Membership Meeting Schedule:**

- Alea Tantarelli reports that the November CoC Board Mtg is rescheduled to Wednesday, November 15<sup>th</sup>, 1-5 pm
- December CoC Board Mtg is rescheduled to Wednesday, December 20<sup>th</sup>, 1-5 pm
- Special CoC Membership Mtg. for new CoC Board member elections scheduled for Wednesday, December 13<sup>th</sup>, 1-3 pm

**Public Comment:** None

**6. Becoming a More Data-Informed System: Phase I – Identifying the Proper Data Elements (01:06:43 – 01:32:39):**

Michael Gause reported that a small internal group was formed in June 2023 to work on identifying data elements that could be used to improve the use of data to implement improvements to our system of care. Three phases were developed:

**Phase 1:** is to decide which elements should be used to evaluate both the system and program performance to inform program and funding decisions.

**Phase 2:** is a “visualization” piece that will help determine how to use the data to educate and inform the public. This presentation is planned for the October CoC Board meeting.

**Phase 3:** involves how the data will be used to inform system of care decisions in the next NOFA at the end of 2023 and early 2024.

Samantha Feld, Program Planning and Evaluation Analyst (PPEA) with DHS Administration, presented an overview of the project specifics and a glimpse into what will be covered in future meetings.

Clarification was provided that the “increased income” Program-Specific Performance Measure includes both earned income and income from any source, including public benefits.

**Motion:** Una Glass moves to adopt Phases 1-3 and move forward with the proposed Data-Informed System, Natalie Rogers seconds motion.

**Public Comment:** Teddi Pierce

**Abstentions or Objections:** None

**Motion approved.**

#### **7. Service Provider Roundtable (SPR) Update (01:32:40– 01:57:50):**

- Update from Margaret Sluyk:

The Roundtable received a presentation from Tom Bieri, Executive Director of Community Support Network, at the last meeting. Two providers are forming a workgroup to discuss coordinated care plans. The workgroup will identify information to help enhance service providers’ access to safety items, and to enable more effective and efficient service to clients. Providers will receive an email soliciting their input. Eventually, workgroup plans that necessitate a vote will come to the CoC Board and findings are also likely to be reported back to the Strategic Planning Committee.

Discussion topics also included Winter Shelters/inclement weather shelters lack of funding and regions that do not have plans. There is an upcoming meeting with the Department of Emergency Management (DEM) to help solidify and coordinate efforts.

The Roundtable also discussed ensuring fairness and consistency in procurement practices – keeping fairness as a system in mind with NOFAs, when obtaining services for people, and with procurement opportunities through the County.

- Annie Falandes from Homeless Action Sonoma, Inc., presented slides and provide background and progress of the new tiny home village in Sonoma.
  - There are 20 clients in the village. The houses are all painted and occupied. PG&E and sewer connections should be complete within the next 30 days. MOUs are in place with Sonoma Valley Community Health Care including dental and optometry, as well as an MOU with the Hanna Center for mental health evaluations.
  - Annie Falandes shared a success story of a client who graduated from a rehab facility in Sonoma Valley, has been in a sober living facility for a year, has a job and is doing very well.

**Public Comment:** Ludmilla Bade, Alethea Larson

#### **8. Word from the Street (01:57:51 – 01:59:45):**

Chessy Etheridge highlights a success story this month of a family of four, along with two cats and two dogs, that experienced illness resulting from a mold infestation in their house and were camping in their back yard. Between the coordinated efforts of Rapid Re-Housing, Coordinated Entry, Acts of Kindness, Sonoma County Housing Authority, SB Global, and Humane Society outreach, the family was able to be rehoused within 18 days, speaking to the effectiveness of the system within the community.

**Public Comment:** None

#### **9. 11 Minute Break (1:59:55 – 2:10:26)**

#### **10. CoC Communications Approach (02:10:27 – 02:40:49)**

Michael Gause presented a report on the progress of the CoC communications work as outlined in the Sonoma County 5 Year Strategic Plan to End Homelessness year- one priorities. The goal is to communicate promptly, consistently, and effectively using a variety of communications tools to share key messages and information and facilitate two-way communication between key officials within the system of care and the CoC Board, the County of Sonoma, cities, service providers, the media, the public, and persons experiencing homelessness or with Lived Experience in homelessness. A key focus will be on providing content that is accessible to all, especially those communities who are overrepresented in the

unhoused community. The DHS Ending Homelessness Team established an internal staff group to guide the communications effort.

Strategies include: Improved & updated website, Data dashboard, Regular and responsive social media posts, Monthly public forums (first one on October), Annual Homelessness Report, State-of-the-art 2-1-1 resource for persons experiencing, or at risk of homelessness, Continued feedback loop with LEAP Board, Start a Youth Action Board

Current Primary Areas of Focus: 1. Develop an improved and updated (and remediated for persons with enhanced access needs) Continuum of Care (and DHS/Homelessness Services Division) website. 2. Regularly scheduled social media posts, including graphics and curated video content

Andrew Akufo provided background, overview and shared presentation of Homelessness Services Division Social Media Communications, Andrew Akufo reports that he and Gilbert Martinez currently handle social media. A social media campaign was launched on September 12, 2023, postings are every Friday. Posts are currently scheduled through May 24, 2024. Social media posts are shared on the general County of Sonoma website, there is no specific page for homelessness.

Adam Siegenthaler reported on updates to the Homelessness Services Website Navigation and presented slides illustrating changes recently made to navigation details on the website. The focus for this update is on the ease of navigation. Changes and updates to layout, design, and content will be forthcoming.

**Motion:** Martha Cheever moves to approve the proposed approach to communication. Jackie Elward seconds motion.

**Public Comment:** Ludmilla Bade  
**Abstentions or Objections:** None

**Motion approved**

#### **11. Reports from Standing Committees (02:40:50 – 3:12:46):**

- **Funding and Evaluation Committee**

Teddi Pierce provided update: The F & E Committee is discussing difficult definitions, such as “new” versus “existing” programs and are close to completion.

Proposed charter amendments for the F & E clarify roles and responsibilities, which are anticipated to be coming to the CoC Board in December. A member responsibility sheet is being finalized, item is to help define what constitutes recusals and what defines a line-by-line recusal.

- **HMIS Committee:** Heather Sweet from SAY reported scheduling conflicts prevented seating a quorum last month so no meeting was held. Next month the committee will be looking at the Quarterly Compliance Checklist and reviewing any incompletions on the recent HMIS evaluation. The group will also review the new HUD standards that will impact agencies reports that are due to the CDC in October.
- **CEA Committee:** Thai Hilton presented background and update on the assessment and prioritization redesign. Technical Assistance, CE Lead and Staff presented proposed process. Meetings were held with stakeholder groups that interact with Coordinated Entry regularly. Each stakeholder selected individuals as representatives in the formation of an assessment and prioritization working group.

Feedback from community was provided and included Coordinated Entry system improvements in the referral process, interest in exploring different types of assessment tools, commitment to implementing equity, and widespread support to redesign the system and for transparency and community-led processes.

The goal of the 20-member working group be community-led, the lead agency will convene the working group and will provide monthly updates to the CEA Committee. Once a new assessment tool and prioritization process has been developed and tested, the lead agency will bring a proposal to the CEA and CoC Board.

- **Strategic Planning Committee:** Michael Gause and Thai Hilton provided update, the By Names List progress has been a bit slow, but development of the actual list is beginning. Meetings are on the 1<sup>st</sup> and 3<sup>rd</sup> Thursday of every month. The County-wide list is looking at data trends, whereas sub-regional lists focus more on client level. Michael Gause stated that system wide goal for adding 200 PSH beds and 100 non-congregate shelter beds is almost met, along with progress on almost all contracts CDC to DHS being transferred.
- **Lived Experience Advisory and Planning (LEAP) Board:** Rebekah Sammet provided update, stated twelve-member board with two open seats available. LEAP hosted a State of Homelessness discussion with Supervisor Gore and are scheduling a follow-up meeting, The Board provided a letter of support for the CoC application for Continuum of Care program competition. Two board members were selected to serve on the CEA Assessment and Prioritization Redesign Workgroup and two meetings were hosted with Homebase to learn about and help improve the

prioritization system and tool. In addition, LEA is also in the process of revising the LEAP Board application and undergoing Board training and development.

**Public Comment (on all committee reports):** None

**12. Quarterly Membership Meeting for October 19, 2023 (in person) (03:12:47 – 3:20:00):**

Araceli Rivera went over QMM agenda and reported that this will be the second in-person meeting QMM.

Topics/Trainings include Medi-Cal renewals for people experiencing homelessness, human trafficking, specifically of exploited children CSEC, Homeless Memorial Day and Continuum of Care Committee updates.

**Motion:** Natalie Rogers moves to approve the Quarterly Membership Meeting agenda. Una Glass seconds with the amendment that a fifth bullet point be added under Item 5 of the agenda, to include a general update on the progress of the Continuum of Care Board throughout the past quarter. Natalie Rogers accepts the amendment to her motion.

**Public Comment:** Ludmilla Bade  
**Abstentions or Objections:** None

**Motion passes.**

**13. October 25<sup>th</sup> Regular CoC Board Meeting Draft Agenda (03:20:01 – 03:21:18):**

Screen was shared for upcoming meeting Agenda review, no comments/suggestions from Board.

**Public Comment:** None

**14. Board Questions and Comments (03:21:19 – 03:21:39):**

None at this time.

**14. Public Comment on items not on the agenda (03:21:40 – 03:24:40):**

Ludmilla Bade

**4:19 PM: Meeting Adjourned**

## Sonoma County Continuum of Care Board Agenda Report

**Item No:** 3 (Consent Calendar)  
**Subject:** Summary of Follow-ups from the Previous Meeting(s)  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Dave Kiff, DHS Homelessness Services Division, Dave.Kiff@sonoma-county.org

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### Summary

At the previous meeting, CoC Board members and others asked for the Lead Agency staff to follow up on specific items. Staff summarized responses to present at the October 25<sup>th</sup> CoC Board meeting.

### Recommended Action(s)

No recommended action

### Discussion

At the previous meeting, CoC Board members and others asked for the Lead Agency staff to follow up on the following questions or comments.

- 1. Update on Bridge Housing:** Lead agency staff checked in with Dr. Jan Cobaleda-Kegler (Director of Behavioral Health within the Department of Health Services or “DHS”) to seek any updates on the State of California’s Behavioral Health Bridge Housing (referred to by the State as “BeeBee”) program’s implementation in Sonoma County. Currently, the County’s real estate staff members are discussing lease arrangements with a property owner. State BHBH staff and the County’s DHS staff will continue to update the Continuum of Care Board and the community about this important initiative as we learn more. As a reminder, the BHBH program is for persons with behavioral health and/or substance use disorder needs who are also homeless. The County’s submitted BHBH plan envisions allocating \$11.2M towards a facility or facilities (likely to be run by a 3<sup>rd</sup> party operator) that provides interim housing and treatment for the targeted population.
  
- 2. Tracking the highest need population:** At the September 2023 Continuum of Care Board meeting, the Board discussed the issue of high-needs clients who may have too many behavioral health or primary health issues that place them beyond the capacity of the system’s permanent supportive housing units and providers. These are individuals who today may not be served well at the region’s PSH and who need either intensive residential board and care services or PSH with more extensive services and supervision. At the

October 2, 2023, bi-monthly in person meeting of service providers and Lead Agency staff, the group discussed this strategy to move forward to research this issue further:

- i. Use the county-wide By Names List (BNL) group to develop a list (and count) of individuals who service providers believe are beyond the current system's level of care.
- ii. Present that information to decision makers in the county, including county government, hospital and behavioral health care leaders. We'd ask for cooperative action on possible solutions (which generally means more residential care facilities, more service staff, and more funding); and
- iii. Pledge to work collaboratively to achieve the program expansion.

**3. Request to CDC for CoC to consult on CTAC Funding:** The EH Team meets monthly with the Compliance Team from CDC to discuss collaboration on issues related to the CoC and CTAC/CD Committees. On October 17, staff met with the CDC Compliance team to discuss upcoming funding opportunities. The CDC estimates their annual NOFA will be released in late 2023 with consultation from the CoC Board targeted for February 2024. Additionally, the CDC noted that the CTAC asked for CoC Board consultation on the annual Consolidated Annual Performance and Evaluation report (CAPER) in 2024.

**4. Final Approved Data Elements:**

To wrap up Phase I (Identifying the Proper Data Elements) staff have included a final set of the approved CoC System and Program Performance measures found here:

<https://share.sonoma-county.org/link/eNuhlsLq-cs/>

Additionally, below are the comments and recommendations shared at the CoC meeting on 9/27/23 with staff responses.

**Feedback on Performance Measures Proposal from CoC Board Meeting on 9/27/23 with Responses:**

- Would like to see longer term trends presented beyond 12 months. **Response:** We anticipate presenting trends over time (beyond 12 months) and this will be fleshed out further in the next stage of this effort when we're focusing on visualization.
- For performance measures related to income, suggestion made to separate out earned vs. unearned income into 2 different measures. **Response:** income-related measures have been revised to include two sets of measures, with one measure capturing earned income from employment and a separate measure capturing unearned income (i.e., non-employment cash income).
- Recommendation made to add a measure capturing the reasons people became homeless. **Response:** this is captured annually via the Point in Time count. There is

nothing existing in HMIS for this, so that would have to be built out, and it is not clear to staff how this information could be better captured via HMIS.

- Recommendation made to see outcomes disaggregated by vulnerability score. **Response:** this could be considered in the future, after adoption of a new assessment tool, and as refinements are made to the PMs.
- Feedback shared that data quality issues should be addressed. **Response:** when reporting on measures where data quality falls below a certain threshold (e.g., >10% missing data, with the specific threshold to be determined), this will be noted in the reporting. Generally, our data quality scores are very good, but we will continue to monitor and identify data quality concerns. Additionally, projects are scored in the CoC funding competition on data quality, and we anticipate data quality to be part of scoring for the local '24-'25 NOFA as well.

5. **CoC Communications Collaboration & Alignment with Cities:** Lead Agency staff will begin attending regional Public Information Officer meetings (PIO), consisting of communication managers from various cities in Sonoma County. Lead Agency staff will present the CoC's communications plan and social media campaign calendar to the regional PIO's on October 23, 2023, at 3pm as well as discuss effective means to promote programs, events and share information. Lead Agency staff has also collected all of the contact information for City PIOs.
6. **Update on MOU Going to BOS for Approval:** The latest MOU revisions are an item in this month's CoC Board meeting (Item #5). After CoC Board direction, these MOUs will be sent to the DHS Director and the County Administrator with revisions.
7. **Warming Centers Update:** Lead Agency staff has a meeting set with other County staff (including the County Department of Emergency Management) to discuss this issue and get further guidance on the County's response to the FY 2022-23 Grand Jury report on warming and cooling centers). We will involve City representatives in that discussion following an internal meeting and will report back to the Continuum of Care Board via email. As of the date of this writing, no new funding has been budgeted at the County level for warming centers.
8. **Waitlists for Housing Authorities, Merative:** Lead Agency staff believes that at least two questions came up at recent meetings about the region's two housing authorities and housing choice voucher lotteries:
  - i. **Wait List Lottery.** The Sonoma County Housing Authority's (SCHA) housing voucher wait list lottery is open now (the term lottery refers to how a person's name can be selected via lottery and then placed on the formal Wait List – those who make it to the Wait List

have good chance of receiving a Housing Choice Voucher within a year or so) through October 31, 2023. Information about the SCHA's wait list lottery is [here](#). The City of Santa Rosa Housing Authority's (SRHA) housing choice voucher waitlist is currently closed. It was last opened in summer 2023. Information about SRHA's Housing Choice Voucher program can be found [here](#).

- ii. **Merative (formerly IBM Watson Care) draws information from the SCHA regarding housing voucher information. Does it do the same for clients on the SRHA?** This requires further research as of the date of this follow-up report.

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

**Item No:** 4

**Subject:** Report from the Lead Agency

1. NOFA Timeframe
2. CoC Board Elections Timeline
3. Subregional Outreach
4. Racial Equity Work

**Meeting Date:** October 25, 2023

**Staff Contacts:** Karissa White, [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org)

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**1 – NOFA Timeframe:**

Staff will have a completed first draft of the FY 24-25 NOFA completed the week of October 23<sup>rd</sup>. Scoring tools to accompany the NOFA are being revised in a working group of the Funding and Evaluation Committee with a target date of completion the week of October 23<sup>rd</sup> to accompany the NOFA along with supporting questionnaires and documents.

Timeline:

1. Draft NOFA Finalized Internally and F/E Subcommittee Finalizes Scoring Tools – Week of October 23<sup>rd</sup>
2. F/E Committee Review of NOFA and Scoring Tools – November 9<sup>th</sup>, 2023
3. CoC Board Review of NOFA and Scoring Tools – November 15, 2023 (Target Date)
4. Additional Review of NOFA Revisions (if needed) – November 15<sup>th</sup> – December 1<sup>st</sup>, 2023
5. NOFA Release – December 11<sup>th</sup>
6. Applications Due – January 22, 2024
7. Review of Applications and Recommendations – February – April 2024

This timeline is subject to change per F/E Committee and CoC Board direction.

**2 – CoC Board Elections Timeline:**

- CoC Board member elections will be held to fill:
  - 1 Tribal seat (The tribal seat will be voted on at a later date by tribal members and *not* the general CoC Voting Membership).
  - 1 At-large seat

- 1 Homeless Service Provider seat
- 1 Licensed Health Care Organization seat.
- Terms are up for Chris Keys (at-large), Kathleen Pozzi (at-large), Mark Krug (homeless service provider) and Ben Leroi (licensed health care organizations)
- *November 8th* is the last day to submit applications to vote in this year’s election.
- CoC Board Nominations are open *November 1st – 29th*
- CoC voting members need to confirm the email address provided and that the person listed is the correct person to represent the voting organization by *December 6th*
- All voting members names and organizations will be posted on the CoC website after *December 6th*
- All CoC Board member nominations and applications will be posted on the CoC website by *December 8th*
- The CoC Board election will take place virtually on *December 13th from 1-3:30pm.*

**3 – Subregional Outreach: Draft**

**Subregional Outreach approach**

[Current approach](#)

SP teams are funded by several entities including the CoC. Currently there is little coordination between street outreach (SO) teams in Sonoma County. Some SO teams operate in specific regions of the county while others operate throughout the county. There is no organized approach or standards to what SO teams do other than the details outlined in their funding agreements from the CoC. There is also disagreement on what the role of SO is.

Because of this lack of coordination between funders and SO teams, there are gaps in coverage in some areas of the county (Sonoma Valley, West County). At the same time there is duplication of efforts with some clients being engaged by multiple SO teams at the same time.

[Current outreach inventory](#)

Below is the current inventory of SO in the county. The teams are broken out first by regionally specific teams, then by county-wide outreach teams and finally by population specific teams. Please note that the numbers listed below are for allocated positions. Not all these positions are currently filled. Additionally, HOST is currently listed as a subregional team for Santa Rosa as they spend a lot of their time in Santa Rosa, but they are a county-wide team currently.

**Regionally Specific outreach teams**

Region	Agency	# of positions
Rohnert Park	Catholic Charites (HOST)	3
Santa Rosa	Catholic Charities (HOST)	9

South County	HomeFirst	4
West County	WCCS	3
North County	RFH	3
Sonoma Valley	None	1

**County-wide outreach teams**

<b>Team</b>	<b>Agency</b>	<b># of positions</b>
HEART	DHS	4
Family Justice Center	Family Justice Center	1
SAVS	SAVS	3
Coordinated Entry	HomeFirst	2

**Population Specific outreach teams**

<b>Population</b>	<b>Agency</b>	<b># of positions</b>
Veterans	Nation’s Finest	2
Transitional-aged youth	SAY	5
Veterans	VA	1

**Subregional approach**

In this approach, SO teams are assigned to specific regions within Sonoma County. Each SO worker holds a caseload of 20-25 individuals. The goal is to have 50% of unsheltered individuals on a caseload. SO workers are responsible for assessing and enrolling clients into CE, gather data about clients, coordinating with subregional By Names Lists (BNL) managers, helping clients get document ready and ultimately helping unsheltered clients develop housing plans and move into housing.

**Need**

Outreach needs to be expanded in some regions of the county to achieve this goal. Currently, north county and south county have enough SO positions allocated to meet the 50% goal, all other subregions would need to have SO positions added. There are roughly 26 SO staff in the county. This does not include HEART/SOUL, county-wide SO teams or any of the population specific SO providers except SAY’s TAY outreach. To reach the 50% goal, 13 additional SO positions would need to be added. This number could be reduced to 10 if SAVS were directed to become a regionally-specific SO provider.

## Cost

	Unsheltered 2023	Sheltered 2023	Total 2023	50% of unsheltered	Regional Management	Current outreach staff	Outreach needed to meet 20:1 ratio *rounded	Positions needed	Outreach cost	Regional Subtotal	Current outreach spending
North County	103	15	118	51.5	\$ 105,000.00	3	3	0	\$ 315,000.00	\$ 420,000.00	
RP	180	75	255	90	\$ 105,000.00	3	5	2	\$ 525,000.00	\$ 630,000.00	
South County	157	88	245	78.5	\$ 105,000.00	4	4	0	\$ 420,000.00	\$ 525,000.00	
West County	143	70	213	71.5	\$ 105,000.00	3	4	1	\$ 420,000.00	\$ 525,000.00	
Santa Rosa	599	695	1294	299.5	\$ 105,000.00	9	15	6	\$ 1,575,000.00	\$ 1,680,000.00	
Sonoma Valley	109	20	129	54.5	\$ 105,000.00	1	3	2	\$ 315,000.00	\$ 420,000.00	
TAY	268	26	294	134	N/A	5	7	2	\$ 735,000.00		
<b>Totals</b>	<b>1559</b>	<b>989</b>	<b>2548</b>	<b>779.5</b>	<b>\$ 630,000.00</b>	<b>28</b>	<b>41</b>	<b>13</b>	<b>\$ 4,305,000.00</b>		<b>\$3,970,000.00</b>

The table above was made using 2023 Point-in-time data. Cost for staff positions was developed using feedback from providers. Each SO position is estimated to cost \$105,000.00. This is base pay, benefits and overhead. The cost of this approach is roughly \$4.3 million annually. Currently, the total cost of outreach, regardless of funder, for the county is roughly \$3.97 million annually. Note that this assumes HOST is a Santa Rosa specific team. It does not change the role of HEART/SOUL. It also assumes that SAVS remains a county-wide team and that the population specific teams maintain their roles. It also assumes that SAY's outreach takes on a caseload approach of 20:1 for 50% of the unsheltered TAY. This estimate includes the BNL managers who will coordinate SO within their region.

## Coordination and Linkages

An essential component of the subregional outreach approach is coordination with sub-regional BNL managers. SO teams will participate in case conferencing meetings to share information about clients and problem solve barriers. Subregional BNL managers will help coordinate caseloads and provide direction on for action steps for clients. Sub-regional BNL managers will develop partnerships with non-traditional partners (mobile support teams, law enforcement, parks rangers etc.) in their subregions. Subregional BNL managers will also participate in county-wide BNL meetings. This will facilitate in "transferring" an individual from one BNL to another if they move throughout the county. SO teams and BNL managers will also coordinate with IMDT and VA by participating in their BNL meetings.

## Data Tracking

Subregional BNLs have not selected the software that they will use for their BNLs. Some have indicated that they will use HMIS while others have indicated that they will use some HMIS data but will also manually build their lists outside HMIS. Staff believes that HMIS should be used. Managing large lists manually is not ideal. Some have stated that they feel HMIS data entry is cumbersome as their reason for not wanting to use it.

## Releases of information

There are 2 releases of information for homeless services in Sonoma County. The IMDT release and the CE/HMIS release. There are no plans to combine these releases. These releases will allow data sharing during case conferencing.

Pros and Cons of subregional outreach approach

Pros	Cons
Ensures geographic coverage assuming there is enough SO staff in place.	Some sub-regions without existing SO teams will have to develop them. (Sonoma Valley)
Avoids duplication	Not all outreach teams are regionally specific. (HOST/ SAVS/IMDT)
Approach is housing focused. SO is used to prepare individuals for housing by assisting with document readiness.	Does not align with the goals of all SO providers. Some SO providers have expressed concern about this approach because they view the goal of SO as addressing survival needs rather than coordinating flow into permanent housing.
Will aid in the dynamic prioritization process that Coordinated Entry is implementing	Some SO providers want to choose who to serve & don't want to take direction from BNL managers/ Coordinated Entry
This approach is predicted to result in more success than the current system for vulnerable chronically homeless population, who require repeated and intense contact to build relationships.	Limited applicability: SO has several funders. The goals of these funders would need to be aligned.
Increased system flow as outreach is directed by subregional leads who are plugged into the broader housing process rather than the current, random engagement strategy.	

Addressing concerns/cons

Underserved regions

Street outreach funding can be prioritized for funding. For the immediate term, county-wide SO teams can be directed to underserved regions. SAVS does not have a subregion. They could be directed to Santa Rosa or Sonoma Valley.

Coordination with population specific SO teams

BNL case conferencing will facilitate coordination with teams that serve specific populations.

Misalignment with goals of different SO teams

Grassroots street outreach teams provide valuable services to unsheltered individuals. Generally, these teams address the immediate needs of unsheltered individuals. However, these teams are not coordinated with CoC-funded SO teams. Rohnert Park leverages their grassroots SO team by coordinating with HOST. The grassroots team provides goods, helps develop rapport with clients and encourages engagement with the homeless service system. HOST provides CE enrollment and service navigation.

Another option to address this issue is to have the SO teams dedicate a portion of their time to meeting the immediate needs of clients. Staff does not think there is actually conflict in the approaches. A caseload approach focused on moving people into housing isn't in conflict with meeting immediate

needs. If someone has an assigned case manager that can focus better on both of these goals rather than being pulled in too many directions. Caseloads allow SO workers to focus on the immediate needs of highly vulnerable clients better as they work towards getting into housing.

Individuals not on a caseload

SO teams can still provide general outreach to individuals not on a caseload at specific times and places. South County SO dedicates several hours a week to general outreach. Grassroots SO teams can also be leveraged. These teams can help develop rapport with clients and can coordinate warm handoffs to clients interested in services. This is a valid concern, but this approach will result in faster system flow which means people not on a caseload will be able to receive services before long.

Limited applicability

The CoC could ask that cities and other entities who fund outreach to adhere to this model and the standards that are being developed.

Outstanding questions

- 1) We need to determine what services to offer those not on a caseload and how much time should be dedicated to that.
- 2) Some SO teams receive funding from multiple sources so buy in is needed across funders.
- 3) Some of what SO does is offer services to encampments. We would need to determine what services to offer to encampments and how much time SO should be dedicated to addressing encampments.

Recommendations

Given the lack of coordination in SO, changes should be made to the current approach. The fact that the community simultaneously doesn't offer outreach to some areas while duplicating services in others is a concern. Staff recommends aligning the goals of SO across the CoC and eliminating roving SO teams that do not serve a specific population.

SO team should become more housing focused. They should be directed to collaborate with subregional BNLs and they should be assisting with getting clients ready for housing. Currently housing readiness falls on housing providers some of whom are not well versed in reaching out to clients and in some cases are not homeless-service providers. This causes delays in getting people into housing, contributes to higher rejection rates and contributes to the broader system flow's sticking points. One of the current sticking points is the time between housing referral and move in.

This board could consider a phased approach to this model. Initial steps could include requesting specific SO proposals to serve underserved areas and directing SO teams to hold caseloads that they coordinate with BNL managers in their subregion. BNLs will attempt to track clients time through the housing process. This will provide data on the impact of increasing SO.

#### **4 – Racial Equity Work**

In January of 2023, the Sonoma County Department of Health Services (SCDHS) staff began working with technical assistance (TA) providers, provided by the California Department of Housing & Community Development through California's ESG-CV Program. TA provided included three specific areas to address racial inequities within our homeless system of care, including creating an equitable approach to working with tribal nations, Coordinated Entry System assessment/prioritization review and recommendations for change with a racial equity lens, and the incorporation of racial equity throughout the CoC. To access the full plan of TA provided to our CoC, please use the following link (previously provided in March of 2023): <https://share.sonoma-county.org/link/i5F6YUNhHNI/>

Although Technical assistance provided came to an end on September 30<sup>th</sup>, SCDHS staff are continuing these efforts to create a more equitable system. The following is an update on accomplishments and continued efforts to address the disparities within the provision of our service and housing:

### **Racial Equity Workgroup**

TA was provided by HomeBase and Racial Equity Partners (REP) consultants, aiming to support multiple efforts (aligned with the Sonoma County CoC 2023-2027 Strategic Plan), including the centering of racial equity to reduce racial disparities across the homeless system of care. As part of this effort, the scope of the TA included facilitating the initial convening of a Sonoma County CoC Racial Equity Workgroup, expanding racial equity knowledge with CoC-wide foundational trainings on Cultural Humility and Belonging and Trauma-informed Racial Equity, and completing a CoC-wide racial equity survey to begin to identify the needs and gaps in the system- as identified by the community and supported by existing CoC homelessness data.

Survey and Assessment: This initial assessment, led by REP, primarily focused on gathering feedback from the broader CoC via an online survey (including organizational staff, community-members, and people with lived experience), reviewing the CoC Strategic plan and system documents, as well as conducting process observations during this consulting engagement (including training outcomes such as number of attendees and post-training feedback). All activities were guided by the initial Racial Equity Workgroup convened for this initiative. Access the survey results and full report "Racial Equity Efforts: An Initial Assessment," completed by Racial Equity Partners TA: [\\_\\_\\_\\_\\_](#)

CoCs Racial Equity Workgroup: The group is currently meeting once per month. The October meeting will be the first meeting, since formed, in which REP consultants are no longer facilitating. During the October meeting, the group will discuss the Racial Equity Assessment and Survey report to develop year-one priorities based on the findings in the report, and will also be discussing targeted outreach to those BIPOC-led/serving organizations that are not currently active in our CoC efforts through membership.

### **Coordinated Entry System**

The working group for the redesign efforts of assessment and prioritization has been established with the hope of holding its first meeting in November. A full presentation with updates was previously provided to the CoC Board on this item.

### **Tribal Engagement Efforts**

As noted in the CoC Board staff report for agenda item 11 in the July meeting materials, the TA provider held 4 separate workshops for members of the CoC regarding cultural competency as it relates to indigenous peoples, each session including a tribal speaker. On July 26, 2023, the CoC Board formally approved the redesignation of an at-large CoC Board seat to become a designated tribal. This was a significant step towards addressing those who identify as American Indians, Alaska Native, or Indigenous in our homeless system of care, the population with the largest disparities when compared to the general population. As approved during the July meeting, SCDHS staff have been working on engagement with local Tribal Entities interested in partnering with the CoC to develop a recommendation on how this seat is either elected or appointed to be provided for CoC Board approval at a future meeting.

Two meetings have been held thus far, which included SCDHS staff and the CoC Board chair. One of which was held in a hybrid meeting fashion at Dry Creek Rancheria, with a number of tribal organizations and tribal nations in attendance. There are four individuals currently working on creating a committee to oversee this process, messaging tribal leaders about this opportunity, creating an application form, and solidifying a recommendation to fill the seat (including the oversight body that will approve applications) to bring back to the CoC Board. SCDHS staff also created a document explaining what the CoC is, the CoC Board, Membership, Committees, etc. This document was shared to increase participation from tribal organizations/nations to be more involved with our CoC efforts.

To access the Sonoma County Tribal Engagement Handbook, created by Reddy Anthropology Consulting, Inc. TA: [https://share.sonoma-county.org/link/vxJEoH970\\_A/](https://share.sonoma-county.org/link/vxJEoH970_A/)

### **Department of Health Services Equity Circle**

In addition to the CoC- wide efforts listed above, select CoC SCDHS staff members are simultaneously participating in efforts to address racial equity in the SCDHS Equity Circle, which has included a series of trainings (with more to come), working closely with the County of Sonoma Office of Equity.



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

**Item No:** 5

**Subject:** CoC MOU Revisions

**Meeting Date:** October 25, 2023

**Staff Contacts:** Karissa White, Continuum of Care Coordinator, [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org)  
Michael Gause, Ending Homelessness Manager, [Michael.Gause@sonoma-county.org](mailto:Michael.Gause@sonoma-county.org)

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**SUMMARY**

The Sonoma County Department of Health Services, as the CoC's designated Collaborative Applicant for the Continuum of Care Program, is recommending the CoC Board revise the CoC's Lead Agency and CoC's Collaborative Applicant memorandum of understanding (MOU) between the Sonoma County Continuum of Care and the County of Sonoma.

The proposed revisions would allow the CoC's Collaborative Applicant to approve the annual CoC Consolidated Application on behalf of the Sonoma County CoC.

The MOU's are currently being reviewed with the changes in leadership at the County Administrator's Office and the Lead Agency/Collaborative Applicant. After the CoC Board's decision on this item, the revised documents will be sent to the County Administrator, Christina Rivera, and Health Services Director, Tina Rivera, for approval, followed by the Sonoma County Board of Supervisors for final approval.

**RECOMMENDED ACTION(S)**

Designate the Continuum of Care's Collaborative Applicant to approve the CoC Program annual Consolidated Application for funding to HUD on behalf of the CoC, including the revisions to the MOU (as shown in Attachment A & B), to be adopted in the CoC's Governance Charter.

**DISCUSSION**

The U.S. Department of Urban Development (HUD) requires an annual submission of a scored application for funding, also known as the Consolidated Application, for the Continuum of Care Program Competition. As noted in the addendum to the September CoC Board packet, in 2023,

HUD defined in their application instructions, for the first time, that CoC's must formally designate the authority to approve the application:

"Your CoC may designate the CoC board, a committee, or the Collaborative Applicant to approve the application or your CoC may approve the application at a full CoC membership meeting in accordance with conflict-of-interest provisions at 24 CFR 578.95."

Prior to this year's CoC Program funding competition, the CoC Collaborative Applicant had historically approved all the application submissions, with the posing requirements, and noticed the community and CoC Board welcoming feedback to the application. The sole reason for the Collaborative Applicant approval authority recommendation relates to the timing to finalize the application for submission, and the time it would take to set up an additional public meeting.

The Consolidated Application requires the Collaborative Applicant to answer complex questions, explaining the work the CoC has done since the last funding competition, and has multiple part questions with character limits. This requires staff to contact community partners for updated and/or new information, assignment of certain sections to staff with the expertise of the topics, cutting down each section to the 2,500 character limit (which takes quite a bit of time), several attachments, CoC Coordinator review, CoC Manager review, and posting of the application two days before the application is due to HUD. No late applications are accepted, and a late submission would result in the loss of the CoC's Annual Renewal Demand, which this year is approximately \$4.2 million.

HUD strongly encourages CoC's to submit their applications 24-48 hours before the due date. This is because the electronic grant submission system, e-snaps, often has issues with the more people that use it. Given the posting requirements, the Collaborative Applicant would have to have the application completed for posting at least one to two weeks prior to the submission deadline if there was a requirement for approval in a public meeting. This would significantly reduce the amount of staff time dedicated to completing the application as thoroughly as possible.

As a reminder, the Collaborative Application is only one part of the funding competition. A thorough process is completed to evaluate each renewal and new project, through an evaluation group as approved by the CoC Board as a significant part of this competition for funding. In addition, the CoC Collaborative Applicant staff spend a significant amount of time helping providers with their applications in the e-snaps submission system after the CoC Board has already approved the projects.

These funds are highly competitive, and how well our community does on the application, our system performance, our project review and selection process, and how much funding is available via HUD's CoC Program, are all factors in whether our CoC will receive an increased Annual Renewal Demand (ARD) from HUD.

If at any point the CoC Board has concerns over the Collaborative Applicants' performance or application submission, the MOU can be revised per the "Amendments and Notices" section of the agreements.

Please see Attachment A and B on the following pages for the recommended revision sections.

If you wish to review the full MOUs, you can access the information by using the following link:  
<https://share.sonoma-county.org/link/Wsu1U7sg1BE/>

Attachment A

**COLLABORATIVE APPLICANT- EXCERPT REQUEST FOR REVISION**

Memorandum of Understanding Between

Sonoma County Continuum of Care (CA-504)

And

The County of Sonoma

First Section for revision:

**ROLES AND RESPONSIBILITIES OF THE COUNTY, IN ITS ROLE AS COLLABORATIVE APPLICANT:**

**Section 1.f.**

Previous language:

Preparing the application for CoC Board approval.

Recommended change:

Preparing and approving the CoC Program Consolidated Application on behalf of the CoC.

Second Section for revision:

**ROLES AND RESPONSIBILITIES OF THE CONTINUUM OF CARE WITH REGARD TO THE COLLABORATIVE APPLICANT:**

**Section 4.**

Previous language:

Review and approve the funding application and response to HUD's annual CoC Program NOFO for homelessness assistance resources.

Recommended change:

Review the annual CoC Program Consolidated Application submission and response to HUD's annual CoC Program NOFO for homelessness assistance resources.

Attachment B

**LEAD AGENCY- EXCERPT REQUEST FOR REVISION**

Memorandum of Understanding Between  
Sonoma County Continuum of Care (CA-504)  
And  
The County of Sonoma

First section for revision:

**ROLES AND RESPONSIBILITIES OF THE CONTINUUM OF CARE WITH REGARD TO THE LEAD AGENCY:**

**Section 7.**

Previous language:

Review and approve the annual HUD Homeless Assistance application, the Annual Point-in-Time Count, and the Housing Inventory Count

Recommended language:

Review the annual HUD CoC Program Consolidated Application as approved by the Collaborative Applicant, the Annual Point-in-Time Count, and the Housing Inventory Count

## Sonoma County Continuum of Care Board Agenda Report

**Item No:** 6  
**Subject:** Becoming a More Data-Informed System – Phase II (Data Visualization)  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Dave Kiff, DHS Homelessness Services Division, Dave.Kiff@sonoma-county.org

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### Summary

At the previous meeting, Lead agency staff presented information about Phase I of this effort, which was selecting which data points to follow and monitor. This Phase II discussion asks the Board for direction as to how to present and visualize the data on the web and other materials.

### Recommended Action(s)

Approve the “Do’s and Don’ts” approach to Data Visualization recommended by staff to:

- Do use another CoC’s data presentation model (such as King County WA, Metro Dallas, or Alameda County) as a base, but don’t stick to that. Flexibility is important, and what we land on now may not be perfect.
- Do use our Sonoma County team’s experience to improve upon a solid model, using the HDE Team’s data visualization principles like:
  - Fast – there should be only limited lags in screen loading time.
  - Actionable – telling the viewer what to do next.
  - Beautiful – limit distractions, including distracting colors. There should be more data, less ink ([“data-ink” ratio](#)).
  - Visual – draw user attention to the most important data factors.
  - Interactive – users can interact with the data that is most important to them.
  - Simple – present only relevant information in a clear manner, and don’t place all data on one page.
- Do show trends over time (12, 24, or 36 months or more).
- Do include an “insights” section that expresses some interpretation of the data for readers (as Petaluma does).
- Do integrate this with Sonoma County’s [Community Health Dashboard](#) (CHD), but do so in a manner that respects the independence of the Continuum of Care’s specific needs and interests (i.e. don’t force the homelessness data to work within the CHD, and don’t force the CHD to skew its format and purpose based on CoC needs).

- Do assume that there will be multiple audiences for this information – including the general public, the CoC Board and highly involved readers, service providers, and more. This could mean that there are also different ways of sharing information (including what to share) with different stakeholders (i.e. in some cases general data would go via a staff report annually to the public and CoC General Membership. In other cases, very granular information like provider-level measures may be shared off of a public-facing dashboard).
- Do solicit feedback from stakeholders, including service providers and people with lived experience, throughout the process of building out the main dashboard.
- Do prioritize the data this way:
  - Include high level System Performance data (from Phase I) as the lead visual item and as the first priority.
  - Include PIT Count and program level performance measurement data (also from Phase I) as the next click. Add in some goal measurements from the strategic plan (like Santa Clara does) as well as System funding information (like Alameda does).
  - Don't do harm. If the Board decides to include provider-level information, it must be done in a manner that respects variance in client cohorts, and that “does no harm” to good programs serving hard-to-serve clients.

If the approach above is approved, Lead Agency staff will begin work on our data design.

## Discussion

This item is Phase II of a three-phased pathway to having the Continuum of Care and its programs and policies become more data-informed. The phases are as follows:

***Phase I – What performance measurements should be used to study the Homeless System of Care, its Programs, and Providers? Status: Resolved and adopted by the Continuum of Care board on September 27, 2023.***

***Phase II – Data Visualization – How should data be displayed to be visually interesting, accessible and transparent, and useful to the public and to decision-makers? Status: Concepts presented at the October 25, 2023 Board meeting.***

***Phase III – Using Data to Advise the System – how do we adjust and improve system elements to maximize outcomes, address inequities, identify and plug gaps, and more? Status: to be worked on November – January 2023-24, in part within new NOFA***

To embark upon this, we first set up a team internal to DHS. The DHS Team that worked on Phase II included:

- Ending Homelessness (EH) team staff:

- Michael Gause
- Thai Hilton
- Andrew Akufo
- Daniel Overbury-Howland
- Adam Siegenthaler
- Dave Kiff
- DHS Health Policy, Planning, and Equity (HPPE) staff:
  - Alea Tantarelli
- DHS Health Data and Epidemiology (HDE) staff:
  - Kate Pack
  - Samantha Feld
  - Shannon Mohler

Second, we looked at other CoCs' data presentations in an attempt to mirror a location that does this well. Most if not all used Public Tableau or Microsoft Power BI as platforms. The sites we looked at were:

- Alameda County, CA – [Homelessness Solutions in Alameda County](#)
- Bakersfield and Kern County, CA – their [System Performance and Stakeholder Update](#) as well as their SPM [Fact Sheet](#).
- King County, WA – [King County Regional Homelessness Authority](#)
- Los Angeles City and County – [LA Homelessness Services Authority](#)
- Metropolitan Dallas, TX – the [Metro Dallas Homeless Alliance](#)
- Petaluma, CA – [Data Dashboard](#) for the Petaluma Homeless Action Plan
- Santa Clara County, CA ([Update to the Santa Clara County Community Plan to End Homelessness](#)) as well as [Destination Home](#)
- Sonoma County, CA ([Community Health Dashboard](#))
- [Washington](#) (State)

We asked ourselves questions like:

- What's easy to read and understand?
- Assuming we want some depth, what site does depth well?
- Is it Public Tableau or Power BI (does that matter?)
- What is more of a short info piece versus what is a more robust presentation (and should we do both)?
- What is Built for Zero-ish and what is not (and does that matter?).

Third, we reviewed appropriate data points to highlight, and in what manner. We recommended:

1. Focus on System Performance measures first. Display them prominently so that they are first seen on the page – “above the fold” if it were a newspaper) with narratives to explain what’s being shown, such as:
  - i. Homelessness Inflows and Outflows
  - ii. Length of Time Homeless
  - iii. Returns to Homelessness / Homeless Recidivism
  - iv. Exits to Permanent Housing
  - v. Increases in Income – via Employment
  - vi. Increases in income – via securing benefits and other non-employment methods
  
2. After a click, allow users to take a deeper dive into program performance measures and other information, again with narratives explaining what’s being shown, such as:
  - i. Point in Time Count data, over time.
  - ii. The # of housing or intervention units needed to reach our Strategic Plan goals (including where we are now with the Plan goals)
  - iii. How system funding works (Alameda provides this information transparently)
  - iv. The program performance metrics adopted by the CoC Board, such as for Rapid Rehousing, Emergency Shelter, Permanent Supportive Housing, and more.
  - v. If appropriate and with context, consider providing provider level data of the above
  - vi. Provide robust equity and demographic information across the system and its programs, especially as they relate to housing outcomes.

**Where we landed.** Generally, the input from the team was as follows:

- We liked aspects of the presentations of Alameda, Dallas, and King County, for different reasons.
- We liked the organization of the County CH Dashboard, including its clear layout and navigation.
- We liked the insights of the Petaluma presentation, and saw how the CHD’s format would allow this, too.
- The color scheme of King County was more in-line with data visualization principles.
- We do like how the Santa Clara Destination Home site humanizes the data, tells a story, gets at root causes (inequality, racism, etc.), and uplifts solutions.
- We felt that we could take the best aspects of the above and provide a quality local product.

We also asked for early input from CoC board members and general members who had shown extra interest in this issue in the past, including Dennis Pocekay, Jennielynn Holmes, Hunter Scott, Manny Galvan, Una Glass, and Don Schwartz.

**Conclusion.** As a result of the above, we are pleased to offer the recommendations listed at the start of this staff report.

**Attachment A**

Examples

Examples for Alameda County, Petaluma, Santa Clara County – Destination Home, King County WA, Dallas – Lead Dashboard, Sonoma County Community Health Dashboard (CHD) can be found here: <https://share.sonoma-county.org/link/2KVUIYKDDLQ/>

## Sonoma County Continuum of Care Board Agenda Report

**Item No:** 7  
**Subject:** CoC Name Change Proposal  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Dave Kiff, DHS Homelessness Services Division, Dave.Kiff@sonoma-county.org

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### Summary

At the August 23<sup>rd</sup> CoC Board meeting staff discussed whether a name change could help the Continuum of Care alleviate confusion and improve public understanding of what we do. Staff was asked to come back to the CoC Board with some ideas.

### Recommended Action(s)

Select one of the below:

- 1 – Identify and approve a name change for the Continuum of Care; or
- 2 - Continue using the Continuum of Care name.

### Discussion

The lead agency believes that the Continuum of Care (CoC) should consider changing its name. The “Continuum of Care” name is confusing for lead agency staff, providers, and the public. CoC most directly refers to a [specific funding stream](#) from US Housing and Urban Development (US HUD) which requires the community to create an oversight board made up of stakeholders to administer it. In some communities, the CoC only oversees that funding stream however, in this community this body oversees almost all funding streams.

This creates confusion among staff and providers because it isn’t always clear if someone is referring to the HUD CoC program or the broader Sonoma County CoC. There is a great deal of difference between what a project can do with program funds if they are funded through the HUD CoC program or the Sonoma County CoC’s Local Homeless Services Notice of Funding Availability (NOFA). Eligible project types, program design and program activities can all be affected.

More importantly, this name creates confusion for the public. Almost no one outside the homeless service sector knows what a Continuum of Care is or what it does. When someone is looking for information on the community’s efforts, they are looking for easily digestible information. Clear communication with the public is essential for any public service. A name

that does not clearly communicate a body's role does not facilitate clear communication with the public. Additionally, a clearer name would help people find us on the web.

The CoC Board could consider another name that clearly communicates its role and that someone can understand at a glance. This would be consistent with what other CoCs have done, such as:

- Destination Home (Santa Clara County – influences the CoC but is not the CoC)
- Everyone Home (Alameda County CoC)
- King County Regional Homelessness Authority (King Co WA)
- In San Francisco, posted materials only refer to the Continuum of Care program competition. The city and county's CoC Board is called the Local Homeless Coordinating Board. "Our City, Our Home" is also an SF Board that oversees a business tax levy.
- The Dallas Area Partnership to End Homelessness (Dallas, Texas)
- All Chicago (Chicago, Ill)

Some potential name change options include:

- Regional Taskforce on Homelessness
- Sonoma County Homeless Coordinating Board
- The Sonoma Alliance to Stop Homelessness (SASH)
- Sonoma County Homelessness Collaborative (or Cooperative, Collective, Alliance, Coalition, or Council)
- Homelessness Service Planning Council
- RISE Coalition: Resources, Integration, Support, and Empowerment for Homelessness
- Home Sonoma County (a 2018-2019 iteration of Sonoma County's Continuum of Care, including a Leadership Council).

Staff welcomes the Board's thoughts on this matter.

## Sonoma County Continuum of Care Board Agenda Report

**Item No:** 11  
**Subject:** Long-Term Funding Plan Update with a focus on Stella M  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Dave Kiff, DHS Homelessness Services Division, Dave.Kiff@sonoma-county.org

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### Summary

This item is part of a continuing discussion with the CoC Board about adopting a Long-Term Funding Strategy in alignment with the 2023-2027 Homelessness Strategic Plan. Today's discussion is largely about Stella M (M stands for Modeling), which is a US Housing and Urban Development (HUD) tool to help Continuums of Care model their system's needs (including pricing per unit or intervention).

The more that Lead Agency staff delves into this issue, and what other agencies have done, the more we acknowledge that it involves additional work and may not be achievable by the close of Calendar Year 2023. But we can make significant strides towards that.

### Recommended Action(s)

Participate in a real-time demonstration of the Stella M tool as it relates to the CoC's anticipated Long Term Funding Plan and offer guidance to staff.

### Discussion

Lead agency staff continue to regularly discuss and attempt to make progress on the Lead Agency's "Initial 2023 Efforts" bullet point #6, which reads, "Adopt a Long-Term Funding Strategy for Homeless Services" (Action Step 3.1b within the [2023-2027 Homelessness Strategic Plan](#)). The ingredients of the Long-Term Funding Plan are reiterated in **Attachment A**.

There are several models that may assist in the development of a Long-Range Funding Plan (some graphics associated with the below are in **Attachment B**):

1. **All Home California's 1:2:4 Model.** This [model](#), which uses unsheltered homeless in 2021 as a baseline, suggests that the San Francisco Bay Area nine-county region needs to add housing and interventions via a formula of 1 unit of interim housing, 2 units of permanent housing, and 4 units of homelessness prevention in order to reduce the Bay Area region's point-in-time count based unsheltered homelessness by 75% (which equated to 26,000 persons) by 2026. It also suggests that it would cost \$6.5 billion

regionwide (including a roughly 50-50 split between capital and operating costs) to accomplish this. That model assumes that 30% of the unsheltered are housed in the first effort year, 30% in the second, and 15% in the third (reaching 75%). This is in addition to current expenditures on the baseline/existing interventions.

HomeBase also used the 1:2:4 model within our Strategic Plan to suggest that our Sonoma County system needed 200 more units of interim housing and 1,000 more units of permanent housing (including PSH, rental subsidies, and more) if we were to align with All Home California's goals to reduce unsheltered homelessness by 75% in five years.

2. **The Economic Institute.** [Work](#) done in June 2021 by the [Bay Area Council Economic Institute](#) used the All Home 1:2:4 model to look at the costs to resolve Bay Area Homelessness. The Institute's work included capital and annual costs per intervention for interim housing, permanent housing, and homelessness prevention. Some of this information supports the planned November 2024 ballot measure by the [Bay Area Housing Finance Authority](#).
3. **Andrew Hening's Work.** Consultant Andrew Hening also based some of his [work](#) (brought to the Board in March 2023) on the All Home 1:2:4 model. He focused on funding new non-congregate shelter options, more units of PSH, meeting benchmarks for supportive services staff (in terms of both ratios and compensation), a sub regionalized street outreach system (which Thai Hilton of the Lead Agency writes about in this month's meeting packet), and a "nuanced" service portfolio for supportive services, especially in PSH (see page 115 of his report).

Andrew noted that some of the costing items were "to be determined," including appropriate levels of homelessness prevention, how to meet basic needs when people are still on the street, and certain rapid rehousing interventions.

He also suggested seven strategies (see page 83 of his report) to develop and implement the funding approach. At the risk of overly summarizing Andrew's work, Andrew concludes that our current system likely needs an additional influx of about \$28M to \$48M per year to achieve its goals.

4. **Examples of other CoCs' work.** The County of Alameda, for example, has a model that slightly pre-dated the All-Home model. Alameda County worked with [Abt Associates](#) to develop a costing model in part developed after they completed very detailed [equity work](#). Their [Home Together 2026 plan](#) proposed strategies for sub-populations, as well as suggesting an overall need that was close to but different from All Home – instead of

1:2:4, it was 1:4:4 (for every one unit of ES, Alameda felt that their system needed 4 units of permanent housing and four prevention interventions to meet its goal). Alameda also went further than All Home by modeling a system to resolve ALL unsheltered homelessness versus 75% of unsheltered homelessness).

As our own staff has been looking at Stella M, we have begun a discussion with [Cook County, Illinois](#) (obviously a much different system) to learn from each other's progress with the model.

5. **Stella M** – the [US HUD system modeling tool](#) allows users to input specific needs, costs, and program elements to model what it might take to reach Functional Zero. Stella M includes ways to adjust variables, such as time within each intervention, to allow the CoC to explore various approaches, areas of emphasis and their resultant costs.

**More about Stella M.** Per US HUD, “**Stella M** is an online analysis tool to support the system modeling process. Stella M uses the community’s data on homelessness, combinations of project types, and performance goals to calculate the inventory of housing, shelter, and services needed to fully meet the community’s needs. Using these estimates and assumptions, Stella M calculates the inventory that is needed to meet the services and housing needs of households experiencing homelessness in the community.”

We have taken the time to start to load HUD’s Stella M model with Sonoma County-specific data (though this is still rough) and will continue to add to and refine it. Stella M modeling utilizes beds from permanent supportive housing, rapid rehousing, emergency shelter/interim shelter, and the few transitional housing beds – all in the Housing Inventory Chart (HIC). Additionally, costs are estimated and then loaded in from the respective projects, including street outreach (which does not have beds). Exits from all project types are also factored into the modeling to create cost per bed in each of the project types.

It's important to note that Stella M modeling is a relatively early tool. It’s also an iterative and evolving process. For instance, staff is still compiling total system costs that are outside of the Lead Agency purview - such as the hundreds of PSH HUD-VASH beds for veterans that make up almost 45% of our PSH stock. As well, PSH costs in Stella M do not include the cost for capital/start-up instead accounting for operating costs. However, the initial efforts with Stella M (which are screen-grabbed as **Attachment C** and will be shown in real time during the October 25<sup>th</sup> CoC Board meeting) illustrate the cost effectiveness of permanent solutions such as permanent supportive housing and rapid rehousing and begin to peel back how much funding a right-sized system would need to reach functional zero.

Staff will provide an additional Stella M update soon as more information is factored into the model and as we learn from our peers in Cook County and other CoCs.

## **Attachment A**

### **What should a Long-Term Funding Plan look like?**

A Long-Term Funding Plan for Homelessness in Sonoma County would, among other things:

1. Identify **recurring sources of funds** – State, Federal, Local, philanthropic and service provider grant fund sources, and any other known source – to show roughly the amount of **recurring revenue** available for:
  - a. Homelessness Prevention (HP) (rental assistance, financial counseling, and problem-solving)
  - b. Day services (not essential parts of the System of Care, but may be meals, mobile showers, clothing, bedding)
  - c. Street Outreach (SO) in a subregional street outreach system, with all geography of Sonoma County covered by a specific standard/quality of SO.
  - d. Mobile Support Teams – behavioral health and primary health interventions that are mobile and may be dispatched via 911 or similar calls.
  - e. Interim Housing (IH) – includes emergency shelter (congregate and non-congregate), safe parking, and similar short-term housing interventions.
  - f. Transitional Housing (TH) – while often not funded by HUD or the Continuum of Care, housing of between 12 and 14 months with supportive services.
  - g. Rapid Rehousing (RRH) – housing assistance (rental funds, deposits, and more) with some case management to secure permanent housing for persons with lower vulnerabilities.
  - h. Permanent Supportive Housing (PSH) – this includes the capital to construct/purchase and supportive services required for individuals and families with higher vulnerabilities to secure permanent housing.
  - i. Other Permanent Housing (OPH – i.e. deeply affordable permanent housing without supportive services), and
  - j. System Support Elements (such as Administration, Coordinated Entry and HMIS).

The LTFP should also discuss levels of one-time revenues, and opportunities to use one-time revenues for capital or other efforts that may increase housing units or other proven improvements.

2. Be based on and use the Strategic Plan and other related tools (like Stella M or All Home California's [1-2-4 model](#)) to **determine the units** of housing (interim and permanent, including ES, RRH, PSH, and OPH) and homelessness prevention (HP) units to reach [Functional Zero](#) given system inflow, outflow, and the current level of chronic homelessness. It would also provide current (and updateable) **cost estimates per unit** of interventions, including housing (interim and permanent) and homelessness prevention.

3. Reflect **geographic need** by:
  - a. Setting a baseline of **interim housing units** (including emergency shelter) needed in each Sonoma County region. This plan would not set a baseline of permanent supportive housing (PSH) or rapid rehousing (RRH) at this time, as these are allocated countywide via Coordinated Entry. However, we recommend that the CoC Board and Lead Agency monitor the placement of PSH and RRH program units to study geographic preference for PSH and RRH, to expand choices for clients.
  - b. Assuming and incorporating funding for a **subregional street outreach model** that ensured that all areas of the county were covered by outreach that is of a specific quality and standard (i.e. caseloads of 1 SO team member per 20/25 clients, or ideally SO pairs with 2 CMs per 40/50 clients).
  - c. Assuming and incorporating funding for enhanced **Assertive Community Treatment (ACT) teams** that can triage and support the subregional street outreach network with higher-level interventions.
  - d. Assuming and incorporating funding for a **Mobile Support Team (MST) model** that ensured that all areas of the county were covered by behavioral and physical health supports that are of a specific quality and standard.
4. Estimate and reflect a **scaled model of PSH care and units**, whereby the existing and proposed PSH units are right sized in terms of care levels based on client vulnerability (i.e. some units will have extensive, 24/7 care and supervision, other units may have lighter supportive services, and other units somewhere in between the two extremes). The LTFP would estimate the unit numbers and unit costs of these interventions.
5. Include **all of the above** (program costs and recurring and one-time revenues) in one regularly update-able model. The Plan itself, as well as the model, should be **iterative** based on conditions in the field.

**Attachment B**  
Screen Grabs Relevant to the Staff Report

Alameda – Predated the All-Home Model (1:4:4 v. 1:2:4)  
Reflects what’s needed to get Alameda County to Functional Zero  
(vs. a 75% reduction in unsheltered homelessness)

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Estimated number of housing solutions, by type, needed by 2026

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4,195 Additional supportive housing units

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3,190 New supportive housing units for older/frail adults

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10,070 New dedicated affordable units or subsidies

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5,240 New shallow subsidies

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1,645 Additional rapid rehousing slots

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**24,340 Total units & subsidy slots**

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Source: CA-502 System Model, Abt Associates, 1/20/2022

Andrew Hening’s Cost Slide

Reflects All Home Model (1:2:4) in Strategic Plan plus subregionalized street outreach, ACT teams, more

# Anticipated Total Costs Over Time

Service Area	Intervention	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 5 (2027)
Outreach	Sub-regionalized Outreach System	\$5.9M	\$5.9M	\$5.9M	\$5.9M	\$5.9M
PSH	Landlord Recruitment	\$2M	\$2M	\$2M	\$2M	\$2M
PSH	Backfill PSH Case Mgmt.	\$3.7M	\$3.7M	\$3.7M	\$3.7M	\$3.7M
PSH	Housing Subsidies (150 / year)	\$3.3M	\$6.6M	\$10M	\$13.4M	\$16.7M
PSH	“Standard” PSH Case Mgmt.	\$2.7M	\$2.7M	\$2.7M	\$2.7M	\$2.7M
PSH	Additional 24/7 PSH services	---	\$2.3M	\$2.3M	\$2.3M	\$2.3M
PSH / Outreach	ACT Team #1	\$1.7M	\$1.7M	\$1.7M	\$1.7M	\$1.7M
PSH / Outreach	ACT Team #2	---	\$1.7M	\$1.7M	\$1.7M	\$1.7M
NCS	Shelter Capital Funding	\$4M	\$4M	---	---	---
NCS	Shelter Operating Funding	\$3.5M	\$7M	\$7M	\$7M	\$7M
Revenue Loss	Continuing Newly Funded Programs	---	---	---	\$4.4M	\$4.4M
	<b>Net Needed</b>	<b>\$26.8M</b>	<b>\$37.6M</b>	<b>\$37M</b>	<b>\$44.8M</b>	<b>\$48.1M</b>

The Economic Institute’s cost model (June 2021)

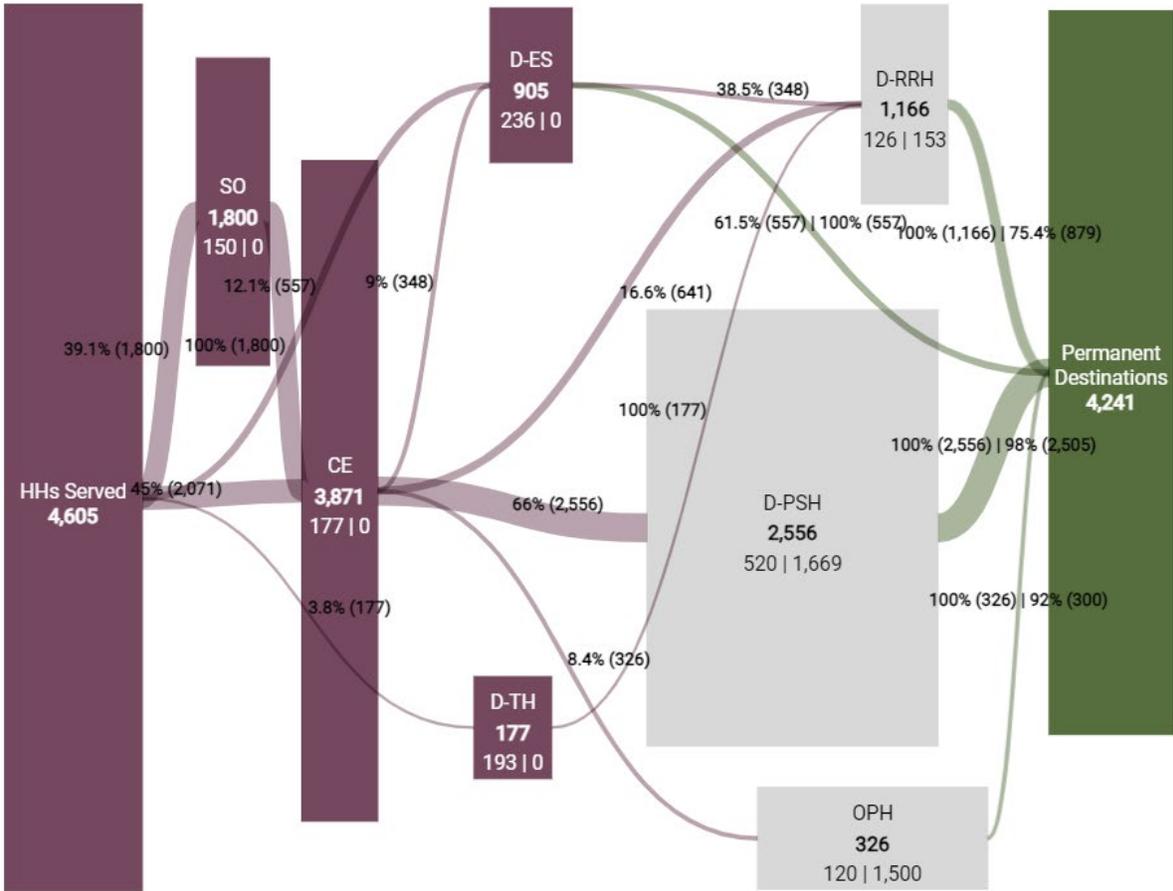
Figure 23: Cost of Solving Homelessness in the Bay Area Under 1:2:4 Model

	Units Required	Cost/Unit (Capital)	Cost/Unit (Annual)	Total Capital	Total Annual
<b>Transitional Shelters (1x all unsheltered homeless households)</b>					
Cabin Communities	22,644	\$10,831	\$21,250	\$245,257,164	\$481,185,000
<b>Homeless Prevention (4x new transitional shelters)</b>					
Emergency Cash Assistance	90,576	-	\$4,000	-	\$362,304,000
<b>Permanent Housing (2x all homeless households)</b>					
<b>Permanent Housing Solutions (50%)</b>					
New Modular (1/3)	9,338	\$401,990	\$40,000	\$3,753,782,620	\$373,520,000
Hotel/Motel Conversion (1/3)	9,338	\$174,000	\$40,000	\$1,624,812,000	\$373,520,000
Acquisition & Rehab (1/3)	9,338	\$389,000	\$40,000	\$3,632,482,000	\$373,520,000
<b>Other Permanent Housing (50%)</b>					
Flexible Housing Vouchers (\$15k per homeless households + \$15k for all 1/3 homeless households for supportive services)	28,014	-	\$20,000	-	\$560,280,000
<b>TOTAL</b>				<b>\$9,256,333,784</b>	<b>\$2,524,329,000</b>

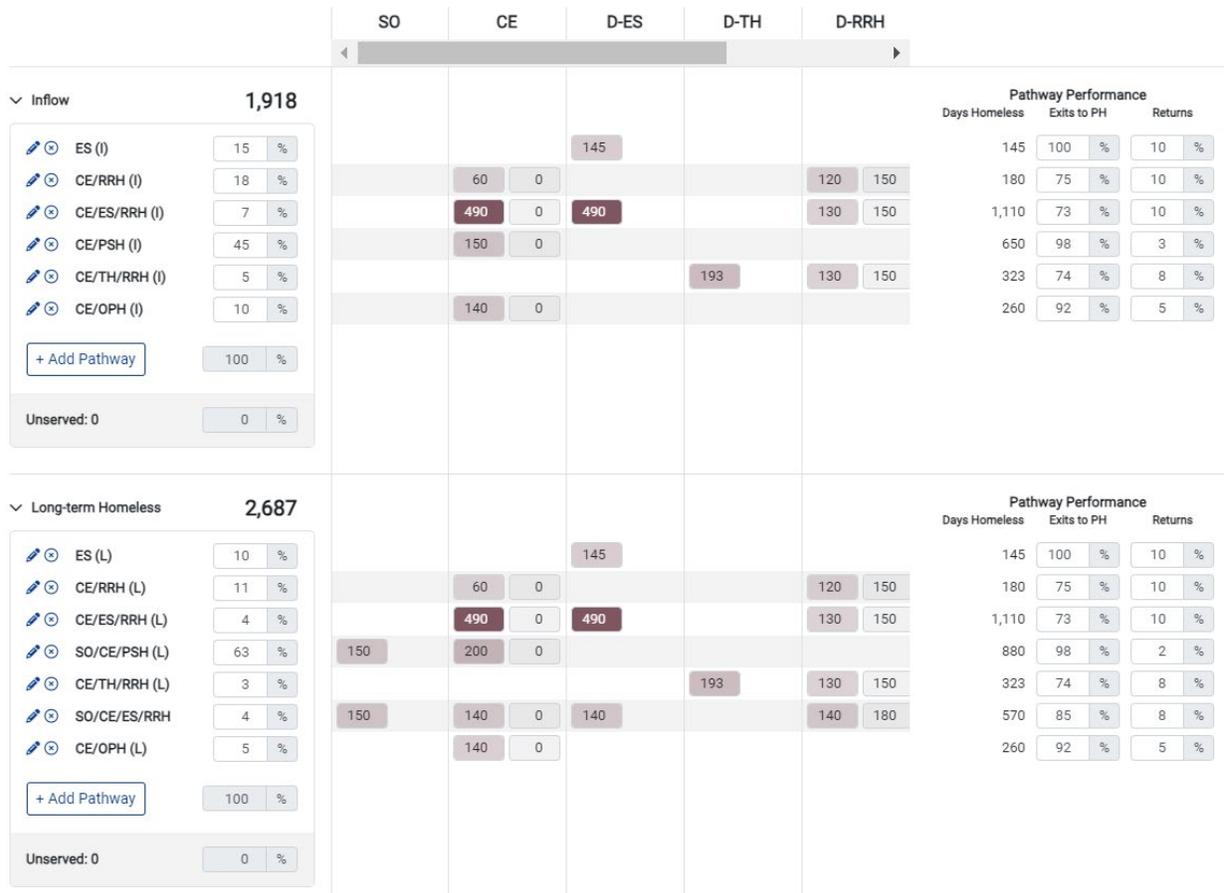
- Cabin Community estimates from City of Oakland
- Homeless Prevention estimates from AllHome
- Modular estimates represents regional average. Assumes 30% cost saving from current per/unit costs of subsidized housing.
- Hotel/Motel Conversion estimates from Bay Area Project Homekey projects
- Acquisition & Rehab estimates from Enterprise Community Partners

Attachment C  
 Stella M Screen Grabs

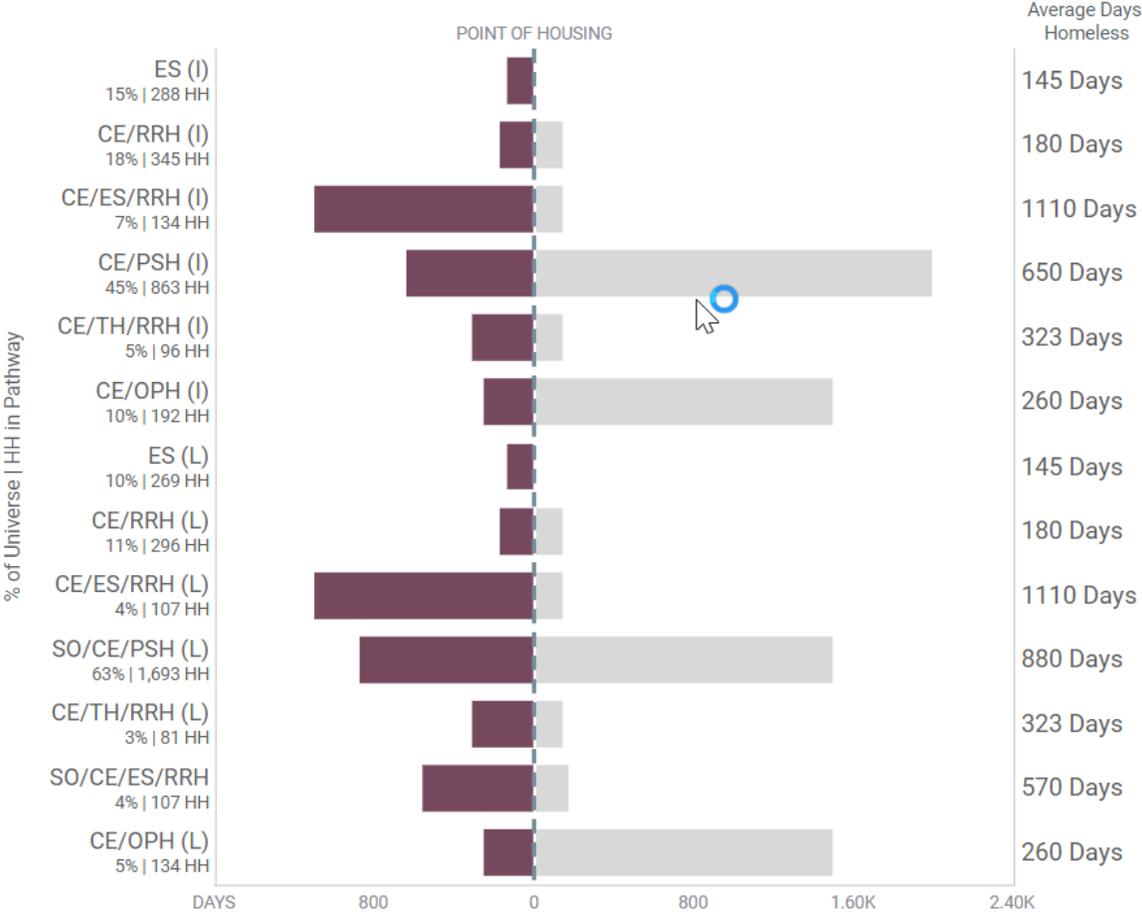
One of Stella M’s main tools is a [Sankey Diagram](#). The below diagram, produced by Stella M, should be considered the rough view of pathways and households (HH) who would experience homelessness in any one year in our “ideal” system (versus the system we have today). In the ideal system, of 4,605 households served, a portion (39.1%) will first interact with Street Outreach (SO), where 100% of them will be enrolled in Coordinated Entry (CE). 12% or 557 persons will first flow into Emergency Shelter (ES), etc. By the end, 4,241 will have reached a permanent housing destination. Because 4,241 is 364 less than 4,604, that means that 364 persons will remain homeless (possibly becoming chronically homeless) – while this is not ideal, it reflects the percentage of people who may fall out of or not reach permanent housing destination.



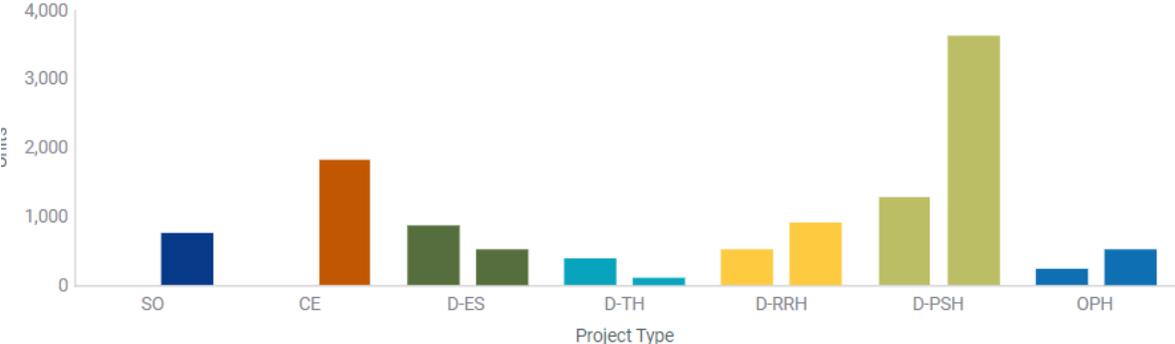
This “pathways and time” chart below chart shows the various pathways that we estimate that homeless individuals and families will take through the process to housing. (i.e. a pathway for 45% of the persons inflowing into the homeless system of care is Coordinated Entry to Permanent Supportive Housing, resulting in 650 days homeless, and a pathway for 63% of those experiencing long-term homeless is Street Outreach through Coordinated Entry and then to PSH (taking 880 days to do so). This chart is adjustable based on HMIS and local knowledge.



The below bar chart looks at each pathway’s “average days homeless” as well as the average point where a household reaches housing (the deeper colored bar to the vertical dashed line). It also shows the estimated duration of stay in that specific program once housed (the vertical dashed line to the lighter color bar). For example, it may take 650 days for a person to go from CE to PSH, and they would stay in that placement a long time (over 2,000 days)



This chart (which we acknowledge needs to show more data points) starts to build the desired number of units (or interventions) into the model. Where there are two columns of the same color, the leftward column is the existing unit count. The rightward column is the model/ideal unit count.



Lead Agency staff, including our HMIS team, will run through a live demonstration of this at the October 25, 2023 CoC Board meeting.

## Sonoma County Continuum of Care Board Agenda Report

**Item No:** 12  
**Subject:** HMIS Lead Agency Evaluation  
**Meeting Date:** October 25, 2023  
**Staff Contacts:** Dave Kiff, [Dave.Kiff@sonoma-county.org](mailto:Dave.Kiff@sonoma-county.org)  
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### Summary

In this item, staff reviews the recent HMIS Lead Agency Evaluation and then outlines next steps in the HMIS Lead Agency Evaluation Plan as well as the General Satisfaction Survey for end users of HMIS.

The HMIS Lead Agency Evaluation Plan document was created in 2021 by the Lead Agency's consultants, Community Technology Alliance. It was approved by HUD-assigned Technical Assistance providers and was taken to the HMIS/Data Committee, as well as the CoC Board on May 25th, 2022, where both groups approved the document's use.

The HMIS Committee, with members of the Funding & Evaluation Committee, completed the evaluation in June 2023 (see Attachment A). Items on the evaluation could be marked by the group as either 'Completed', 'Needs Improvement', or 'Unable to Complete'. The following are the items not marked as 'Complete' as well as DHS staff's plans to resolve and a timeline to do so. These plans and timelines were approved by the HMIS Committee in October 2023.

Additionally, staff are finalizing a General Satisfaction Survey for all HMIS end users. This will be disseminated before November 1, 2023 with results available by the December CoC Board meeting at the latest.

### Recommended Actions:

Review staff and HMIS Committee final edits to Evaluation Plan and approve next steps in Evaluation Plan and Satisfaction Survey Implementation.

### Discussion

The following items were marked as needing improvement/unable to complete with staff updates on next steps:

### Evaluation Item C

*All Participating Agencies must have at least one Technical Administrator and at least one Security Officer. This is to ensure all end users have an in-agency representative to help with HMIS needs in addition to making all the rules are being followed accordance to the HMIS Policies and Procedures. The Security Officer would ensure the Security Plan is being followed and completing quarterly audits for the agency and annual audits with the HMIS Lead.*

### **Plans to Resolve**

Lead agency staff to engage with all HMIS participating providers and request they designate one technical administrator and one security officer. Target date of completion: December 2023.

### **Evaluation Items D & F**

*D. Quarterly, Security Audits are to be performed by the Security Officer for each agency. Completing this requires the Quarterly Compliance Checklist found on the Resource webpage is to be filled out and returned to the HMIS Lead each quarter.*

*F. Annual Security Audits are completed by the HMIS Lead and are completed physically at all sites, to verify all the Security Plan rules are being implemented. Physical audits should include the security of the workstation and completing the Compliance Certification Checklist which can be found on the Resource webpage.*

### **Plans to Resolve**

Target date of completion: Quarterly Compliance Checklist document approved by HMIS Committee in October 2023 and will be in use by December 2023. Security audits will be done in person in 2024.

### **Evaluation Item H**

*Has HMIS data been used to inform or set local homeless performance metrics and strategies?*

### **Plans to Address/Resolve**

Following many months of concerns by the Continuum of Care Board, Lead Agency staff is well aware of the Board's interest in having the Continuum of Care and the Lead Agency be significantly more "data-informed" as we collaboratively work to improve the system of care. As a result, we have been following a three-phase plan to "become a more data-informed system."

We recommend that this Item H (evaluating how or if HMIS data has been used to inform or set local homeless performance metrics and strategies) be addressed this way: Instead of evaluating the HMIS Lead for this function, the CoC Board should evaluate the Lead Agency staff's capabilities and work product relating to using data to inform system changes. We suggest this because it is not within the HMIS Lead's experience or workload to take HMIS data, analyze it, and make program and system recommendations (the HMIS Lead's role is instead to manage and effective and compliant HMIS). The evaluation and analytical role is instead the role of the Lead Agency. If the Lead Agency falls short in this regard, it is not the HMIS Lead's fault.

The Lead Agency's remediation plan for this item is to train existing staff and bring on more experienced staff (or consultants) within the Department of Health Services who can take quality HMIS data, analyze it, and make recommendations for improvement. We hope to have this new capacity concurrent with the review of responses to the FY 2024-25 Local Homelessness Services NOFA.

### **Evaluation Items I & J**

*I. Do system wide Data Quality Reports show no more than 5% errors?*

*J. Are all agencies entering their data within 5 calendar days (verified via APR)?*

### **Plans to Resolve**

Target date of completion: HMIS staff continue to monitor the data quality for all programs/providers on a quarterly basis and offer assistance and guidance where needed. HMIS staff will also continue to develop training and documentation to get us closer to the goal of < 5% error rate. Staff will reassess in January 2024 with an update for the CoC Board.

### **Evaluation Item O**

*Did the HMIS Lead effectively communicate data regarding the performance of providers, programs, and the system to the CoC and the public? Lead agency staff are engaged in discussions around data for purposes of performance evaluation as well as to inform the public and other interested parties.*

### **Plans to Resolve**

Completion of this HMIS evaluation item involves the three-phased effort noted above ("Becoming a More Data-Informed System"). As the Board is aware, the three phases' timing has been:

1. Agree upon appropriate metrics (Phase I) – completed September 27, 2023
2. Land on an appropriate data visualization model (Phase II) – expected October 25, 2023
3. Present recommendations and action steps to incorporate quality data into decision-making (Phase III) – aligned with the FY 2024-25 Local Homelessness Services NOFA – so early 2024.

**Attachment 1 – Prior Annual HMIS Evaluation**

Attachment A  
HMIS Lead Evaluation



## **Sonoma County Homeless Management Information System (HMIS)**

### **Lead Agency Evaluation Plan**

The Sonoma County HMIS Lead Agency is responsible for management, training, and oversight of homeless data collection and reporting. This Evaluation Plan provides a set of guidelines and metrics by which the HMIS Data Committee can use to evaluate the HMIS system as a whole to ensure compliance with HUD Regulations and provide recommendations to improve the system. Findings from this Evaluation Plan should help guide the HMIS Lead Agency to ensure current HMIS Governance, Data Quality Plan, Privacy Plans and Security Plans are being followed and updated as needed. The HMIS Data Committee reviews its data in four categories: System Administration, Training, Data Analysis and Reporting, and Communication. This grid below assists individuals in completing the evaluation by providing key items to assess.

The Sonoma County HMIS Lead Agency oversees the general management of all the HMIS projects and day-to-day set-up, operation of the projects in HMIS to ensure accessibility of the HMIS software, performance, set-up, and monitoring of the system security to adhere to the CoC Privacy and Procedures Plan. Sonoma County HMIS implementation grant uses a single Efforts to Outcome Software System vendor for both HMIS and Coordinated Entry. To ensure quality data is entered into the system for the CoC, the Lead Agency will interpret, visualize and present data to CoC, to make sure reporting requirements are met. The Lead Agency will develop and conduct trainings and create manuals to help users understand the data collection. Finally, the Lead would provide communication to the community of any changes to the system and manage communication related to data on behalf of the CoC.

Vendor Review and oversight is omitted from this evaluation plan as it is conducted annually and submitted to HUD in the form of the HMIS APR. The Most recent APR should be attached to this document for completeness.

The software vendor was chosen based on the following steps:

1. Lead Agency develops Request for Proposal (RFP)
2. RFP reviewed and approved by the HMIS Data Committee
3. Applicants reviewed by an ad hoc evaluation committee
4. Recommendations to the CoC Board for approval
5. Final approval with Sonoma County Board Of Supervisors

## System Evaluation Worksheet

### System Administration

- A. The HMIS Lead Agency will provide a Resource website with updated communication and helpful documents for end users.
- B. In order to participate in Sonoma’s County HMIS, participating agencies must sign an agreement and MOU. These documents describe rules of agencies must abide by in order to be an active participant in HMIS. These documents are kept by the Lead Agency, in case there are violations to agreement.
- C. All Participating Agencies must have at least one Technical Administrator and at least one Security Officer. This is to ensure all end users have an in-agency representative to help with HMIS needs in addition to making all the rules are being followed accordance to the HMIS Policies and Procedures. The Security Officer would ensure the Security Plan is being followed and completing quarterly audits for the agency and annual audits with the HMIS Lead.
- D. Quarterly, Security Audits are to be performed by the Security Officer for each agency. Completing this requires the Quarterly Compliance Checklist found on the Resource webpage is to be filled out and returned to the HMIS Lead each quarter.
- E. The Privacy Notice Policy should be viewable or posted on the wall so all clients can see it, when completing an intake/enrollment into HMIS. End users are to have the Privacy Notice posted around the area information it taken. Following the Privacy Policies Guidelines.
- F. Annual Security Audits are completed by the HMIS Lead and are completed physically at all sites, to verify all the Security Plan rules are being implemented. Physically audits should include the security of the workstation and completing the Compliance Certification Checklist which can be found on the Resource webpage.

Evaluation Questions	Response	Response Explanation	Assessment	
A. Is there a website of Resources, users could visit with update resources?	Y/ N <u>Y</u>	Explain: There is a website of resources. Link: <a href="https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/for-providers/sonoma-county-hmis">https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/for-providers/sonoma-county-hmis</a>	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
B. Did any new agencies begin participating in HMIS this year? If yes, Is there a signed MOU on file for each new agency?	Y/ N <u>Y</u>	Explain: HomeFirst, SCC began participating in HMIS in 2023. Signed MOUs are on file with Lead Agency for all current HMIS Participating Agencies and Service Providers.	Completed	<input checked="" type="checkbox"/>
	Y/ N <u>Y</u>		Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>

C. Do all Participating Agencies have at least one Technical Administrator and Security Officer?	Y/ N <u>N</u>	Explain: Due to some of the smaller HMIS Participating agencies, it's not practical from a staffing standpoint for all agencies to have individual staff member identified as Technical Administrator and Security Officer.	Completed	<input type="checkbox"/>
			Needs Improvement	<input checked="" type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
D. Did all Security Officers submit a copy of their Quarterly Compliance Checklist audits as required?	Y/ N <u>N</u>	Explain: The Quarterly Compliance Checklist was not approved by HMIS Data Committee, nor sent to CoC Board for approval, due to the document not considering remote-work conditions at HMIS Participating Agencies during the Covid-19 pandemic and outbreak at the time of	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input checked="" type="checkbox"/>
F. Did the HMIS Lead complete the Compliance Certification Checklist audit?	Y/ N <u>N</u>	Explain: The HMIS Lead Agency was unable to complete an audit of the Quarterly Compliance Certification Checklist as the document was not recommended by the HMIS Data Committee for approval by the CoC Board.	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input checked="" type="checkbox"/>

## Data Analysis and Reporting

- G. Programs are able to look at the different reports within HMIS and have a better understanding of the overall picture of whom the program is serving.
- H. The Workgroups were able to use the data to establish benchmarks and goals for the different programs.
- I. The HMIS Coordinated sends out reports to the Partner Agencies, verifying and making sure that the maximum of errors that are in each required HUD filled have no more the 5% missing, data not collected, client refused, or client does know this information could be found using the Data Quality Reports.
- J. Timeliness, it is expected that all end users enter HMIS information about the client within 5 calendar days of receiving the information. Information about how often and quickly programs enter information into HMIS, can be found on the Annual Performance Report (APR).

Evaluation Questions	Response	Response Explanation	Assessment	
G. Are HMIS reports and dashboards helping providers to understand their programs?	Y/ N <u>Y</u>	Explain: HMIS reports and dashboards are available, and Service Providers have reported using them to understand their programs. Some Service Providers have requested personalized dashboards or custom reporting to enable some analysis of HMIS data.	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
H. Has HMIS data been used to inform or set local homeless performance metrics and strategies?	Y/ N <u>Y</u>	Explain: HMIS Data is being used in present system performance in alignment with the metric set forth in the Strategic Plan. More efforts can be made by the HMIS Lead in helping workgroups to decide on datasets to use for developing decision-making strategies.	Completed	<input type="checkbox"/>
			Needs Improvement	<input checked="" type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
I. Do system wide Data Quality Reports show no more than 5% errors?	Y/ N <u>N</u>	Explain: There is a >5% error rate for system-wide HUD HMIS data elements-SSN is particularly difficult to collect. An Annual Performance Report (APR) for all HMIS programs reported to HUD for FFY 21-22 is attached. The HMIS Lead Agency will provide additional training for Data Quality Improvements.	Completed	<input type="checkbox"/>
			Needs Improvement	<input checked="" type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
J. Are all agencies entering their data within 5 calendar days? (verified via APR)	Y/ N <u>N</u>	Explain: 9% of HMIS Project Start & Exit records are not being entered into HMIS within 6 calendar days of physical engagement with the program. Timeliness is a component of the HUD HMIS Annual Performance Report (APR) but, without Desktop/Site Monitoring it is difficult to double-check.	Completed	<input type="checkbox"/>
			Needs Improvement	<input checked="" type="checkbox"/>
			Unable to complete	<input type="checkbox"/>

**Training**

- K. HMIS Lead will manage a list of those that attended New User Training and when, and a list of those end users with HMIS licenses, to verify that a license was given only after the end user completed a training.
- L. HMIS Lead will survey users after trainings, to see what is working and what isn't. Using those surveys to make improvements and adjustments to the training.

Evaluation Questions	Response	Response Explanation	Assessment	
K. All HMIS end users have completed training, prior to receiving their HMIS license?	Y/ N <u>Y</u>	Explain: End Users receive training on HMIS Data Security & privacy and HUD HMIS Program data entry from the Service Providers' HMIS Lead or from HMIS Administration. HMIS Account creation and login credentials are provide for new users only upon successful completion of required trainings.	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
L. Were HMIS training participant surveys analyzed and used to improve trainings?  Identify new training needs?	Y/ N <u>Y</u>  Y/ N <u>Y</u>	Explain: HMIS Training Evaluation Surveys are sent to training participants to collect feedback and used for improvement. New training needs have been identified by the Lead Agency after survey analysis. Survey Results are attached.	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>

**Communication**

- M. HMIS Lead will communicate with all end users at least quarterly of any kind of HMIS report changes. A list of all the emails sent to the users will show how many emails were sent to the end users.
- N. HMIS Lead will manage a list of all the end users to verify that they have attended the Annual Update meeting. Without attending this meeting, users would be made inactive until they attend the Annual Update meeting.

Evaluation Questions	Response	Response Explanation	Assessment	
M. Did the HMIS Lead communicate to agencies, at least quarterly, of all HMIS report changes?	Y/ N <u>Y</u>	Explain: Communications to agencies are conducted through System wide e-mails to users.	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
N. Did all the end users attend an Annual Update meeting?	Y/ N <u>Y</u>	Explain: Annual Update meetings have been moved to an online classroom setting for better attendance tracking and participation. Eligible HMIS users are required to attend to Annual maintain access to HMIS.	Completed	<input checked="" type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
O. Did the HMIS Lead effectively communicate data regarding the performance of providers, programs, and the system to the CoC and the public?	Y/ N <u>Y</u>	Explain: HMIS Data Dashboards, key metrics and system reports are posted on the website. The Lead Agency continues to update and improve presentation of HMIS data.	Completed	<input type="checkbox"/>
			Needs Improvement	<input checked="" type="checkbox"/>
			Unable to complete	<input type="checkbox"/>



**Sonoma County Continuum of Care  
Executive Summary**

**Item:** 13 Report from standing committees: Updates to Coordinated Entry Policies and Procedures: Phase 2 of Dynamic Prioritization

**Date:** October 25, 2023

**Staff Contact:** Hunter Scott [Hscott@homefirstsc.org](mailto:Hscott@homefirstsc.org) Thai Hilton [thai.hilton@sonoma-county.org](mailto:thai.hilton@sonoma-county.org)

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Agenda Item Overview

HomeFirst will regularly provide updates to the Coordinated Entry policies and procedures. Attached is a description of the changes and the rationale for the change.

Recommendation

Approve the updates to the CE policies and procedures.



Change: New policy that only participants with “Verified Contact Information” will be referred to housing opportunities going forward. Defines Verified Contact Information, and outlines a process to collect this information and proactively search for participants up for referral without this information so that as few people are skipped as possible.

Reasoning/background: In May 2023 HomeFirst presented a 3 stage plan to integrate Dynamic Prioritization into our CE referral process to the CEA committee and CoC Board. This is stage 2 of that plan being implemented. In the past 4 months HomeFirst has shifted the CES Case Conference process to collect “Verified Contact Information” (definition below, but essentially: can we contact an individual today if we have a housing opportunity for them?) for all the participants who are likely to be referred in the following month. Since this change, referral acceptance rates appear to have drastically improved. Last FY, system-wide referral acceptance rate was 36%. Since June, of those who have Verified Contact Information, the referral acceptance rate has been 76%. The policy change presented here would shift the system to only making referrals for those with Verified Contact Information. HomeFirst now has a CE Outreach team in place to help locate participants up for a referral who do not have Verified Contact information to ensure through this change that we are providing housing opportunities to as many people as possible while drastically improving system efficiency. This shift is in line with HUD educational presentations on CE Dynamic Prioritization and other communities who have implemented Dynamic Prioritization, including Boston, LA, and Richmond VA.

Specific policy changes are below bolded. This language is an excerpt from the full CES Policies and Procedures document.

#### A. Referral

All referrals follow the prioritization standards, policies, and procedures described in **D. Prioritization**. All referrals, except those identified in **D. Prioritization**, shall be presented in CES Case Conference for approval. The CES Operator is the only entity authorized to generate or assign CES referrals.

##### Housing Availability

Housing Providers notify CES when an opening is available in a CES affiliated bed or unit in their program. If possible, advance notice is provided so as to minimize the length of vacancies. Housing Providers shall provide contracted eligibility requirements and updates to those requirements to the CES Operator, which shall be published on a Lead Agency web page.

##### **New policy language: Verified Contact Information**

Referrals shall only be made for individuals who the community participating in CES Case Conference can identify has “Verified Contact Information” which shall be defined as:

- Contact with the participant within the last month through a phone number or email address or secondary contact (provider must actually speak with primary participant); or:



- Physical location verified within the last week of data collection.

*Procedure:*

- 1) Once a month, the Operator shall collect Verified Contact Information from the CES Case Conference community for those who are likely to be prioritized for housing in the following month, based on projected housing opportunity inflow.
  - a. Providers may also submit updated Verified Contact Information over the course of the month.
- 2) The Operator shall attempt to contact and identify Verified Contact Information for any participant who is likely to be prioritized for housing in the following month but does not have Verified Contact Information. The Operator shall exhaust all options to contact the participant, which at minimum shall be defined as:
  - In person outreach or collaboration with regional outreach teams to search likely locations on at least 2 separate occasions, including at least once at a prepared meal distribution site in the referred participant's most recent known region if such a site exists.
  - If a secondary contact is known, 1 attempt
  - For any known and in service phone number, 6 attempts, at different times of day, over at least 4 days
    - If possible, leave a voice message with call back info
    - Text each known and in service phone number at least 1 time
  - Known email addresses, 1 attempt
- 3) In the event the Operator is not able to contact a participant, the participant shall be removed from active status on the By-Name-List following the By-Name-List Management and Inactive Policy until contact is made.

Uniform Referral Procedure

- 1) All housing referrals, except those identified below, shall be identified and unanimously agreed upon by the community present at the CES Case Conference. Exceptions are:
  - a. Participants referred to housing programs dedicated to survivors of or those fleeing domestic violence; see "Referrals to Housing Programs Dedicated to Survivors of or Those Fleeing Domestic Violence" below;
  - b. TAY participants meeting the Category 2 definition of homelessness; see "Referrals to Rapid Rehousing Programs with Category 2 Eligibility Criteria" below.
  - c. Those RRH openings set aside for participants who have identified housing as described in Prioritization for Rapid Rehousing in section [D. Prioritization](#).



- 2) Referrals shall be made based on community prioritization standards (see section [D. Prioritization](#)), initial eligibility, and the following standards:
  - a. **New language:** Only participants with current Verified Contact Information shall be referred.
  - b. Per each program opening, at CES Case Conference 1 primary referral shall be provided and, if the program chooses, 1 backup referral per opening.
    - i. If the pending referrals made at a previous CES Case Conference were found to be ineligible for CES (not meeting the homelessness eligibility, for example) or the participant refuses the referral, those referrals may be replaced by 1 corresponding additional referral, per referral, in between CES Case Conference. This procedure corresponds to a total of 4 referrals that may be possibly made per week per opening. These additional referrals shall be presented to the community at the following CES Case Conference, and retracted if for any reason they are not agreed upon as appropriate by the community present.
    - ii. Additional referrals per program opening shall only be made at CES Case Conference if there are no previously pending referrals per program opening.
  - c. Within each housing intervention type (PSH, RRH, and "Other"), 75% of openings referred to at each case conference shall be referred based on next Total Prioritization Score on the active By-Name-List and initial eligibility screening. The remaining 25% (rounded down in when the number is not whole), or 1 opening, whichever is higher, shall be set aside for Enhanced Prioritization, Progressive Engagement, or program transfer, based on community prioritization standards and initial eligibility screening. If no participants are submitted within these categories, the remaining openings within each intervention type shall be filled based on the next Total Prioritization Score and initial eligibility screening.
  - d. Within any set of openings to a particular intervention type (PSH, RRH, and "Other") with eligibility criteria that can accept any subpopulation type (individuals, families, TAY), equal referrals shall be made from each subpopulation active By-Name-List. If there are an odd number of openings, priority shall be made for the subpopulation(s) with higher number of eligible participants on the relevant By-Name-List.
- 3) The CES Operator shall submit all referrals agreed upon in CES Case Conference within 24 hours in HMIS to the relevant housing provider, along with a copy of the HMIS project history.
- 4) The housing provider shall be responsible for contacting the participant and offering to move forward with the referral.
  - a. Access Points and other community providers who are in contact with the referred participant have a role in supporting the housing provider in contacting the participant, within staffing availability.



- 5) If multiple programs with the same eligibility criteria have openings, the above standards (2) a.-c.) shall be followed for all programs with openings, inclusive of the same participant being referred more than once at the same time. The housing providers shall coordinate, including at CES Case Conference, to ensure the referred participant is offered the choice between openings. Participants shall not receive an additional referral if they already have a pending referral from 24 hours or more prior.
- 6) Participants shall have 48 hours from the time they are offered the choice of a housing opportunity to accept or refuse. Housing providers shall exhaust all options to contact the participant to make their choice after initial contact.
- 7) The housing provider shall record all attempts to contact the participant when following up on a referral. Records of attempted contacts, contacts made and their disposition shall be recorded in the “Case Notes” of each participant’s HMIS CES Dashboard.
- 8) Once the housing provider has verified eligibility (see “[section H. Eligibility Documentation Roles and Responsibilities](#)”), they shall accept the referral in HMIS.
  - a. If the housing provider cannot verify eligibility, they shall follow the “Rejection of Referrals” policy and procedure below.

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

**Item No:** 13  
**Subject:** Strategic Planning Committee Update  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Michael Gause, Ending Homelessness Program Manager,  
Michael.Gause@sonoma-county.org

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**SUMMARY**

The Strategic Planning Committee is currently meeting bimonthly on the third Friday of the month from 9-10:00am. At each meeting, staff provide an overview of progress on the year one efforts. The CoC Board requested this update be presented to the Board at each meeting.

**RECOMMENDED ACTION(S)**

Informational Item only.

**ATTACHMENTS:**

Strategic Planning First Year Efforts Update located here: <https://share.sonoma-county.org/link/NE6YLZ0Cz1g/>

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

**Item No:** 14  
**Subject:** November 15, 2023, CoC Board Meeting Draft Agenda  
**Meeting Date:** October 25, 2023  
**Staff Contact:** Alea Tantarelli, Alea.Tantarelli@Sonoma-County.org

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**SUMMARY**

This staff report briefly summarizes the November 15, 2023, CoC Board Meeting proposed agenda. The draft agenda contains all proposed items that will be discussed by the Continuum of Care Board at the November 15, 2023, CoC Board Meeting. The draft agenda is attached as **Attachment A**.

**RECOMMENDED ACTION(S)**

None – an informational item only.

**Sonoma County Continuum of Care (CoC) Board  
Agenda for November 15, 2023  
1:00pm-5:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbnJ0UDNOcUhfQT09>

**Phone: 1 (669) 900-9128 Webinar ID: 992 6179 1880 Passcode: 650935**

#	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
	<b><i>Note: Items 1-3 below are proposed for adoption via one motion as the Consent Calendar.</i></b>	N/A		
1.	11/15/23 Agenda <i>(Consent Calendar)</i>	Draft Agenda	Staff	1:05pm
2.	Minutes from 10/25/23 <i>(Consent Calendar)</i>	Draft Minutes	Staff	
3.	Summary of Follow-ups from the Previous Meeting(s) <i>(Consent Calendar)</i>	Summary of Follow-ups	Staff	
4.	Reports from Lead Agency Staff Potential ACTION ITEM	Staff Report for Reports from Lead Agency	Staff	1:25pm
5.	HHAP 5 Application Potential ACTION ITEM		Staff	2:10pm
6.	Service Provider Roundtable (SPR) Update (with presentation) Potential ACTION ITEM		Margaret Sluyk	2:40pm
7.	Word from the Street Potential ACTION ITEM		Chessy Etheridge	3:00pm
8.	10-minute break			3:10pm
9.	2024/25 Notice of Funding Availability Potential ACTION ITEM		Staff	3:20pm

10.	<p>Reports from Standing Committees:</p> <ul style="list-style-type: none"> <li>• Funding &amp; Evaluation Committee</li> <li>• HMIS Committee</li> <li>• CEA Committee</li> <li>• Strategic Planning Committee</li> <li>• Lived Experience Advisory &amp; Planning Board (LEAP)</li> </ul> <p>Potential ACTION ITEM</p>	-Progress Update on SP Year 1 Priorities	Committee Representatives	4:00pm
11.	<p>Review Agenda for Next CoC Board Meeting</p> <p>Potential ACTION ITEM</p>	Staff Report for DRAFT Agenda for <b>12/20/23</b>	Board Chair	4:30pm
12.	<p>Board Member Questions &amp; Comments</p> <p>Potential ACTION ITEM</p>		Board Chair	4:45pm
13.	<p>Public Comment on Items not on the Agenda</p>		Board Chair	4:55pm

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email [Araceli.Rivera@sonoma-county.org](mailto: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 Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.*

## ACRONYMS & COMMON TERMS – Updated 11-2-2022

AAF	Annual Adjustment Factor	CTAC	Cities and Towns Advisory Committee
ACC	Annual Contributions Contract	DCSS	Department of Child Services
ADA	Americans with Disabilities Act	DDA	Disposition and Development Agreement
AFFH	Affirmatively Furthering Fair Housing	DHCS	Dept of Health Care Services (State dept)
AHA	Affordable Housing Agreement	DHS	Department of Health Services (County dept)
AHDA	Affordable Housing Development Assistance (Santa Rosa)	DSLCL	Disability Services and Legal Center
AHP	Affordable Housing Program (FHLB)	DST	Downtown Streets Team (Petaluma)
AMI	Area Median Income	EA	Environmental Assessment
APE	Area of Potential Effect	EIR	Environmental Impact Report (State)
ASHC	Affordable Housing and Sustainable	EIS	Environmental Impact Statement (Federal)
BHDC	Burbank Housing Development Corporation	ELI	Extremely Low Income
CalHFA	California Home Finance Agency	ENA	Exclusive Negotiating Agreement
Cal-ICH	CA Interagency Council on Homelessness	EOP	End of Participation
CAPIT	Child Abuse Prevention, Intervention and Treatment Fund	ERAP	Emergency Rental Assistance Program
CAPSC	Community Action Partnership Sonoma County	ESG	Emergency Solutions Grants (formerly Emergency Shelter Grants)
CASp	Certified Access Specialist	ESL	English as a Second Language
CBDO	Community-Based Development Organization	FEMA	Federal Emergency Management Agency
CCC	Center for Community Change	FESG	Federal Emergency Shelter Grants Program
CCOC	Cloverdale Community Outreach Committee	FHA	Federal Housing Administration
CCofSR	Catholic Charities of Santa Rosa	FHANC	Fair Housing Advocates of Northern California
CDBG	Community Development Block Grant	FHIP	Fair Housing Initiatives Program
CDBG-CV	CDBG for Coronavirus Response	FHLB	Federal Home Loan Bank
CDBG-DR	CDBG for Disaster Recovery	FHP	Fair Housing Plan
CDC	Community Development Commission	FMR	Fair Market Rent
CE	Coordinated Entry	FONSI	Finding of No Significant Impact
CEF	California Equity Fund	FSS	Family Self-Sufficiency Program
CEQA	California Environmental Quality Act	FY	Fiscal Year
CFH	County Fund for Housing	FYE	Fiscal Year End
CFR	Code of Federal Regulations	GAO	Government Accounting Office
CHAS	Comprehensive Housing Affordability Strategy	GR	Gross Rent
CHD	California Human Development Corporation	GSE	Government-Sponsored Enterprises
CHDC	California Housing Development Corporation	HAC	Housing Assistance Committee
CHDO	Community Housing Development Organization	HAP	Housing Assistance Plan
CHFA	California Home Finance Agency	HAS	Homeless Action Sonoma
CHRB	Community Housing Resource Board	HCD	Housing and Community Development (State of California)
CHRP-O	California Housing Rehabilitation Program for Owner-Occupied Housing	HCDA	Housing and Community Development Act
CHSC	Community Housing Sonoma County	HCV	Housing Choice Voucher
CIF	Community Investment Funds (FHLB)	HDS	Housing Discrimination Study
CLG	Centro Laboral de Graton (Graton Labor Center)	HEART	Homeless Encampment Access and Resource Team (County)
C of O	Certificate of Occupancy	HEAP	Homeless Emergency Assistance Program
CoC	Continuum of Care	HELP	Housing Enabled by Local Partnerships (funded by CalHFA)
COOP	Continuity of Operations	HERO	Helping Enrich Resource Opportunity
COTS	was “Committee on the Shelterless”	HEROS	HUD Environmental Review Online System
CPI	Child Parent Institute	HHAP	Homeless Housing, Assistance and Prevention
CRI	Community Resources for Independence	HHIP	Homeless Housing Incentive Program
CRLP	Commercial Rehabilitation Loan Program	HHSC	Health and Human Services Committee
CSF	Community Services Fund	HMDA	Home Mortgage Disclosure Act
CSHHP	California Self-Help Housing Program	HMIS	Homeless Management Information System
CSN	Community Support Network	HOME	Home Investment Partnerships Program
		HOPWA	Housing Opportunities for People with AIDS
		HOST	Homeless Outreach Service Team

## ACRONYMS & COMMON TERMS – Updated 11-2-2022

HPRP	Housing Prevention Rapid Re-Housing Program	NIMBY	“Not in My Back Yard”
HQS	Housing Quality Standards	NOFA	Notice of Funding Availability
HSD	Human Services Department (County dept)	NOFO	Notice of Funding Opportunity
HUD	US Department of Housing and Urban Development	NOI-RROF	Notice of Intent to Request Release of Funds
HUD/202/811	HUD New Construction for Elderly/Handicapped	NPLH	No Place Like Home
HUD/236	HUD Mortgage Insurance & Interest Reduction Payment for Multi-Family Rental Projects	NSCS	North Sonoma County Services
HUD/8	HUD Section 8 New Construction Program	NSP	Neighborhood Stabilization Program
IG	Inspector General	OMB	Office of Management and Budget
IGR	Independent Group Residence	PASS	Plan for Achieving Self-Support
IIG	Infill and Infrastructure Grant	PBV	Project-Based Voucher
IMD	Institute of Mental Disease	PCC	Program Coordination Committee
IMDT	Interdepartmental Multi-Disciplinary Team	PHA	Public Housing Authority
InRESPONSE	Mental Health Response Team (Santa Rosa)	PHADA	Public Housing Authorities Directors Association
IOLERO	Independent Office of Law Enforcement Review and Outreach (County agency)	PHC	Partnership Health Plan California
IPA	Independent Public Accountant	PHM	Public Housing Manager
JPA	Joint Powers Authority	PHRA	Public Housing Reform Act of 1998
JRT	Joe Rodota Trail	PIC	Public and Indian Housing Information Center
LASC	Legal Aid of Sonoma County	PIH	Public and Indian Housing
LHA	Local Housing Authority	PI	Public Infrastructure (County department)
LI	Low Income	PII	Personal Identifiable Information
LIA	Live-In Aide	PJ	Participating Jurisdiction
LIHF	Low Income Housing Fund (San Francisco-based Fund Source)	PLHA	Permanent Local Housing Allocation
LISC	Local Initiatives Support Corporation	PMSA	Primary Metropolitan Statistical Area Established by the US Census
LMIHAF	Low and Moderate-Income Housing Asset Fund	PPSC	Petaluma People’s Service Center
LSA	Longitudinal Systems Analysis (HMIS)	PRA	Public Records Act
MAI	Member of the Appraisal Institute	PRMD	Permit & Resource Management Department (Sonoma County)
MAR	Monthly Activities Report	PS	Payment Standard
Measure O	¼ Cent Sales tax for housing/homelessness	PSA	Purchase and Sale Agreement
MHP	Multi-Family Housing Project (HCD)	PSH	Permanent Supportive Housing
MITCS	Multi-Family Tenant Characteristics System	PSIF	Preliminary Site Information Form (Part of the RECD Process)
MRBP	Mortgage Revenue Bond Program	PUD	Planned Unit Development
MSA	Metropolitan Statistical Area	QC	Quality Control
MSS	Mobile Supportive Services	QFHO	Qualified Fair Housing Organization
MWBE	Minority and Women’s Business Enterprises	QHWRA	Quality Housing and Work Responsibility Act of 1998
MYFS	Mendocino Youth & Family Services	R&R	Reinvestment and Revitalization Fund
NAHB	National Association of Home Builders	RCAC	Rural Communities Assistance Corporation
NAHRO	National Association of Housing and Redevelopment Officials	RCF	Residential Care Facility
NAMI SC	National Alliance on Mental Illness Sonoma County	RDIP	Rental Development Incentive Program
NAREB	National Association of Real Estate Brokers	REAC	Real Estate Assessment Center (HUD)
NBOP	North Bay Organizing Project	RECDS	Rural Economic Community Development Service
NBVR	North Bay Veterans Resource Center	REFB	Redwood Empire Food Bank
NCCLF	Northern California Community Loan Fund	RFH	Reach for Home
NDP	Neighborhood Development Program	RFP	Request for Proposals
NEPA	National Environmental Policy Act	RFQ	Request for Qualifications
NFHA	National Fair Housing Alliance	RHCP	Rental Housing Construction Program (State of California)
		RRH	Rapid Re-Housing
		RRP	Rental Rehabilitation Program
		RTA	Request for Tenancy Approval

## ACRONYMS & COMMON TERMS – Updated 11-2-2022

SAHA	Satellite Affordable Housing Associates
SAMHSA	US Substance Abuse and Mental Health Services Administration
SAVS	Sonoma Applied Village Services
SAY	Social Advocates for Youth
SCPEO	Sonoma County People for Economic Opportunity
SCFBOP	Sonoma County Faith-Based Organizing Project
SCRIMS	Sonoma County Rental Information and Mediation Services
SEMAP	Section 8 Management Assessment Program
SHPO	State Historic Preservation Office
SLE	Sober Living Environment
SMI	Severe Mental Illness
SMSA	Standard Metropolitan Statistical Area
SOS	Sonoma Overnight Support
SPARC	Site Plan and Architectural Review Committee (Petaluma)
SPMs	System Performance Measurements (HMIS)
SRO	Single Room Occupancy
SSA	Social Security Administration
SSI	Supplemental Security Income
Stella M	HUD online tool to assist in homelessness response system effectiveness
Stella P	HUD program using LSAs to show system performance
SVDP	St. Vincent de Paul
TANF	Temporary Assistance for Needy Families
TAT	Threat Assessment Team
TBA	Tenant-Based Assistance
TBRA	Tenant-Based Rental Assistance
TCAC	Tax Credit Allocation Committee
TLC	TLC Child and Family Services
TLR	The Living Room
TOD	Transit-Oriented Development
TOT	Transit Occupancy Tax (Advertising Fund)
TR	Tenant Rent
TTP	Total Tenant Payment
UA	Utility Allowance
UDAG	Urban Development Action Grant
URP	Utility Reimbursement Payment
USDA-RD	United States Department of Agriculture – Rural Development
VAMA	Voluntary Affirmative Marketing Agreements
VASH	Veterans Affairs Supportive Housing (voucher)
VAWA	Violence Against Women Reauthorization Act of 2005
VCA	Voluntary Compliance Agreement
VLI	Very Low Income
VVC	Vietnam Veterans of California
WCCS	West County Community Services
WPC	Whole Person Care
WRS	Women's Recovery Service
YIMBY	Yes in My Backyard