



**Sonoma County Continuum of Care (CoC) Board  
Agenda for February 24, 2021  
1:00pm-5:00pm Pacific Time**

**Virtual Public Meeting Information:**

<https://sonomacounty.zoom.us/j/93786645534?pwd=QTlmWnViSjdOc3BNSWtEQnBkbldldz09>

Passcode: 813146

Or telephone: 669 900 9128

Webinar ID: 937 8664 5534

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Approx. Time</b>
1.	Welcome, Roll Call and Introductions		Board Chair	1:00pm
2.	Approve Agenda (ACTION ITEM)	2/24 Agenda	Board Chair	1:05pm
3.	Approve minutes from 1/22 meeting (ACTION ITEM)	1/22 Draft Minutes	Board Chair	1:10pm
4.	Word on the Street		Board Chair	1:15pm
5.	Letter of Support for Nation's Finest/Homeless Veterans Reintegration Program (ACTION ITEM)  <i>Item Description: Agency is applying for an employment and training grant to serve veterans in Sonoma County. The agency is requesting a letter of support for the program from the CoC Board signed by the Board Chair.</i>	Draft Support Letter	CDC Staff	1:20pm
6.	Homeless Management Information System (HMIS) Policies and Procedures (ACTION ITEM)  <i>Item Description: This item is a CoC HMIS Capacity Building Grant deliverable. Sonoma County Community Development Commission (SCCDC) incorporated required changes/additions as-directed by U.S. Department of Housing and Urban Development (HUD). SCCDC received no additional feedback for changes from CoC Board members as of 2/1/21 on this document as directed from the 1/22/21 board meeting. SCCDC requests the CoC Board accept the item as-is for the grant deliverable and a larger review of the Governance Charter will happen at a future date.</i>	HMIS Policies	CDC Staff	1:25

7.	Interdepartmental Multi-Disciplinary Team (IMDT) Overview (INFORMATIONAL ITEM)  <i>Item Description: Presentation completed by Will Gayowski on the County's Access Sonoma's Interdepartmental Multidisciplinary Team (IMDT)</i>		DHS Staff	1:35pm
8.	Approve FY 21-22 Homeless System of Care Funding Policies (ACTION ITEM)  <i>Item Description: Detailed policies for the Fiscal Year 2021-22 Sonoma County Consolidated Notice of Funding Availability (NOFA). The Policies govern the allocation and administration of an estimated *\$2,493,660 in combined annual and one-time Federal and State Funding for homeless services in Sonoma County under the purview of the CoC Board. SCCDC requests the CoC Board approve policies as amended from the meeting on 1/15/21.</i>  <i>*Amount revised from previously posted agenda to reflect the amount CoC Board has oversight over, previous amount posted includes local County funds.</i>	FY 21-22 Funding Policies	CDC Staff	2:00pm
9.	Receive Report on System of Care and Approve FY 21-22 Homeless System of Care Funding Priorities (ACTION ITEM with RECUSALS)  <i>Item Description: Overview of the current system of care and respective contracts and proposed funding strategies for programs serving individuals experiencing homelessness in Sonoma County.</i>	FY 21-22 Funding Priorities and Allocations  20-21 Homeless System of Care Staff Reports (Cloud Link)	CDC Staff	2:30pm
10.	5 minute Break			3:00pm
11.	Designate initial CoC Board Committees (ACTION ITEM)  <i>Item Description: SCCDC requests the CoC Board approves the following CoC Committees: Ad hoc CoC Program Evaluation Committee, HMIS Data Committee, Coordinated Entry Advisory Committee, Lived Experience Advisory Committee, and Charter/Strategic Planning.</i>	Draft Committee Descriptions  Draft Committee Application	HUD TA	3:05pm
12.	Review Draft Agenda for March 10 CoC Board Meeting	Draft Agenda for March 10 CoC Board Meeting	CDC Staff	3:40pm

13.	Approve Agenda for March 18 <sup>th</sup> CoC Quarterly Membership Meeting (ACTION ITEM)	Draft Agenda for March CoC Quarterly Membership Meeting	CDC Staff	3:45pm
14.	Staff Report		CDC Staff	3:50pm
15.	Board Member Questions & Comments		CDC Board	3:55pm
16.	Public Comment			

**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 [Karissa.White@sonoma-county.org](mailto:Karissa.White@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 Meeting #2 Meeting Minutes

January 22, 2021

2:30 PM – 5:00 PM Pacific Time – Meeting held by Zoom

[Recording of Meeting](#)

### 1. Welcome and Introductions

- Ben Leroi, Continuum of Care (CoC) Board chair, called the meeting to order at 2:31 p.m. Ben Leroi went over the agenda and clarified Zoom rules around public comment.
- Roll Call was taken:
  - *Present: Sean Hamlin, proxy for Chris Coursey; Tom Schwedhelm, City of Santa Rosa; Kevin McDonnell, City of Petaluma; Jennielynn Holmes, Catholic Charities of the Diocese of Santa Rosa; Chuck Fernandez, Committee on the Shelterless; Bill Carter, Sonoma County Health Services; Margaret Sluyk, Reach For Home; Ludmilla Bade, Community Member; Don Schwartz, City of Rohnert Park; Alena Wall, Kaiser Permanente; Ben Leroi, Santa Rosa Community Health; Stephen Sotomayor, City of Healdsburg; Lisa Fatu, Social Advocates for Youth; Kitchi Maron, Community Member*
  - *Absent: Angela Struckmann, Sonoma County Human Services*

### 2. Agenda Approval

*Angela Struckmann joined at this time.*

Leah Benz, Department of Health Services (DHS), explained future agendas will be not be approved during Board meetings, but suggestions for future agendas will go to the Chair and Vice Chair to prioritize. The Board will only need to approve the agenda for the current meetings, and the Quarterly Membership Meetings.

#### **Board Comments:**

Suggested keeping item 6 as an action item because it was posted in accordance to Brown Act as an action item in error on the Community Development Commission's (CDC) website.

***Jennielynn Holmes motioned to approve the 1/22 agenda as posted with number 6 as an action item; Kevin McDonnell seconded.***

*Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Kevin McDonnell, Chuck Fernandez, Angela Struckmann, Bill Carter, Margaret Sluyk, Ludmilla Bade, Alena Wall, Sean Hamlin, Don Schwartz, Stephen Sotomayor, Lisa Fatu, Kitchi Maron*

Noes: None  
Abstain: None  
Absent: None

***The motion passed.***

**3. Approval of Minutes from 1/15 meeting**

Ben Leroi noted name misspellings. Leah Benz apologized for staff errors, confirming staff has made correction and asked board members to only share substantive changes.

Angela Struckmann clarified her votes were missing on Brown Act and Rosenberg's Rules motions.

***Jennielynn Holmes motioned to approve the minutes from 1/15 as amended; Kevin McDonnell seconded.***

*Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Kevin McDonnell, Chuck Fernandez, Angela Struckmann, Bill Carter, Margaret Sluyk, Alena Wall, Sean Hamlin, Don Schwartz, Stephen Sotomayor, Lisa Fatu*

*Noes: None*

*Abstain: Ludmilla Bade, did not review. Kitchi Maron, was absent for 1/15 meeting.*

*Absent: None*

***The motion passed.***

**4. Approval of Draft CoC Homeless Management Information System (HMIS) Policies and Interim CoC Governance Charter**

*Chris Coursey joined at this time.*

Karissa White, Continuum of Care Coordinator, shared HUD HMIS Capacity Building Grant deliverables and provided an overview of the changes made to the HMIS Policies and Procedures and the Sonoma County CoC Governance Charter with Technical Assistance provided from HUD. The governance documents require Board adoption and are due to HUD on March 30, 2021.

Board Discussion was held regarding the CoC Governance Charter, the HMIS Policies and Procedures, and the need for a full charter review.

**Public Comment was made by the following individuals:**

Teddie Pierce

***Don Schwartz motioned to Retention of item 10.7 and pending review of legal counsel and HUD TA – striking language on page 24 of charter remove delete “or participate in the discussion of” from point 2: Jennielynn Holmes seconded.***

***Ludmila: I would like to motion that we have an ad-hoc committee set in place to look at this to incorporate changes by February meeting.***

The Board discussed Ad-hoc committees, which are on the agenda for the next meeting in February. Board members also discussed the need to set up an Ad-hoc committee for charter review during the next meeting, confirming once the document is submitted to HUD, the Board can start a full charter review.

***Don removed motion.***

Don: can all comments/suggested be shared with entire board.

DEADLINE FOR REVIEW: FEBRUARY 1<sup>st</sup>. Will schedule a second meeting in March.

Jennielynn: wants to clear up on conflict of interest.

***Don Schwartz motions to approve the Governance Charter as is with deletion words subject review of legal counsel and HUD TA – striking language on page 24 of charter remove delete “or participate in the discussion of” /request feedback from all board/discussion of charter and ad hoc will be discussed at a march meeting; Stephen Sotomayor seconded.***

VOTES:

*Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Kevin McDonnell, Chuck Fernandez, Angela Struckmann, Bill Carter, Margaret Sluyk, Alena Wall, Chris Coursey, Don Schwartz, Stephen Sotomayor, Lisa Fatu, Ludmilla Bade, Kitchi Maron*

*Noes: None*

*Abstain: None*

*Absent: None*

***The motion passed.***

**HMIS Policies and Procedures:**

The Board requested to lengthen review time until February 1<sup>st</sup> for this document so that members may have time to review in detail.

***Moved to an action item on next month’s agenda.***

**5. Coordinated Entry System (CES) prioritization: Interim Changes to Coordinated Entry Prioritization & Coordinated Entry Vulnerability Assessment**

Karissa White, Continuum of Care Coordinator, gave an overview the recommended interim changes to the weight of the current the Coordinated Entry System vulnerability assessment.

**Board Comments:**

Clarification was provided around youth scoring of the assessment and how that might impact youth experiencing homelessness.

**Public Comment was given by the following:**

Teddie Pierce  
Gerry La Londe-Berg  
Adrienne Lauby  
Zoe Kessler  
Gregory Fearon

***Tom Schwedhelm motioned to accept interim changes to Coordinated Entry prioritizations; Bill Carter seconded.***

*Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Kevin McDonnell, Chuck Fernandez, Angela Struckmann, Bill Carter, Margaret Sluyk, Alena Wall, Chris Coursey, Don Schwartz, Stephen Sotomayor, Lisa Fatu, Ludmilla Bade, Kitchi Maron*

*Noes: None*

*Abstain: None*

*Absent: None*

***The motion passed.***

**6. Coordinated Entry System Transition Plan**

CDC's Assistant Director Tina Rivera updated the Board on plans for the Coordinated Entry System (CES) operator transition plan. Tina confirmed per HUD TA, since the CDC selected the current Operator as part of its grant and they are the direct CoC Program recipient for CES, the CDC can delegate a new sub-recipient as part of previous practice.

**Board Comments:**

Board wanted further clarity on using input from providers and a presentation on the IMDT team. Board recommends an RFP to request proposals to run Coordinated Entry operations as the CDC did during the initial operator assignment.

Assistant Director Tina Rivera confirmed staff will seek HUD TA guidance and confirmation around an RFP process and reported the agency is willing to do this.

***No action at this time.***

**7. Review of items for February 24 CoC Board Meeting & March 18 Quarterly Membership**

Leah Benz, DHS, confirmed an upcoming HUD TA 2-hour training February 3<sup>rd</sup> and February 9<sup>th</sup> and board members should select one to attend. These two meetings will cover the roles and responsibilities of the Continuum of Care and CoC Board.

Leah also shared the proposed quarterly membership meeting items. The Board reviewed the draft agenda for 2/24 and gave input including adding a break in the meeting and to increase number of meetings.

#### **8. CDC Website Review (Tentative)**

This item was removed as the website is not ready.

#### **9. Staff Report**

CDC's Ending Homelessness Manager Michael Gause shared a brief update on the non-congregate shelters (NCS) and Project Homekey. The federal government announced it will now have a 100% NCS shelter reimbursement, compared to the previous reimbursement rate of 75%.

#### **10. Board Member Questions and Comments**

Tom Schwedhelm discussed a letter that was written for Project Homekey, providing support from the CoC. It was confirmed the letter should have been written on behalf of the CDC and not the Continuum of Care. It was confirmed that letters needing support from the CoC will be brought to the CoC Board for approval. Michael Gause shared the letter was written in error and had no effect on the outcome of Project Homekey sites.

Ludmilla Bade shared gratitude for West County Health Centers work in West County and Catholic Charities. She also reported shelter residents want to contribute more to the work of the CoC.

#### **11. Public Comment on non-agendized items**

The following members of the public made comments during this time:

- Gregory Fearon
- Gerry La Londe-Berg
- Adrienne Lauby

**The meeting adjourned at 6:21 pm.**



**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** Letter of Support for Nation's Finest/Homeless Veterans Reintegration Program

**Date:** February 24, 2021

**Staff Contact:** Michael Gause, Ending Homelessness Manager [Michael.Gause@sonoma-county.org](mailto:Michael.Gause@sonoma-county.org)

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Agenda Item Overview

The Santa Rosa Nation's Finest team proposes a new program for homeless and extremely-low-income veterans in the community. The program, entitled the Homeless Veterans Reintegration Program (HVRP,) provides education and job training services, as well as job coaching and job placement services for eligible veterans.

If successful in obtaining the grant, Nation's Finest will serve more than fifty homeless and at-risk veterans each year. This service will be offered in coordination with the Nation's Finest rapid rehousing services and behavioral health services already offered to homeless and at-risk veterans throughout Sonoma County.

Staff Recommendation

Staff recommends the CoC Board approve the letter of support for Nation's Finest grant application to apply for additional resources for veterans in Sonoma County.

February 24, 2021

Chris Johnson, President/CEO  
Nation's Finest (NF)  
2455 Bennett Valley Road, C105  
Santa Rosa, CA 95404

**RE: Nation's Finest Participation in Sonoma County Continuum of Care and Support for the U.S.  
Department of Labor Homeless Veteran's Reintegration Program**

Dear Mr. Johnson:

This letter confirms that Nation's Finest is a member of the Sonoma County Continuum of Care, and is a key participant in the local Coordinated Entry System (CES). Nation's Finest is currently one of the primary Access Points for veterans entering the no-wrong-door CES of Sonoma County.

Nation's Finest is a local provider for the Supportive Services for Veteran Families (SSVF) grant. Because of this connection to our homeless communities, Nation's Finest is uniquely suited to assist homeless veterans with employment services in the region.

Nation's Finest works closely with the Sonoma County Continuum of Care, and the CES to ensure that homeless and at-risk veterans find and maintain appropriate permanent housing, and connects veterans to a host of other community services such as employment and training, benefits assistance, healthcare, behavioral healthcare, legal assistance, and emergency aid.

Nation's Finest is an active participant and collaborative member with the Sonoma County Continuum of Care, participates in the local HMIS and data sharing initiative, and is a model program for other veteran and non-veteran programs dedicated to rapid re-housing and homelessness prevention.

Thank you for your assistance with our efforts to provide social services, and permanent, stable housing for veterans and their families residing in our communities. I fully support your efforts in obtaining a grant that will assist homeless veterans reintegrating into the workforce with necessary employment and training services.

Sincerely,

Ben Leroi  
Continuum of Care Board Chair, Sonoma County  
Special Population Programs Director, Santa Rosa Community Health









# WE SERVE VETERANS

and their families at more than 30 locations in 14 mostly rural communities in California, Arizona and Nevada. With a primary focus on housing, mental health, case management and employment services, we take a comprehensive approach to addressing the individual needs of each veteran, and we pride ourselves on helping veterans help themselves. Founded in 1972 by a group of Vietnam veterans, we have 48 years of experience and expertise in meeting the needs of the veteran community.

Through our subsidiary Veterans Housing Development Corporation, we also develop affordable housing specifically for veterans and their families. VHDC's focus is building homes and communities for those who served our country, providing them with a stable and secure place where, with our help, they can rebuild their lives and recapture the sense of belonging and purpose they may have lost somewhere along the way.



## Our Services

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-  Mental health counseling
-  Case management
-  Mobile service units
-  Employment services
-  Art therapy

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-  Community-focused
-  Human
-  Active
-  Nonpartisan
-  Inclusive



“The people at Nation’s Finest love what they do for veterans. I was homeless when I came to Santa Cruz. A few weeks later, a case manager helped me get my first apartment – and I haven’t looked back.”

G. Phlint  
US Army veteran

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**3 Transitional Homes**, including one specifically for female veterans and their children, where homeless veterans with mental health disorders can stay for up to two years and receive a range of clinical services as well as employment and training programs, legal aid and other support.

**2 Sober Living Homes**, shared living environments where the veterans handle daily chores, attend house meetings, work on their problem-solving skills and agree to live a clean and sober lifestyle and submit to random drug testing.

**3 Mobile Support Units**, RVs outfitted as mobile offices to provide services to veterans living in rural areas that are difficult to reach because of long distances from brick and mortar service centers.

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At Nation's Finest,  
our mission is to support  
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to housing, health and  
employment that helps them  
achieve self-sufficiency  
and reach their full potential.



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- \$5 feeds a veteran for a day (3 meals) in one of our residential facilities
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US Army Veteran

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## **Sonoma County Continuum of Care Board Executive Summary**

**Item:** Sonoma County Homeless Management Information System (HMIS) Policies & Procedures

**Date:** February 24, 2021

**Presenter:** Karissa White, Continuum of Care Coordinator

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### **Agenda Item Overview**

On September 30, 2019, the Sonoma County Community Development Commission (CDC) was one of the few communities awarded the Homeless Management Information System (HMIS) Capacity Building Grant from HUD. This grant allows the CDC to work with an assigned technical assistance provider to improve the HMIS system by expanding HMIS infrastructure and capacity, helping improve the overall data system and governance for our homeless system of care.

HMIS has become essential to the day-to-day delivery of resources to individuals and families experiencing homelessness, monitoring the use of federal funding, informing funding decisions, and allowing communities to develop data-driven strategies to positively impact efforts to end homelessness.

This item was set for approval at the CoC Board meeting on January 22, 2021. CoC Board members agreed additional time was needed for board members to review the policies presented for approval and were given a deadline of February 1, 2021, to submit feedback/questions. The CoC Board provided no additional information to CDC staff within the timeline, and the only question that came up that was resolved.

As a reminder, the document's revisions incorporate changes requested from our HUD Technical Assistance Provider assigned to the HMIS Capacity Building Grant. As a grant deliverable, we are required to submit the finalized documents with the CoC Board's approvals by March 30, 2021.

### **Staff Recommendation**

CDC staff request the CoC Board adopt the HMIS Policies and Procedures as-is for the HMIS Capacity Building Grant deliverable, understanding that the HMIS Data Committee will review the document once formed.

February 9, 2021

Sonoma County Community Development Commission  
1440 Guerneville Road  
Santa Rosa, CA 95403

On (8/31/2020) Community Technology Alliance submitted to the Sonoma County Community Development Commission a revised "HMIS Governance Charter Policies and Procedures" (HMIS P&P) document.

Community Development Commission staff retained Community Technology Alliance to review their existing HMIS P&P document, then update the document to be in full compliance with HUD's HMIS Data and Technical Standards, and with the recommendations of Sonoma's Technical Assistance provider. We also leveraged our 30 years of experience in, and compliance with, administering homeless management systems for multiple California continuums of care.

CTA reviewed the original HMIS Policies and Procedures document provided by the Sonoma County Community Development Commission. CTA was also provided an excel document listing findings and deficiencies in the current policies and procedures document as identified by the HUD Technical Assistance provider currently working with Sonoma County. CTA drafted a new document preserving what was appropriate in the existing policies and procedures document and addressed all deficiencies and findings. The draft document was sent to the HUD TA provider for review. It was concluded that all issues with the previous P&P document were adequately addressed.

Sincerely,



Bob Russell  
Chief Executive Officer  
Community Technology Alliance  
408-549-1708  
[bob@ctagroup.org](mailto:bob@ctagroup.org)



COUNTY OF  
**SONOMA**

# Homeless Management Information System (HMIS) Policies and Procedures

## Homeless System of Care

The goal of the Sonoma County Continuum of Care is to achieve functional zero homelessness in Sonoma County through utilization of a Housing First strategy. Through Sonoma County's homeless system of care, persons experiencing homelessness will be connected to permanent housing as quickly as possible by strategically targeting Rapid Re-housing and Permanent Supportive Housing as resources.

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## Introduction

This document provides the framework for the ongoing operations of the Homeless Management Information System (HMIS) for the Sonoma County Continuum of Care.

Congress has established a national goal that all communities should be collecting an array of data about homelessness, including unduplicated counts of individuals who are homeless, their use of services and the effectiveness of local assistance systems. HMIS is a valuable resource because of its capacity to integrate and unduplicated data from all participating homeless assistance and homeless prevention programs in a Continuum of Care. Aggregate HMIS data can be used to understand the size, characteristics and needs of the homeless population at the local, state and national levels. The HMIS Data and Technical Standards are issued by the U.S. Department of Housing and Urban Development (HUD). The Sonoma County Continuum of Care's Homeless Management Information System (HMIS) is operated by the Sonoma County Community Development Commission.

The roles and responsibilities described in this document will primarily be fulfilled by the Continuum of Care, the HMIS Lead Agency, and HMIS Partner Agencies (referred to by HUD as Contributing Homeless Organizations or CHOs).

All HMIS End Users are required to read and comply with the HMIS Data and Technical Standards. Failure to comply with the HUD standards carries the same consequences as failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures and Security Plan are not consistent with the HUD HMIS Standards, the HUD Standards take precedence. Should any inconsistencies be identified, please immediately notify the HMIS Lead Agency.

For agencies or programs where HIPAA applies, HIPAA requirements take precedence over both the HUD HMIS Data Requirements (as specified in those requirements) and these Policies and Procedures. Agencies and programs are responsible for ensuring HIPAA compliance.

The Project Overview provides the main objectives, direction and benefits of HMIS. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions. Operating Procedures include the HMIS Privacy Plan and Security Plan which provides specific policies and steps necessary to control the operational environment and enforce compliance in project participation, workstation security, user authorization and passwords, training of collection and entry of client data, release and disclosure of client data, training, compliance, and technical support. HMIS Data Quality Plan provides specific rules on specific data points that need to be added to the system per funding source including the timeframe when data needs to be entered. The Other Obligations and Agreements section discusses

additional considerations of this project and the Forms Control section provides information on obtaining and updating forms, filing and record keeping.

## **What is HMIS and Its Purpose**

The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the collaborative in a better position to request funding from various sources and help better plan for future needs. The purpose of the Sonoma County HMIS is to be an integrated network of homeless and other services providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet federal requirements, but also enhance service planning and delivery. The fundamental goal of the Sonoma County HMIS is to document the demographics of homelessness in Sonoma County according to the HUD HMIS standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from actual experiences of homeless persons, the service providers who assist them in shelters, and other homeless assistance programs throughout the counties. Data that is gathered via intake interviews and program participation will be used to complete HUD annual progress reports. This data may also be analyzed to provide unduplicated counts and anonymous data to policy makers, service providers, advocates, and consumer representatives.

Sonoma has chosen Efforts to Outcomes by Social Solutions as its web-enabled HMIS application residing on a vendor hosted central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project including only authorized staff members that have meet the necessary training and security requirements.

### **Potential benefits for homeless men, women, children and case managers:**

Service coordination can be improved when information is shared, with written client consent, among case management staff within one agency or with staff in other agencies who are serving the same clients. Better service coordination leads to a shorter time to housing.

### **Potential benefits for agencies and program managers:**

Aggregated information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD. Aggregated information can be used to develop a more complete understanding of

clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD.

### **Potential benefits for the community-wide Continuum of Care (CoC) and policy makers:**

County-wide involvement in the project provides the capacity to generate HUD annual progress reports for the (Continuum of Care) CoC and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services. In addition, it will assist the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

## **Governing Principles**

All End Users are expected to read, understand, and adhere to these *Governance Policies and Procedures*. Described below are the overall governing principles upon which all decisions pertaining to the Sonoma County's HMIS are based:

Clients can control what is being entered into HMIS. Each individual client can grant informed consent, limited data sharing, be entered as anonymous or revoke consent to their information at any time.

End Users are to securely and accurately enter in client's data into HMIS, understanding the data is valuable and sensitive in nature. Policies written in this document will ensure protection of this asset from accidental or intentional unauthorized modification, destruction or disclosure.

End Users are to strive for the highest possible degree of data quality. As poor data quality can lead to reduction in funding for service.

### **Confidentiality**

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients' privacy without impacting the delivery of services. Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

### **Data Integrity**

Client data is the most valuable and sensitive asset of the Sonoma County's HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

### **System Availability**

Sonoma County HMIS is hosted and maintained by Social Solutions. It is Social Solutions responsibility to maintain System Availability for homeless service Agencies in Sonoma County. The System is available and accessible through a modern internet browser.

### **Compliance**

Violation of the Governance Policies and Procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

## **Key Support Roles & Responsibilities**

### **Continuum of Care Board**

Sonoma County's primary decision-making group regarding homelessness services, housing and funding is the Sonoma County Continuum of Care Board. This fifteen-member public-private decision-making body will align funding and policy to address homelessness throughout the County, and serves as the county's Continuum of Care Board to address HUD requirements. The board must be a subset of the CoC membership that is established in accordance with the CoC regulations governing board composition (*Please refer to the Sonoma County Continuum of Care Governance Charter for details*).

### **Responsibilities**

- a. Designate a single HMIS for the Sonoma County geographic area and designate an eligible applicant to manage it.
- b. Promote and/or enforce HMIS Participation
- c. Develop and implement strategic plan for HMIS participation and develop data driven solutions.
- d. Receives and approves HMIS system-wide information and reports.
- e. Monitor performance and evaluate outcomes of the following programs: Emergency Solutions Grant (ESG), Continuum of Care (CoC), Homeless Emergency Aid Program (HEAP), State Homeless Housing Assistance and Prevention (HHAP) Program, and California Emergency Solutions and Housing (CESH).
- f. Review and approve all HMIS plans, forms, standards and governance documents.
- g. Establish appropriate performance target by populations and programs

- h. Ensure compliance with federal regulations
- i. Assists Community Development Commission and Provider Agencies to identify and apply for other public and private funding sources for HMIS operations.

## **HMIS Management Team (Sonoma County Community Development Commission- lead agency)**

In an effective system of care, Lead Agency professional staff play a key role, serving as a bridge between the Continuum of Care Board and the CoC Board developed Committee's. The Lead Agency is responsible for providing support, data, and accountability for both groups as well as filling the role of Collaborative Applicant for HUD-mandated Continuum of Care responsibilities. The Sonoma County Community Development Commission (the Commission) serves as the Lead Agency. The Sonoma County Continuum of Care Board may revisit the Lead Agency designation at its discretion.

### **Responsibilities**

- a. Serve as the Lead Agency for the Sonoma County Continuum of Care.
- b. Develop, review, and revise all HMIS plans, forms, standards and governance documents.
- c. Prepare Sonoma County System Performance Measures, AHAR/Longitudinal System Analysis, and other data submissions, in alignment with HUD requirements.
- d. Develop and implement a process for accepting additions to the CoC Board's Committee's.
- e. Staff the CoC Board and Committee's.
- f. Ensure that all data is reported accurately and with integrity so that the CoC Board has confidence in the credibility of all reported data presented to its members.
- g. Protect all Personally Identifiable Information (PII) in accordance with HUD guidelines.
- h. Liaison with Housing and Urban Development (HUD)
- i. Serves as Liaison and Executes contract with HMIS software vendor
- j. Liaison with Partner Agencies to ensure they meet HMIS requirements
- k. Executing and maintaining copies of signed Participation Agreements
- l. Monitoring and providing regular reports to the CoC Board.
- m. Configuring HMIS software to meet needs of Partner Agencies and CoC
- n. Oversee HMIS licensing- procuring, issuing, removal
- o. Provide End User technical support or operation issues
- p. Oversees all training of Provider Agency Leads and End-users.

- q. Oversees system-wide reporting including ETO results and operating reporting tools such as Excel, Crystal Reports and others.
- r. Develops documentation of created reports.

## **HMIS Coordinator**

The HMIS Coordinator is an employee of the HMIS Lead agency and is the primary point of contact for all service providers for matters relating to HMIS.

### **Responsibilities**

- a. Database
  - Oversees HMIS project performance.
  - Responds to system needs.
  - Oversees all training of Provider Agency Leads and End-users.
- b. Support
  - Oversees Help-Desk function.
  - Oversees HMIS technical support services.
  - Supervises internal and external security protocols.
  - Addresses HMIS technical operational issues.
- c. Data integrity
  - Monitors operation of the HMIS database.
  - Monitors and evaluates the quality, timeliness, and accuracy of data input, data management, and data reports.
  - Assists HMIS Users.
  - Identifies and addresses potential operational issues with individual Provider Agencies, the HMIS Users, the CoC Board, and relevant parties
- d. Reports
  - Oversees system-wide reporting.
  - Writes detail report specifications based on requests from the User Group and Project Team.
  - Generates reports using ETO Results
  - Understands and operates reporting tools such as Excel, Crystal Reports and others.
  - Develops documentation of created reports.

## **Partner Agency Technical Administrator**

The Partner Agency Technical Administrator is an employee of the HMIS Partner Agency (Agency Executive Director or Executive Director's designee) and is the first point of contact for all service providers for matters relating to HMIS.



## Responsibilities

- a. Overseeing agency compliance with the Participation Agreement and all applicable plans, forms, standards and governance documents.
- b. Detecting and responding to violations of any applicable HMIS plans, forms, standards and governance documents.
- c. Serving as the primary contact for all communication regarding the HMIS at this agency and forwarding information to all agency End Users as appropriate.
- d. Ensuring thorough and accurate data collection by agency End Users as specified by HMIS forms and standards.
- e. Provides technical support assistance to agency's End-users.
- f. Monitors End-user compliance in regards to confidentiality, and data integrity:
  - Is responsible for insuring appropriate use of the database by Provider Agency's designated staff.
  - Allows HMIS database access only to qualified End-users based upon job description and need to access.
  - Reviews HMIS Policies and Procedures with all End-users, both new and old.
- g. Develops and maintains **internal** policies and procedures to ensure:
  - New and continued staff training.
  - Timely and accurate input of HMIS data.
  - Personnel procedures addressing violations of the HMIS Code of Ethics.
  - Protocols for data access and reporting.
- h. Maintaining agency and program descriptor data in HMIS,
- i. Ensuring all users adhere to trainings provided by Sonoma County, and ETO. Providing licenses for HMIS System only after the authorized End-users completes all necessary training and signs documents outlined in End-user Training Guide.
- j. Performing authorized imports of client data.
- k. Updates Provider Agency and End-users on decisions made during Data Group meetings.
  - **Quarterly Provider Meetings**
    - i. Purposes:
      1. Opportunity for Benchmarking between participants
      2. Review core processes and related measures
      3. Identify issues and share solutions
      4. Identify those issues where additional help is needed

5. Incorporate process and outcome measures (For example Sonoma County CoC HMIS Project requires coverage rates types of reports generated at the Provider Agency level)
  6. Support transparency
  7. Share successes
  8. Review aggregated data
  9. Formalize communication between Provider Agency and System Administrators
  10. Provides routine End-user satisfaction input
- ii. Types and Frequencies
    1. Agency Administrator / User Group Meetings – Quarterly
    2. Data Committee – monthly
    3. Specialty Provider Agency Meetings (as needed):
      - a. Domestic Violence
      - b. Runaway Youth
      - c. Housing Specialists
      - d. Mental Health
      - e. Homeless Education Providers
  - iii. Meeting Requirements
    1. Minimum attendance levels (= all those with End-user licenses + leadership)
    2. Structured Meeting Agenda reviewing core processes:
      - a. Coverage – Are all the clients being entered? What % of the homeless are in the System?
      - b. Client Refusals
      - c. Data Quality – null data fields, # of data corrections
      - d. Interview issues
      - e. Definition questions
      - f. Training needs
      - g. Privacy and Security issues
      - h. Reports: Review Provider
      - i. Agency aggregated data
      - j. Structured Minutes with copy sent to System Administrator to monitor End-user meeting compliance with the Sonoma County CoC HMIS Project contract
  - iv. Additional Processes related to System Administrator and Sonoma County CoC HMIS Project Meetings
    1. System Access / Licenses
    2. System Performance

3. Routine Support
4. Contract Compliance

## **Partner Agency Security Officer**

The Partner Agency Security Officer is an employee of the HMIS Partner Agency. This could be the same employee as Partner Agency Technical Administrator, who monitors security for the workstations.

### **Responsibilities**

- a. Conduct a thorough quarterly review of internal compliance with all applicable HMIS plans, standards and governance documents.
- b. Completing the Compliance Certification Checklist and forwarding the Checklist to HMIS Coordinator at least once per year.
- c. Continually monitoring and maintaining security of all staff workstations used for HMIS data entry.
- d. Safeguarding client privacy by ensuring End User and agency compliance with confidentiality and security policies.
- e. Investigating potential breaches of HMIS system security and/or client confidentiality and notifying Sonoma County of substantiated incidents.
- f. Developing and implementing procedures for managing new, retired, and compromised local system account credentials.
- g. Developing and implementing procedures that will prevent unauthorized users from connecting to private agency networks.
- h. Ensure proper agency workstation configuration and for protecting their access by all agency users to the wider system.
- i. Assumes responsibility for integrity and protection of client information entered into the HMIS database.
- j. Update virus protection software on agency computers that accesses the HMIS database on a scheduled, regular basis.
- k. Ensuring the agency provides and maintains adequate internet connectivity.
- l. Provides manual data entry processes in the event of a HMIS disaster.
- m. Monitors End-user compliance in regards to security.
- n. Is responsible for insuring appropriate use of the database by Provider Agency's designated staff.

## End User

Each agency will have 1 or more end users that will be responsible for timely data entry into the HMIS. Only those parties authorized for the following reasons may be provided access to the HMIS:

- a. Data entry
- b. Editing Client records
- c. Viewing Client records
- d. Report writing
- e. Administration
- f. Other essential activities associated with HMIS Provider Agency business use

## Responsibilities

- a. Entry client data into HMIS
- b. Meet data entry timeliness
- c. Adhere to HMIS and Provider Agency Policy and Procedures
- d. Protect HMIS and Provider Agency data and information
- e. Prevent unauthorized disclosure of data
- f. Report Security Violations to Agency Administrator
- g. Remain accountable for all actions undertaken with his/her End-user name and password

## HMIS Operating Procedures

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### Agency Implementation Policies

- a. Sign HMIS Agency Participation Agreement.
- b. Set up End-user identification and grant access to the database based upon the End-user's job description.

### HMIS Project Participation Policy

Agencies participating in the Sonoma County HMIS Project shall commit to abide by the governing principles of the Sonoma county HMIS Project and adhere to the terms and conditions of this partnership as detailed in the Participation Agreement. Agencies receiving Continuum of Care Program or Emergency Solutions Grant funding are required to participate in HMIS.

### Responsibilities

- a. The Partner Agency, (referred to by HUD as Contributing Homeless Organizations or CHOs) shall confirm its participation in HMIS and commitment to these Policies and Procedures by submitting a Participation Agreement signed by the Partner Agency's Executive Director to the HMIS Lead Agency. The HMIS Lead Agency will return a copy of the countersigned Participation Agreement to the Partner Agency's Technical Administrator and/or Executive Director.
- b. At the time the Partner Agency begins participating in HMIS, it must designate at least one Technical Administrator who must obtain an HMIS license. If the Technical Administrator is not the same person as the Executive Director, then the Technical Administrator must also sign the Participation Agreement. In either case, the Technical Administrator must be listed in writing on the Participation Agreement. If a new Technical Administrator later takes over this responsibility, the change must be recorded in writing and communicated to the HMIS Lead.
- c. The HMIS Lead Agency will maintain a file of all signed Participation Agreements.
- d. Each Partner Agency shall re-confirm the agency's participation in HMIS and commitment.
- e. The HMIS Lead Agency will maintain and publicly publish a list of all current Partner Agencies on the HMIS web portal.

### For Agencies participating in Coordinated Entry

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting ("inferred consent") to the use of the HMIS to store this information. The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing (“disclosure”). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of CE to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user’s access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement. Services will not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant’s personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data.

## Minimum Participation Standards

Partner agencies must collect the required Universal and Program Specific data elements required for their funding source as required in the HUD HMIS Data standards manual, and the HMIS program manual for that funding source if applicable. Non funded agencies must collect data elements required for their project type to be considered participating.

As referenced below:

### Universal Data Elements:

Name  
Social Security  
Date of Birth  
Race  
Ethnicity  
Gender  
Veteran Status  
Disabling Condition  
Project Start Date  
Project Exit Date  
Destination  
Relationship to Head of Household

Client Location  
Housing Move –in Date  
Prior Living Situation (3.917A or 3.917B)

### Program Specific Data Elements:

Income and Sources  
Non-Cash Benefits  
Health Insurance  
Physical Disability  
Developmental Disability  
HIV/AIDS  
Mental Health Problem  
Substance Abuse

Domestic Violence  
Current Living Situation  
Data of Engagement

Bed-night Date  
Coordinated Entry Assessment  
Coordinated Entry Event

All data must be entered in a timely manner and be checked for accuracy.

## Data Collection

### Provider Agency will:

- a. Assume responsibility for End-user's data entry and accuracy.
  - View, obtain, disclose, or use the database information only for business purposes related to serving the Provider Agency's clients.
- b. Monitor End-user data entered into the HMIS database, in accordance with Provider Agency's policies and the HMIS minimum data standards.
- c. Not delete a client profile created by another Provider Agency.
- d. Correct inaccurate information and missing required data elements.
- e. **Not** misrepresent the number of clients served or the types of services/beds provided.
  - Only view, obtain, disclose, or use the database information for business purposes related to serving the Provider Agency's clients.
  - Enter data into the HMIS database in accordance with the Provider Agency's policies and the Sonoma County CoC HMIS minimum data standards.
  - Not enter any fictitious or misleading client data.
  - Not over-ride or delete information entered by another End-user.
  - Edit and/or delete only screens entered by the individual End-user.
  - Save data entered at regular intervals. (If the system remains inactive for longer than fifteen minutes, it will automatically log the End-user off the database and not save entered data.)
- f. Client data will be entered into the HMIS in a timely manner.
- g. Client identification should be completed during the intake process or as soon as possible following intake and within 5 calendar days.
- h. Service records should be entered on the day services began or as soon as possible within 5 calendar days.
- i. Required assessments should be entered as soon as possible following the intake process and within 5 calendar days.
- j. Do not enter discriminatory comments made by or about an employee, volunteer, client, or any person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation unless direct quotes are deemed essential for assessment, service, and treatment purposes.
- k. Not enter offensive language and profanity into the HMIS database unless direct client quotes are deemed essential for assessment, service, and treatment purposes.

- I. Hardcopy and electronic files will continue to be maintained according to individual program requirements in accordance with the HUD Data Standards.

## **HMIS Partnership Violations and Termination – Data Transfer Policies**

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### **Sequence of Procedures**

Introduction: After a confirmed report of a HMIS procedural violation, the HMIS Coordinator Administrator implements action within 24 hours.

- In emergency situations i.e. security breach and/or imminent danger to the database, the HMIS Coordinator immediately contacts and reports to Sonoma County Community Development Commission's (SCCDC) Ending Homelessness Manager, who has final authority for the impending action.
- In all other cases, the HMIS Coordinator implements a course of action outlined in the following steps:

Step 1: Consultation with the Provider Agency

Step 2: Written warning

Step 3: Sanctions

Step 4: Probation

Step 5: Suspension

Step 6: Termination

Step 1: Consultation with the Provider Agency. The HMIS Coordinator:

- a. Contacts and discusses the inappropriate practice with the Provider Agency Administrator.
- b. Itemizes specific requirements for improvement.
- c. Identifies a time frame for implementation and completion of the corrective measure(s).
- d. Coordinates further training if deemed necessary.
- e. Documents conversation and reports this information to technical support staff for database entry.
- f. Alerts technical support staff to begin monitoring procedures, which remain in place until resolution.

Step 2: Written Warning



- a. If any corrective measures do not happen, or if inappropriate practices continue over multiple months, then the HMIS Coordinator, under the guidance of the Data Committee, and SCCDC Administrators, implements a written warning procedure.
- b. The HMIS Coordinator or an appropriate HMIS staff member (under the HMIS Coordinator instruction) sends a written notice, via certified mail, to the Provider Agency Administrator which includes:
  - An explanation of violations and itemizes specific requirements for improvement as defined through a Corrective Action Plan. (See Corrective Action Plan Policy)
  - A time frame for implementation and completion of the corrective measure(s).
  - A copy of the written summary documenting the HMIS Coordinators, User Group and SCCDC Ending Homelessness Managers review of the Provider Agency's profile.
  - A training or technical assistance plan, if deemed necessary.
  - Further HMIS actions if the inappropriate practice(s) continue.
- c. The technical support staff archives a copy of the written warning in the Provider Agency's file, the Provider Agency receives the original written notice.

### Step 3: Sanctions

- a. If the Provider Agency fails to provide satisfactory responses to the written warning within the allotted time period, as defined in the Corrective Action Plan, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and SCCDC Ending Homelessness Manager.
- b. The Data Committee and SCCDC Ending Homelessness Manager review all previous correspondences and/or Provider Agency corrective action responses and determine sanctions based on the evidence.
- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending sanctions, the effective date, a copy of the original written notice, a copy of the HMIS Grievance Policy and this policy.
- d. The technical support staff archives a copy of the sanctions notification in the Provider Agency's file, the Provider Agency receives the original written notice.

### Step 4: Probation

- a. If the Provider Agency fails to provide satisfactory responses to the sanctions within the allotted time period, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and SCCDC Ending Homelessness Manager.
- b. The Data Committee and SCCDC Ending Homelessness Manager review all previous correspondence and Provider Agency corrective action responses and determine warranted probation.

- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending probation and the effective date.
- d. Assigns Technical Support staff to work with and monitor resolution of identified areas of violation.

The notification:

- a. Explains the violation(s) and itemizes specific requirements for improvement.
- b. Identifies assigned HMIS staff, who will work collectively with the Agency Administrator and Executive Director, to determine the reason(s) for ineffective corrective measures and create a time-line for effective resolution.
- c. Includes a copy of the Data Committee and SCCDC Ending Homelessness Manager's review of the Provider Agency's issues.
- d. Explains the change in provider status to Probationary Provider Agency.
- e. The probationary period remains effective until all corrective measures meet the Data Committee and SCCDC Ending Homelessness Manager's approval and will not persist past one hundred and eighty (180) days from the notification date.
- f. The technical support staff archives a copy of the probation notification in the Provider Agency's file; the Provider Agency receives the original written notice.

Step 5: Suspension

- a. If the Probationary Provider Agency's inappropriate practice(s) continues or reoccurs, and there is no resolution with the HMIS Coordinator and HMIS staff satisfactory to the Data Committee and SCCDC Ending Homelessness Manager, then the HMIS Coordinator begins the suspension process.
  - The HMIS Coordinator:
    1. Notifies via certified mail the Provider Agency of impending suspension and the effective date.
    2. Assigns appropriate HMIS staff to facilitate data identification and data transfer to another database.
    3. Immediately inactivates all Provider Agency End-user database access.
    4. Only reactivates End-user access after receiving written permission via email or fax from the Data Committee and/or SCCDC Ending Homelessness Manager.
  - The notification:
    1. Identifies assigned HMIS staff, who will work collectively with the Provider Agency Administrator and Executive Director, to identify and transfer database elements needed for the Provider Agency to continue conducting business.

2. Includes an updated copy of the Data Committee and SCCDC Ending Homelessness Manager's review and decision to suspend Provider Agency's HMIS access.
3. Explains the change in provider status to Suspended Provider Agency and the suspension of all End-user database access.
4. Explains the requirement of a mandatory meeting to address the resolution of inappropriate practices. The HMIS Coordinator coordinates the meeting time and place with all participants, which include the Agency Administrator and/or the Executive Director, Data Committee representatives and SCCDC Ending Homelessness Manager.
5. Explains the possibility of the Provider Agency losing HUD funding.

b. The technical support staff archives a copy of the suspension notification in the Provider Agency's file; the Provider Agency receives the original written notice.

#### Step 6: Termination

- a. If the Probationary Provider Agency refuses to attend the mandatory meeting or comply with HMIS Policy and Procedures, then SCCDC Ending Homelessness Manager issues an order to the HMIS Coordinator to permanently terminate the Provider Agency access to the HMIS database.
  - HMIS Coordinator notifies via certified mail the Provider Agency the effective date of termination.
- b. Data Transfer
  - The Terminated Provider Agency
    - i. Must submit a request for their data within 60 days of termination.
    - ii. Assumes responsibility for cost of data transfer to another database.
    - iii. Pays the HMIS accountant prior to data delivery.
  - The SCCDC Ending Homelessness Manager, in conjunction with Social Solutions Group, provides a detailed cost analysis and time-line of data transfer.
- c. The Social Solutions Group will provide the data file in ASCII delimited format only.

#### Reinstatement

The Terminated Provider Agency may request reinstatement once previous violations have been addressed and corrected.

#### Reinstatement Process:

#### Terminated Provider Agency:

1. Contacts HMIS Lead Agency for reinstatement.
2. Fills out Reinstatement Corrective Action Plan, which identifies violation(s) and concerns.
3. Provides documented evidence of corrective procedures.
4. Establishes a time-line for completed corrective procedures.

#### HMIS Coordinator:

1. Acknowledges within 24 hours receipt of the Reinstatement Corrective Action Plan via email.
2. Reviews and determines feasibility of Reinstatement Corrective Action Plan.
3. Contacts Provider Agency, within five working days, with any modifications to or approval of the submitted Reinstatement Corrective Action Plan.
4. Assesses corrective process and time-line adherence.
5. Reviews Reinstatement Corrective Action Plan with the Ending Homelessness Manager.
6. Accepts or denies reinstatement.
7. Contacts the Provider Agency when Reinstatement Corrective Action Plan meets satisfactory completion or if further action is required.

#### Ending Homelessness Manager:

1. Instructs HMIS Coordinator to re-activate the Agency Administrator/Executive Director User License when applicable.

#### HMIS Coordinator:

1. Provides reinstatement date to the Provider Agency.
2. Re-activates Provider Agency's Probationary Status.
3. Instructs HMIS staff to begin coordinating time-line dates and corrective changes into the monitoring procedure.

#### HMIS Staff:

4. Monitors the Reinstatement Corrective Action Plan.
5. Reports outcomes weekly to the HMIS Coordinator.
6. Contacts HMIS Coordinator immediately of any further breaches of Policies and Procedures.
7. Files completed report in Provider Agency file.

## HMIS Security Plan

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## Hardware, Connectivity, and Security

Malicious codes, delivered through various means, are designed to delete, scramble End-user files/ programs and/or disable specific computer functions. At times a malicious code slows down a computer--- a mere inconvenience; other times, a malicious code causes an entire system shut down.

Since the computer industry progresses rapidly, each Provider Agency must keep current on protective procedures by consulting with computer system experts periodically for the latest in malicious code preventative measures.

Each HMIS Partner Agency must have at least one HMIS Security Officer at all times. This HMIS Security Officer is responsible for preventing degradation of the HMIS resulting in viruses, intrusions, or other factors within the agency's control and the inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation. The HMIS Security Officer must meet all the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards.

## Workstation Access Restrictions

Agency Workstation Minimum requirements:

Computer workstations must be connected to the internet to access HMIS.

**Recommended Internet connection:** Wired, or Secure Wireless connection

**Recommended Browsers:** Social Solution's ETO HMIS works best with the latest version of Internet Explorer. And must have an antivirus with the latest virus definitions.

Access to the HMIS database should only be from pre-determined work terminals. HMIS should only be accessed through secure workstations and prohibited on public workstations (libraries, cafes, etc.).

End-user Requirements:

- a. Log-off the HMIS database and close the Internet browser before leaving a work terminal.
- b. Log-off the HMIS database and close the Internet browser prior to surfing the Internet.
- c. Never leave an open HMIS database screen unattended.
- d. Passwords must not be saved on the computer or posted near the workstation.
- e. Immediately notify the designated Agency Administrator or the HMIS Coordinator of any suspected security breach.
- f. Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
- g. PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other

unauthorized Partner Agency staff members or volunteers and utilize visibility filters to protect client privacy.

## **Workforce Access Restrictions**

Each participating agency must conduct a criminal background check on each of its Partner Agency HMIS Administrators and Security officers at its own expense. The Partner Agency's Executive Director will evaluate the results of the criminal background checks for any concerns. To protect the security and integrity of the HMIS system and safeguard the personal information contained therein, the Partner Agency's Executive Director must consider the results of the background check on a case-by-case basis.

- a. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may not initially be given administrative-level access to HMIS.
- b. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may be enrolled as an HMIS End-user. After at least one year, if the individual demonstrates through proper and safe use of HMIS that the individual is reliable and trustworthy, they may apply to become a Technical Administrator.
- c. The results of the background check must be retained in the subject's personnel file by the Technical Administrator.
- d. A background check may be conducted only once for each person unless otherwise required

## **Establishing End-user Access**

Licenses are given to prospective End-users only after they:

- a. Complete HMIS New User Orientation, which includes the Security and Ethics Training.
- b. Reads and understand the HMIS Policies and Procedures.
- c. Reads, understands, and signs the HMIS End User Code of Ethics.
- d. Reads and agrees to abide by the HMIS Agency Partnership Agreement.
- e. User must agree to comply with HMIS confidentiality practices.

The HMIS Lead/Agency Admin will keep all documents of the completed Agreement.

- a. The End-user will be issued a unique User ID and password, which may not be transferred to one another. Instead, the Partner Agency will request an additional HMIS license, and if one is available, be issued a new User ID.
- b. The User IDs access level is granted based upon the End-user's job description.
- c. When an Agency Administrator determines a change to be made to user's access, s/he will notify the HMIS Lead.

## End User's Access Levels

Five access levels exist in the HMIS system. Each level reflects the End-user's access to client-level records. Only agency staff who need access to the HMIS database for client data entry qualify for an End-user license. The level determines the type of information the End-user visualizes.

### 1. Agency Staff

- Access to data entry screens.
  - i. May access basic demographic data on clients (profile screen).
- Access to most TouchPoints.
- Full access to service records.
- Restricted access to reports.

### 2. Program Manager

- Access to all participant data screens.
- Restricted from administrative functions.
- Access to Touchpoints.
- Full access to reports.

### 3. Department Head

- Access to all features
- Access to some site-level administrative functions.
- Add/remove End-users for his/her Provider Agency.
- Edit some site and program data.
- Full reporting access.

### 4. Site Manager

- Access to all participant data features, including demographics, family data, and TouchPoints
- Access to site-level administrative functions.
  - i. Add/inactivate staff and program managers at site.
  - ii. Edit site program data.
  - iii. Full reporting access.

### 5. Enterprise Manager

- Access to HMIS for every Provider Agency.
- Access to enterprise administrative functions.
  - i. Setup new, modify and delete Provider Agencies/programs.
  - ii. Add new, modify, and activate/inactivate all users.
  - iii. Read and write access to all reports.
  - iv. Read and write access to all TouchPoints.

- v. Access to all site management tools.
- vi. Reset passwords.

## Data Access & Password Policies

- a. The Agency Administrator contacts the HMIS Coordinator to set up a new End-user and provides a temporary password.
- b. The Agency Administrator communicates this password to the new End-user.
- c. The End-user must change the password after initially logging correctly into the database. Never transmit End-user identification and computer-generated passwords together in one email, fax, telephone call, or other means of communication. Passwords and usernames must be transmitted separately (e.g., one portion via email and the other via voice) unless physically handed to the End-user, who must destroy the paper transmission upon successfully entering the HMIS database
- d. The End-user creates a **unique** password between 8 and 16 characters with a minimum of two numbers. The End-user **DOES NOT** use a password used for other purposes; this password must be unique.
- e. Passwords shall not include the End-user name, the HMIS name, or the HMIS Vendor's name.
- f. Passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards.
- g. Password is space and case sensitive.
- h. Passwords should be changed every 90 days.
- i. End-users must create a new password that is different from the original (expiring) password.
- h. Unique Passwords -- User IDs are individual, and passwords are confidential. No individual should ever use or allow the use of a User ID that is not assigned to that individual, and user-specified passwords should never be shared or communicated in any format.
- i. Protection of downloaded HMIS files:  
Sonoma County Lead Agency assumes **no** responsibility for the management, protection, and transmission of client-identifying information stored on local agency computers, agency files, and reports.
  - 1. Partner Agency is responsible for any file or report downloaded from HMIS.

## Rescind User Access

Partner Agencies will notify the HMIS Coordinator within 24 hours when any user leaves their position or determined no longer needs HMIS access.



## **User access must be rescinded ASAP when:**

*When any HMIS user breaches the User Agreement, violates the Governance Policies & Procedures, breaches confidentiality or security, leaves the agency, or otherwise becomes inactive, the Partner Agency HMIS Administrator will deactivate staff User Ids.*

The Continuum of Care is empowered to permanently revoke End-user access to HMIS for a breach of security or confidentiality.

## **Special Considerations**

### **Termination or Extended Leave from Employment:**

- a. Upon Termination, the Agency Administrator will:
  - Delete the End-user immediately.
  - Assume all responsibility for deleting their End-users from the HMIS system.
- b. Upon extended Leave from employment, the Agency Administrator will:
  - Lock an End-user within five business days of the beginning of an extended leave period greater than 45 days.
  - Unlock the End-user upon returning.

## **Virus Protection**

- a. Sonoma County CoC HMIS Provider Agencies shall purchase and maintain state-of-the-art, commercially produced virus protection software, which includes automated scanning of files.
- b. Social Solutions Group shall maintain state-of-the-art, commercially produced virus protection software for the Sonoma County CoC HMIS server(s).
- c. At a minimum, any workstation accessing HMIS shall have antivirus software run the current virus definitions (24 hours) and full-system scans a minimum of once per week.

## **Firewall**

- a. Sonoma County CoC HMIS workstations shall maintain secure firewalls to protect against malicious intrusions. The firewall must be a part of a consistent overall Provider Agency security architecture.
- b. Social Solutions Group shall maintain secure firewalls for the Sonoma County CoC HMIS servers.

## **Disaster Recovery**

The Disaster Recovery Plan for the Sonoma County HMIS will be conducted by the HMIS software Vendor, Social Solutions.

The Lead Security Officer should maintain ready access to the following information:

- a. Contact information – Phone number and email address of the Social Solutions contact responsible for recovering the agency's data after a disaster.
- b. Agency responsibilities – A thorough understanding of the Agency's role in facilitating recovery from a disaster.

The HMIS Coordinator(s) should be aware of and trained to complete any tasks or procedures for which they are responsible in the event of a disaster.

The HMIS Coordinator(s) must have a plan for restoring local computing capabilities and internet connectivity for the HMIS Coordinator(s)'s facilities. This plan should include the following provisions.

- a. Account information – Account numbers and contact information for the internet service provider and support contracts.
- b. Minimum equipment needs – A list of the computer and network equipment required to restore minimal access to the HMIS service, and to continue providing services to HMIS Partner Agencies.
- c. Network and system configuration information – Documentation of the configuration settings required to restore local user accounts and internet access.

## **Security Audits**

The Contributory HMIS Organization (CHO) Security Officer/Participating Agency Security Officer is responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the Agency's control.

The participating Agency Security Officer is responsible for preventing inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation.

Each participating Agency Security Officer is responsible for ensuring their agency meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Partner Agencies will conduct a thorough review of internal policies and procedures regarding HMIS.

To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available via a secure network.

End-users shall commit to abide by the governing principles.

## **Ongoing Monitoring**

Agency Administrators conduct a security audit for all workstations that will use HMIS at least quarterly; this includes ensuring computers are protected by firewall and antivirus software.

The Agency Security Officers are responsible for managing the selection, development, implementation, and maintenance of security measures to protect HMIS information within their agency. At least quarterly, the Agency Security Officer will use the Compliance Certification Checklist to audit their workstations in the Agency. Should any Compliance Certification Checklist contain one or more findings, the finding will need to be resolved within seven days. The Agency Security Officer must turn in a copy of the Compliance Certification Checklist to the HMIS Lead Agency annually.

The HMIS Coordinator will visit each agency annually to evaluate each workstation's security using the Compliance Certification Checklist. Workstations will be assessed for noncompliance with standards or any element of Sonoma County's HMIS Policies and Procedures. The HMIS Coordinator will note these on the Compliance Certification Checklist and will work with the Agency Administrator to resolve the action item(s) within 30 days.

## **Enforcement Policies**

**CONFLICT RESOLUTION:** Agency level conflicts will be handled through an escalating peer-review process:

- a. Affected agencies will make every attempt to resolve conflicts as they occur. The County and/or the Partner Agency may annotate their concerns in writing as appropriate.
- b. Unresolved conflicts between the Community Development Commission and a Partner Agency will be noted in writing and forwarded to the Community Development Commission's Ending Homelessness Manager. In the event of an impasse, members of the Data Committee will be notified within ten working days of the impasse declaration. Either party may declare an impasse.
- c. The Community Development Commission's Ending Homelessness Manager will review the written grievance and will make every attempt to resolve the matter within 30 days of review. Resolution of the conflict will be in writing and signed by all relevant parties.
- d. Unresolved conflicts will be forwarded to the Community Development Commission's Assistant Director for further guidance and action.
- e. Any recommendation regarding termination of a Partner Agency from Sonoma County's HMIS will be forwarded to the Community Development Commission's Assistant Director for consideration and possible action.
- f. All decisions of the Community Development Commission's Assistant Director are final.

- Conflicts between or among Partner Agencies may require mediation by the Data Committee and/or HMIS Coordinator. Resolution of the conflict may be annotated in writing and signed by all relevant parties as appropriate.

## HMIS Privacy Plan

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These privacy policies establish limitations on the collection, purpose, and use of data. It defines allowable uses and disclosures, including standards for openness, access, correction, and accountability. Sonoma County's HMIS System focuses on enabling collaboration between partner agencies and supports an open data sharing structure. Demographic information may flow from partner agency to partner agency easily. Other HUD program-specific fields only flow once clients are enrolled in the new program if they were already part of the program. The policies provide protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The HMIS Lead Agency is responsible for monitoring the partner agencies to ensure compliance with the Privacy Plan policies. The HMIS Coordinator will work with agencies not adhering to the Privacy plan and provide corrective measures for noncompliance.

## Client Notification & Client Consent

### a. Partner Agency MUST

- Provide participant consent form(s) as required by the Partner Agency, state, and/or federal laws and the HMIS standards **prior** to entering client information into the HMIS database.
- Provide, in its original form or modified for the specific agency, the HMIS Client Release of Information for the Homeless Management Information System to permit the sharing of confidential client information to other HMIS Provider Agencies. Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
- A client signed Release of Information constitutes **INFORMED** consent. The burden rests with the Partner Agency End-user or intake counselor to inform the client about the purpose and function of HMIS data before asking for consent.
  - i. Any client receiving homeless services must fill out the Release of Information
  - ii. Any client participating in Coordinated Entry must fill out the CES Release of Information
  - iii. If clients do not feel comfortable providing their personal information into the HMIS, an option to chose an anonymous enrollment is provided.

A signature will still be required, but the hard copy release will be stored with the agency outside of the HMIS system.

- As part of informed consent, a privacy notice must be posted in the intake area explaining:
  - i. the reasons for collecting the data,
  - ii. the client's rights with regards to data collection, and
  - iii. any potential future uses of the data.
- The agency must also make available the relevant Governance Policies & Procedures and a list of agencies participating in Sonoma County's HMIS Project.
- Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- Offer the client the opportunity to input and share additional client information with other Provider Agencies beyond basic identifying data and non-confidential service information.
- Obtain client consent for additional client information and communicate what information will be shared and with whom.
- Partner Agency End-users must obtain a new signed ROI and enter it into HMIS at project entry, or if the client's original release has expired; ROIs expire every two years.
- Data may be collected and entered into HMIS only when that data is expected to be useful for organizing, providing, or evaluating the delivery of housing or housing-related services.
- Data used for research or policy evaluation will be shared only after the data has been thoroughly de-identified; this includes removing names, contact information, and removing descriptions or combinations of characteristics that could be used to identify a person.
- Provide verbal explanation of Sonoma County CoC HMIS and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s).
- End-users are prepared to explain (to the client) security measures used to maintain confidentiality.
- Participants' have the right to be entered as an anonymous client or as a restricted client. If the client denies authorization to share basic identifying information or non-confidential service data, follow the Anonymous Enrollment Document's steps.
- Prior to the release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the

Provider Agency's standard for the release of medical, financial and/or any other information regarding the client.

- Place all Client Release of Information forms in an onsite filing system for required recordkeeping standards and periodic audits.
- Retain all Client Release of Information forms for seven years upon expiration.
- Enter all minimum data required by the HMIS. Client data, including client identifiable and confidential information, may be restricted to other Provider Agencies. Each Agency Executive Director is responsible for their agency's internal compliance with the HUD HMIS Data Standards.

### **Provider Agency's Client Rights**

A client has the right to:

- a. Decline to enter their record into the HMIS database.
- b. Authorize the sharing of personal information to other HMIS Provider Agencies.
- c. Determine what type of information will be shared and with whom (other HMIS Provider Agencies).
- d. Request entrance into the database as an anonymous client or a restricted client.
- e. Rescind acknowledgment and consent for the entry of future information and further participation.

### **Specific Client Notification for Victims of Domestic Violence**

Victim service providers may not directly enter or provide client-level data to HMIS. Instead, a victim service provider, which is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on the data. Legal service providers may also elect to use a comparable database if it is necessary to protect attorney-client privileges. Victim Service Providers (VSP) in Sonoma County that receive funding requiring HMIS Data Entry utilize a comparable HMIS Data system to comply with requirements. VSPs have contracted with Social Solutions to provide their own copy of HMIS System. The system's use is restricted only to those employees with authority to view the data within the Victim Service Providers comparable HMIS system. Considering that ETO is the same system being used as the HMIS for Sonoma County, it is considered HUD compliant.

## **Privacy Compliance & Grievance Policy**

### ***Release and Disclosure of Client Data Policies***

It is the primary governing principle of the Sonoma County HMIS that HMIS is intended to serve and protect the community's clients. Policies enacted to protect private client information are as follows.

- a. Clients shall be given a print out of all HMIS data relating to them upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- b. A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- c. A log of all external releases or disclosures must be maintained for seven years and made available to the client upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- d. Aggregate data that does not contain any client-specific data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the informed consent procedure.
- e. Clients will be understood to be the owners of their own data. Each individual will have the right to grant informed consent, limit data sharing, or revoke consent related to his/her Protected Personal Information at any time.
- f. The community will encourage broad HMIS participation by human services agencies. HMIS End-users are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

### **Resistance to Outside Disclosures**

If an outside entity, such as a Court or law enforcement authority, attempts to access client-specific data, the outside entity will be politely but firmly instructed that the data is confidential and cannot be released without (i) a valid warrant, or (ii) the client's express consent. The client and/or the client's caseworker will then be informed of the attempted access so that the client can take any appropriate steps to resist any further attempts by outside parties to access their private information. No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Services may NOT be denied if the client refuses to sign Client Informed Consent and Release of Information Authorization or declines to state any information, but this may limit eligibility for certain programs in the Coordinated Entry System (e.g., permanent supportive housing).

## Unauthorized Release of information

In emergency situations, i.e., security breach and/or imminent danger to the database, the HMIS Coordinator and the Ending Homelessness Manager have the final authority for the impending action for unauthorized releases of information.

In all other cases, the HMIS Coordinator implements a course of action outlined in the HMIS Partnership Violations and Termination – Data Transfer Policies sequence of procedures.

## Corrective Action Plan Policy and Procedure

**Policy:** The Sonoma County CoC Homeless Management Information System (HMIS) Data Committee implements and maintains methods for correcting inappropriate database use.

**Purpose:** To establish guidelines and procedures to aid the HMIS Coordinator and HMIS staff in assisting Provider Agency's compliance with HMIS Policy and Procedures.

**Scope:** All Sonoma County CoC HMIS Staff and HMIS End-users

**References:** Maintenance of Client Confidentiality Monitoring Provider Agency Compliance

### *PROCEDURE:*

#### **HMIS Violation**

Access and use of the HMIS database by HMIS Provider Agency staff and HMIS support staff is limited to the performance of their authorized job function. All other types of use are strictly forbidden and considered a Code of Ethics, Sonoma County CoC HMIS Policy and Procedures and/or the Agency Partnership Agreement security violation. The HMIS Coordinator may be contacted for clarification and guidance on possible HMIS violations.

#### **Provider Agency Corrective Action Plan**

- a. When an Agency Administrator becomes aware of a security violation within their agency, they will report the violation to the HMIS Coordinator immediately and provide the appropriate corrective action plan documentation.
- b. In the event of confirmed HMIS violation(s) by the Provider Agency or it's End-user(s), the HMIS Coordinator or appropriate HMIS staff member contacts the Provider Agency Executive Director or Agency Administrator and begins the Corrective Action Plan process

#### **Corrective Action Plan Process:**



HMIS Coordinator:

1. Contacts Provider Agency.
2. Identifies violation(s).
3. Provides references to the applicable HMIS Policy and Procedure.
4. Instructs Agency Administrator-Executive Director on how to fill out the Corrective Action Plan.
5. Identifies any HMIS training or resources that may assist in correcting issues.  
Assists in coordinating a reasonable time-line.

Agency Administrator:

1. Fills out Corrective Action Plan.
2. Submits Corrective Action Plan within one week of notification via email or certified mail to HMIS Coordinator.
3. Contacts via phone and notifies the HMIS Coordinator.

HMIS Coordinator:

1. Acknowledges within 24 hours receipt of the Corrective Action Plan via email.
2. Reviews and determines feasibility of submitted Corrective Action Plan.
3. Contacts Provider Agency, within five working days, with any modifications to or approval of the submitted Corrective Action Plan.
4. Instructs HMIS staff to begin coordinating time-line dates and corrective changes into the monitoring procedure.

HMIS Staff:

1. Monitors the Corrective Action Plan.
2. Reports outcomes for each step in the Corrective Action Plan, on a weekly basis to the HMIS Coordinator.
3. Contacts immediately HMIS Coordinator of any further breaches of Policies and Procedures.

HMIS Coordinator:

1. Assesses corrective process and time-line adherence.
2. Reports to the Data Committee and SCCDC Ending Homelessness Manager areas of noncompliance.
3. Contacts the Provider Agency when Corrective Action Plan meets satisfactory completion or if further action will be taken (See Provider Agency Monitoring and Compliance Policy).

HMIS Staff:

1. Files completed report in Provider Agency file.

**The Corrective Action Plan (see attachment) includes the following:**

- Date of Notification
- Name of Provider Agency and End-user(s), when applicable
- Itemized specific violations
- A time frame for corrective measure(s) implementation and completion
- Itemized steps for corrective measures
- HMIS resources to be allocated: training, equipment, documents
- HMIS staff contact names, telephone numbers, and email addresses
- HMIS Coordinator phone number and email address

**HMIS Coordinator and HMIS Staff Responsibilities:**

- Monitor the corrective actions process for non-compliance issues and/or inappropriate actions.
- Identify further opportunities for improvement.
- Identify potential best practices.
- Assist in allocating HMIS resources and developing solutions for non-compliance issues, when possible.
- Maintain copies of correspondences and/or reports in the Provider Agency's file.
- Reviews and Corrective Action Plan Policy annually.
- Instructs HMIS Coordinator and HMIS Staff on development and implementation of additional monitoring reports and methodologies for identifying inappropriate actions.

# Sonoma County HMIS Corrective Action Plan

## Sonoma County Community Development Commission Homeless management Information System (HMIS) Corrective Action Plan

Agency: \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Executive Director/HMIS Administrator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Itemized Violation(s)

### Applicable Document(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Itemized Corrective Measures

### Expected Completion Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### HMIS Resources

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Agency Administrator/Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sonoma County HMIS Coordinator Signature

\_\_\_\_\_  
Date

# HMIS Data Quality Plan

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## What is Data Quality?

Data Quality is the term that refers to the reliability, validity, and comprehensiveness of client-level data collected in HMIS. Good data quality represents reliable and valid data on persons accessing the homeless assistance system. With a strong data quality plan, multiple reports such as HUD Annual Performance Report (APR), Longitudinal System Analysis Report (LSA), and the Systems Performance Measure Report (SPMs) will be more accurate, and the HMIS coordinator will spend less time fixing errors. There are four main components to establish good data quality: timeliness, completeness, accuracy, and consistency. Data Quality Standards are established, monitored, and updated annually by the HMIS Lead Agency.

## Components of a Data Quality Plan

### Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection (or service transaction) and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry also ensures that the data is accessible when needed, either proactively (e.g., monitoring purposes, increasing awareness, meeting funded requirements) or reactively (e.g., responding to requests for information, responding to inaccurate information).

Sonoma County CoC HMIS Participating Agencies should adhere to entering client data into HMIS in a timely manner:

- Emergency Shelter programs: All Universal Data Elements entered within five calendar days of intake.
- Transitional Housing: All Universal and Program-Specific Data Elements entered within five calendar days of intake.
- Permanent Housing: All Universal and Program-Specific Data Elements entered within five calendar days of intake.
- Outreach programs: Limited data elements entered within five days of the first outreach encounter. Upon engagement for services, all remaining Universal Data Elements entered within five calendar days.
- Rapid Rehousing programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.
- Homeless Prevention programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.

- Support Service Only (SSO) programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.

### **Completeness**

Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services – services that could help them become permanently housed and end their episode of homelessness.

Sonoma County CoC HMIS goal is to collect 100% of all data elements. All agencies should strive to meet the goal of no more than five percent null/missing data (Data not collected, Client doesn't know, Client refused responses). However, it may not be possible in every situation depending on the data element and the type of program entering data.

In most cases, null, missing, "Data not collected", "Client doesn't know", "Client refused" responses are due to the client's understanding of the question. Asking clients if they understand the question or giving examples of how it is important to receive more funding based on the client's answer can help.

### **Accuracy**

To ensure that the data that is collected and entered accurately. The accuracy of data in an HMIS can be challenging to assess. It depends on the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately.

Inaccurate data is worse than missing data, as this will not accurately reflect the client's journey through HMIS.

Some examples of data accuracy issues:

- Biological males as pregnant
- Minors as veterans
- Too many or not enough Heads of Household in any given household
- Congruency among the 3.917 Living Situation data elements
- Housing Move-In Date issues
- Destination issues, including "No exit interview completed" (what's accurate vs. what's missing/incomplete)
- Very low or very high bed utilization in a given period, based on beds available in the project (check for accuracy of client enrollments and exits from the project)
- Unaccompanied minors served by a project not serving the subpopulation

Onsite monitoring can be used to monitor data accuracy by comparing paper files to data entered into HMIS

- Does the information in the paper file match what is in HMIS?
- Is the information collection process done in such a way that it would encourage a high degree of accuracy?
- Intake staff can explain the data elements to clients in a clear, consistent, and accurate manner.
- The data collection process is conducted in a client-centered manner that includes privacy and building trust.

Additionally, the Longitudinal System Analysis Guide (see Appendix A in the LSA Guide) looks at specific data quality issues in relation to the system-wide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS Lead on an ongoing basis.

The Sonoma County CoC, in partnership with the HMIS Lead, will also work with providers to review, at regular intervals, the data collected directly from clients, either on paper forms or by being present during intakes with clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client’s reality. This will be done, at a minimum, during annual formal onsite monitoring visits and will also occur at other points throughout the year.

**Consistency**

To ensure that data is understood, collected, and entered consistently across all programs in the HMIS. Consistency directly affects data accuracy; if an end-user collects all of the data, but they don’t collect it in a consistent manner, the data may not be accurate.

End-users must share the same understanding of what each data element means, are trained in the same way, and given access to the same data entry guidance and training materials.

Monitor completeness by running DQ report weekly or bi-weekly to identify missing/refuse/don’t know responses. In the cases where data quality is low, find the missing data or re-train case managers where needed.

**Identifying and Correcting Errors in ETO HMIS**

**Data Quality Issues:**

<p><b>3.01 Name</b> Quality of Name data is Client doesn’t know, Client refused, Data not collected.</p>	<p><b>3.02 Social Security</b> Social Security as it determines if it fits the SSN standards. - Cannot contain a non-numeric character. - Must be 9 digits long - First three digits cannot be “000,” “666,” or in the 900 series. - The second group / 5th and 6th digits cannot be “00”. - The third group / last four digits cannot be “0000”.</p>
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	- There cannot be repetitive (e.g. "333333333") or sequential (e.g. "345678901" "987654321") numbers for all 9 digits
<b>3.03 Date of Birth</b> Quality of Date of Birth data is Client doesn't know, Client refused, or Data not collected	<b>3.04 Race</b> Race data is Client doesn't know, Client refused, or Data not collected
<b>3.05 Ethnicity</b> Ethnicity data is Client doesn't know, Client refused, or Data not collected	<b>3.06 Gender</b> Gender data is Client doesn't know, Client refused, or Data not collected
<b>3.07 Veteran Status</b> <ul style="list-style-type: none"> <li>• Veteran Status is Client doesn't know, Client refused, Data not Collected</li> </ul>	<b>3.08 Disabling Condition</b> <ul style="list-style-type: none"> <li>• Questions is: Client doesn't know, Client refused, or Data not collected</li> <li>• At project start, there is a No for Disabling Condition, but one or more Disabling Condition are selected</li> </ul> <p>At project start, there is Yes for Disabling Condition, but no Disabling Condition are selected</p>
<b>3.10 Project Start Date</b> Overlapping enrollments of the same project.	<b>3.11 Project Exit Date</b> Is prior to the Project Start Date
<b>3.12 Destination</b> Destination missing or has Client doesn't know, Client refused, Data not Collected or has no exit interview completed	<b>3.15 Relationship to Head of Household</b> <ul style="list-style-type: none"> <li>• Missing Head of Household OR</li> <li>• No Head of Household indicated on profiles OR</li> </ul> <p>More than one client is listed as the Head of Household</p>
<b>3.16 Client Location</b> Data is missing or incomplete.	<b>3.20 Housing Move-in Date</b> Housing Move-in Date is blank for adults in Permanent Supportive Housing, Other Permanent Housing and Rapid Re-Housing projects
<b>3.917 Prior Living Situation</b> <ul style="list-style-type: none"> <li>• Client Doesn't Know, Client Refused, Data not collected for adults/HoH</li> <li>• Length of Stay is inconsistent with the prior living situation field.</li> </ul>	

### Common Errors

- Systematic Errors/ Issues with Training
  - Entering "no" when you mean "yes"

- Definition drift
- Entering text without using dropdown
- Entering text without using dropdown
- Random Errors/Sloppy Entry/Workflow
- Date Errors (DOB is 4/15/52, entered 4/15/04)
- Transposing numbers
  - Spelling errors (Lauren vs. Loren)
  - Accidentally selecting the wrong response from a dropdown

### **Factors Impacting Quality**

- Prioritized Process in the Organization?
- Are End-users given the time to participate in training and to complete entry?
- Is the environment arranged to support entry?
- Is the process owner within the Provider Agency respected?
- Is the data used?

### **Provider Agency Procedures for Ensuring Quality**

- Standardized collection instruments
- Creating an environment conducive to data collection and entry
- Event triggers for data collection and entry – clearly defined workflow
- Guidance for special populations
- Must run reports monthly!

## **HMIS Bed Coverage**

This section should address HMIS Bed Coverage and why it's important. It should talk through how the CoC and HMIS Lead can address bed coverage and what to do when new projects come online.

The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the HUD TA Data Strategy. Without a high percentage of HMIS Bed Coverage within a CoC, the data within HMIS is never holistic and the story told with HMIS data about homelessness within the CoC is never fully accurate. A lack of high HMIS Bed Coverage prevents CoCs from truly understanding how their system, and the clients served within their system, are functioning.

While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes,



and clients served by the projects. Therefore, the goal for HMIS Bed Coverage for all project types is 100%.

The HMIS Lead, in conjunction with CoC Lead, will ensure that bed coverage is as close to 100% as is possible for all project types. This includes a review of the CoC's most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.

Ensuring a CoC's HMIS Bed Coverage reaches 100%, and stays at 100% is a priority. This requires implementing a process to ensure new projects serving the at-risk/homeless population communicate with the CoC so that HMIS data entry can be encouraged and/or required for the new project.

Below are things to do to ensure HMIS Bed Coverage reaches or maintains at 100%:

- Review the HIC on a quarterly or semi-annual basis to ensure all projects (with the exception of Victim Services Providers) are entering data into HMIS;
- If projects are included on the most recent HIC that do not enter data into HMIS, the CoC and HMIS Lead should find out why this is the case and target any solutions to the specific "why";
- For any new project that becomes available within the CoC serving the at-risk/homeless populations, the CoC should be made aware and work with the HMIS Lead to ensure the new project is encouraged and/or required to enter data into HMIS.

## **Data Quality Training/ Performance Monitoring- HMIS**

Sonoma County CoC HMIS Project Procedures for ensuring quality

1. HMIS staff reviews monthly reports for completeness, accuracy, and consistency.
2. Clear protocols for correcting data.
  - Provider Agency signs off on reports monthly
  - Errors systematically result in corrective action
  - Procedures for correcting are defined
3. Software has error checking functions (out of range, missing values, incongruous data).
4. Provider Agency staff looks at data reliability and validity issues before publishing reports. Collecting Provider Agencies will know which questions result in data that simply is not stable. Do the findings make sense? Must be knowledgeable about local services to recognize systematic data errors.

## Deduplication of Data

Many HUD mandated reports ask for unique client counts. Duplication of client records can easily happen if the client's data is entered incorrectly or partially entered. Some common examples include missing or incomplete social security numbers, misspelled names, or using an abbreviated name instead of using their full legal name. In cases such as these, two unique case numbers are created for the same individual.

When two unique client records are created for the same individual, one must choose the lower case record number to be the "Master" case number when merging the records. The Master client record should be the case number that is the lowest; this allows the HMIS to track the length of time homeless for the client and helps with project eligibility (e.g., case number 123 would be chosen as the Master over case number 1,456). The lower the case number is, the longer their homeless history is. System users must try to limit duplication of client records by adhering to the following responsibilities.

End-users will:

- Ensure basic demographic data is captured correctly (entering the full legal name, correct date of birth, and social security number if applicable).
- Use the search function prior to creating any new record; this includes searching the HMIS by name and their social security number if applicable).

Agency Administrator will:

- Merge duplicate client records when possible (the Provider Agency can only merge duplicates when both project enrollments are created within their HMIS projects).
- If the System Administrator cannot merge the duplicate client, the System Administrator will notify HMIS staff by email, including the two case numbers that require merging.

HMIS Coordinator/HMIS Staff will:

- Monitor possible duplication of records, at least every two weeks.
- Confirm the duplicate client id(s) with the Provider Agency requesting correct information (e.g., correct spelling of name or date of birth).
- Merge duplicate client records.

## Technical Support

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End-users submit support requests via email to their Partner Agency HMIS Administrator when encountering issues with the HMIS. If the Partner Agency HMIS Administrator cannot resolve

the issue with the End-user, the HMIS Administrator will forward the request to the HMIS Lead Agency for resolution. If the HMIS Lead Agency is unable to resolve the request, the HMIS Lead Agency will escalate the request to the HMIS software vendor as appropriate.

Support requests include reporting problems, requests for feature enhancements, or other general technical support. Under no circumstances should End-users submit support requests directly to the HMIS software vendor. The HMIS Lead Agency will only provide support for issues specific to HMIS software and systems.

## **User Training**

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### **HMIS Security and Ethics Training**

A 30-minute Security and Ethics training is required for all staff working in the Sonoma County CoC HMIS. The training is offered before the start of New User Orientation and must be taken before starting to work in the system. A renewal training is also required annually by every staff person who comes into contact with Client protected information. End-user staff will contact the HMIS Coordinator to schedule this training either by phone or email.

### **HMIS New User Orientation**

- HMIS Security and Ethics Training
- Overview of HUD HMIS Initiative
- Terminology
- Federal vs. local homeless funding and data collection rules
- Social Solutions

#### HMIS User Materials/Forms Website

- Assessments and Forms (Coordinated Entry and project level)
- Training Videos
- Homeless and At-Risk Definitions
- HMIS Policies and Procedures

#### Efforts To Outcomes (ETO) HMIS

- Login and User Security levels
- Screen tours
- Navigation
- Dashboards
- Workflows
- Metadata
- TouchPoint Assessment Entry

- Data Validations Reports

**Agency/User Forms-** <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>

## Report Generation

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### HMIS Provider Database

The HMIS staff enters data into the HMIS Provider Database to produce reports on tracked areas. At a minimum, the reports include:

- Annual Performance Report (APR)
- Consolidated Annual Performance and Evaluation Report (CAPER)
- Data Quality Report
- Case Note Reports
- Rental Assistance History
- Days Between Estimated Date Homelessness Began and Program Start Date
- Exit Destinations in Period for HoHs Only
- HUD Assessment Timeliness
- Positive Exit Destinations and Housing Retention
- Quarterly Report
- Income Change for Project Leavers

HMIS staff with reporting level access can run reports on their own. If there are any issues with access, the HMIS Agency Administrator will contact the HMIS Coordinator to gain access to the needed report.

### Provider Agency's Reporting Responsibilities

#### Laws and Regulations:

A Provider Agency will abide by:

- All Federal Confidentiality Regulations, including those contained in the Code of Federal Regulations, 42 CFR Part 2 (regarding disclosure of alcohol and/or drug abuse records).
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) when applicable.
- California State and Federal laws related to confidentiality and security of medical, mental health, and substance abuse information including Code of Federal Regulations 42 CFR Part 2 and all other relevant statutes, rules, and regulations.

#### Report Preparation

A Provider Agency will:

- Retain access to all Provider Agency's client identifying and statistical data.
- Not report or release any identifiable client information on clients that the Provider Agency has not served or obtained a signed Consent to Release Information Form.
- Not report on any other Provider Agency's client data unless approved by that Provider Agency (See 2.0 for system-wide aggregate data).

### **Report Generation and Report Analysis**

A Provider Agency will:

- Use database, standardized reports to maintain data integrity and perform business related duties.
- Use the HUD APR to report to HUD and upload CSV to Sage.
- Not manipulate data or statistics to defraud any person or organization.
- Only use database customized reports to inquire into another Provider Agency's data when it's essential to provide services to the client or determining eligibility.

### **System Wide Aggregate Date Procedure**

System wide aggregate data:

- Includes client information from all Provider Agencies or a subset of Provider Agencies participating in the Sonoma County CoC HMIS.
- Does not include the HUD-APR and standardized reports.
- Does not apply to aggregate data produced by a Provider Agency that includes only that Provider Agency's data.

### **Creating System wide aggregate data**

- Provider Agency may produce an aggregate in-house report using the Efforts To Outcomes (ETO) Web Intelligence Reporting System, but cannot release the data or report without prior written permission from the Performance Measurement and Data Initiatives Task Group.
- Provider Agency asks and receives permission from the Data Committee through Custom Report Request Procedure.

### **Custom Report Request Procedure:**

Provider Agency Duties:

- Fills out a Data Request Form (see Appendix)
- Submits brief explanation of reason for report requested and to whom the report will be released.
- Marks appropriate desired data elements
- Submits request to HMIS Coordinator

## HMIS Coordinator Responsibilities:

- Checks report request for confidentiality and security breaches.
- Produces the requested report within 3-5 business days.
- **OR** returns Data Request Form to requesting Provider Agency with the reason the data elements violate confidentiality and security parameters. Provider Agency can work with HMIS Coordinator to modify report requested that adheres to confidentiality and security standards.

## Publishing Requested Customized Data

- All Provider Agencies assume the sole responsibility for accurate data reporting and analysis to funding sources.

## Community Data Requests (Non-HMIS Agencies/Organizations)

Reporting requests from non-participating HMIS organizations may be available at the discretion of the HMIS Lead Agency. The HMIS Lead Agency will evaluate factors including staffing capacity, current workload, and feasibility of each request prior to the approval or denial.

## Local Changes to HMIS Policies & Procedures and other Documents

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### Changes to *HMIS Policies & Procedures*

1. Proposed changes may originate from any participant in a Partner Agency.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director and then submitted by the Partner Agency Executive Director to the HMIS Lead for review and discussion.
3. HMIS Lead Agency will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Data Committee, subject to line-item excision and modification. This discussion may occur either at a meeting of the group, via email or conference call, according to the discretion and direction of the group.
5. Once proposed changes have been approved by the Data Committee with a majority vote in favor, revisions to the HMIS Policies and Procedures will be submitted to the CoC Board for final approval.
6. Within ten working days after approval by the CoC Board, the HMIS Lead Agency will forward a copy of the adopted HMIS plans, forms, standards and/or governance documents to all HMIS Partner Agency Executive Directors.
7. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised *HMIS Policies and Procedures* within ten working days of delivery of the amended *HMIS Policies and Procedures* by notification in writing or email to HMIS Lead

Agency. Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised *Governance Policies and Procedures*.

## Other Obligations and Agreements

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Current funding for HMIS provides for a limited number of software End-user licenses. While it may not be possible to meet every Partner Agency's requests for End-user licenses within the existing funding, the HMIS Lead Agency, in partnership with the Continuum of Care, will endeavor to ensure that every Partner Agency will have its minimum requirements met.

Participation fees are based on a number of different factors such as a flat rate fee, HMIS license counts, bed capacity, the number of clients served and the data quality of the program.

### Forms Control

All forms edits and changes required by these Policy and Procedures are available from the HMIS Lead Agency. All documents of the Policy and Procedures, Security Plan, Privacy Plan, Privacy Policy and Data Quality Plan and forms will be reviewed annually.

### Development and Maintenance of Required HMIS Policies and Standards

The HMIS Lead must develop new policies annually to remain in compliance with changes in Coordinated Entry Guidance, HMIS Data Standards and any new regulations. Additionally the HMIS Lead Agency must review and update existing Documents including the Privacy Plan, Data Quality Plan, Security Plan, Governance Charter & Policies and Procedures at least annually. While the final responsibility resides with the HMIS Lead Agency, Sonoma County divides the duties between 3 parties, The Data Committee, the HMIS Lead Agency, and the Sonoma County Continuum of Care Board.

Responsibilities:

1. The HMIS Lead Agency is responsible for updates to the HMIS Policies and Procedures, the creation of or any revisions to existing documents for HMIS in compliance with new regulations and system changes.
2. The Data Committee will review, provide feedback and approve any HMIS procedural and/or document changes.
3. The Sonoma County Continuum of Care Board will have final approval of annual revisions to the HMIS Policies and Procedures.

As new funding initiatives are established by federal, state, and local government as well as private philanthropy, the list of programs whose performance is monitored by Sonoma County Continuum of Care Board will grow.



## Glossary

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1. *Anonymous client*: A client entered into the database with a unique computer generated identifying code acting as a reference for that client.
2. *Client*: Any person who received, applied for or was denied services by a Provider Agency.
3. *Client Identifying Information*: Any information or a combination of data that would allow an individual client to be identified including but not limited to name, nick name, social security number, military identification number, health insurance carrier number.
4. *Client's guardian*: Any person legally responsible for a minor or an adult, according to California Revised Statutes (A.R.S.). All references to "client" in this policy also apply to "client's guardian."
5. *Close to real-time*: Data entry within one business day.
6. *Computer virus*: A self-replicating piece of computer code, which resides in active memory and partially or fully, attaches itself to files and/or applications.
7. *Consultation*: A discussion, usually by phone, reminding the End-user or Provider Agency, of proper security and/or confidentiality practices(s), following confirmed inappropriate action(s).
8. *Custom Report*: A report, which can be created by HMIS Provider Agencies using *ETO Results*.
9. *Efforts To Outcomes*: A web-based information management system for service providers of an agency, coalition or region of any size which provides client tracking, case management, agency and program indexing, and reporting— all in a real-time environment.
10. *End-user*: Any person given access to the database including staff and volunteers.
11. *Error*: A documentable occurrence that prevents an end-user from proceeding further.
12. *Firewall*: A system or group of systems that enforces an access control policy between two networks. The system may contain a pair of mechanisms: one that exists to block Internet traffic, and the other that exists to permit Internet traffic.
13. *HMIS Lead*: Agency-designated lead in overseeing training, data input and validation at each HMIS participating agency.

14. *HMIS Provider Database*: A software application, which allows HMIS staff to track all communication relating to Provider Agencies.
15. *Malicious code*: An illegitimate computer code, which produces an undesired effect including, viruses and worms.
16. *Outside source(s)*: Organization(s) who are not current HMIS Provider Agencies.
17. *Performance*: The execution and/or operation of the software, or lack thereof.
18. *Probation*: A trial period of time, not greater than one hundred and eighty days (180), in which an End-user or Provider Agency addresses and corrects inappropriate actions(s).
19. *Provider Agency*: An agency authorized to participate in the Sonoma County Homeless Management Information System.
20. *Quality of Data Issue*: Any concern that decreases the accuracy and completeness of the data as defined by the Minimum Data Requirement.
21. *Real-time*: Immediate data entry upon seeing a client.
22. *Reinstatement Corrective Action Plan*: A modified Corrective Action Plan developed specifically for the purpose of preparing and assessing the appropriateness of reinstating a previously terminated Agency as an HMIS Provider Agency.
23. *Restricted client*: A client whose name is known by only the entering Provider Agency, HMIS Coordinator, and those agencies to whom the client grants access to his/her name.
24. *Sanctions*: Penalties for noncompliance specified by the HMIS Data Policy Group.
25. *Suspension*: An act of postponing database access, after an End-user or Provider Agency receives written notice via certified mail explaining a breach of contract, quality of data issue or improper security and/or confidentiality practices, where the guilty party received previous warning(s) and did not correct inappropriate actions.
26. *Technical Support Staff*: Include, in ascending order, site HMIS Lead, Sonoma County HMIS Coordinator, and Social Solution Group's (SSG) Help desk personnel.
27. *Termination*: The act of ending database access, after an End-user or Provider Agency receives an appropriate written notice via certified mail explaining the reasons for cessation of database use.
28. *Written Warning*: A printed notice informing the End-user or Provider Agency of a confirmed inappropriate action and a corrective explanation.

**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** Approve FY 21-22 Homeless System of Care Funding Policies

**Date:** February 24, 2021

**Presenter:** Michael Gause, Ending Homelessness Program Manager

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**Agenda Item Overview**

The FY 21-22 Funding Policies were presented to the CoC Board at its January 22, 2021 meeting. The Board requested feedback from staff and Board members on edits to the policies.

The document contains edits from several Board members. Staff has also taken out references to County funding sources and only includes sources under the purview of the CoC Board.

**Staff Recommendation**

CDC staff request the CoC Board review edits from Board members as well as staff and discuss the proposed redline edits and adopt a final version after Board discussion.



**Sonoma County Community Development Commission**  
1440 Guerneville Road, Santa Rosa, CA 95403-4107

# Fiscal Year 2021-22 Consolidated Notice of Funding Availability (NOFA) Funding Policies

*Federal CDBG Public Services*

Federal ESG Funding

State ESG Funding

*Low- and Moderate-Income Housing Asset Fund (LMIHAF Services)*

*Community Services Funding (CSF)*

*Winter Shelter Expansion Grants*

*And one-time funds:*

California Emergency Solutions & Housing (CESH)

Homeless Housing Assistance and Prevention (HHAP Rounds 1 and 2)



**Sonoma County Community Development Commission**  
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## 1. Overview

The Fiscal Year 2021-22 Sonoma County Consolidated Notice of Funding Availability (NOFA) governs the allocation and administration of an estimated \$2,493,660 in combined annual and one-time Federal and State funding, State, and Local Funding funding for homeless services in Sonoma County under the purview of the Continuum of Care. The anticipated funding amount expected for Homeless Services projects in Fiscal Year 2021-2022 is reduced by approximately 30% from the current period.

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This Consolidated NOFA is consistent with federal rules, statutes, and regulations and in alignment with local priorities. It includes funds from the US Department of Housing and Urban Development's (HUD) Public Services Community Development Block Grant (CDBG), and some of the Federal and State Emergency Solutions Grants (ESG), and several local homeless services funding sources. This NOFA will also govern and State funding allocations from California Emergency Solutions and Housing (CESH), approximately half of the Round 2 Homeless Housing Assistance and Prevention Program (HHAP) allocated to Sonoma County (with the other portion under the jurisdiction of the Board of Supervisors), and local dollars allocated through the Sonoma County Board of Supervisors. Most of the cities in Sonoma County also fund homeless services.

Commented [BL1]: I'm sure this is true, but if those city funds are not included in this NOFA, then why include this sentence here? Perhaps include at the end of section 1 with the other Fed/State funds that are also not included in his NOFA?.

The Consolidated NOFA incorporates goals and objectives from Sonoma County's Federal 2015 Consolidated Plan that designate CDBG and ESG funds for the use of promoting proven, effective strategies for homelessness prevention and intervention countywide. As required by HUD, the Consolidated NOFA seeks to collectively impact the following key System Performance Measures<sup>1a</sup> of the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which governs all Federal and State homeless Funding:

- Decrease the length of homeless episodes
- Increase placements in safe housing for those living outside; increase placements in permanent housing for all homeless persons
- Reduce the percentage of people placed in permanent housing who return to homelessness
- Decrease the number of people experiencing homelessness for the first time
- Increase employment opportunities and incomes
- Reduce the total number of people experiencing homelessness in Sonoma County

### 1.1. Background

The Sonoma County Board of Supervisors, the Sonoma County Community Development Commission (SCCDC), along with partners in the The Sonoma County Continuum of Care is the primary governing body responsible for addressing homelessness in Sonoma County. Its primary responsibility is to collectively plan for, implement, and evaluate the response to homelessness within the County. The CoC Board's responsibilities include:

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1. Selecting and overseeing the Collaborative Applicant (currently the Sonoma County Community Development Commission) to act on behalf of the Board in applying for funding, contracting with service providers, and monitoring, reporting, and evaluating results.
2. Selecting, overseeing, and evaluating the HMIS Lead.
3. Selecting and overseeing an organization to provide administrative support for the CoC.

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<sup>1</sup> Seven key performance measures are established by the HEARTH Act of 2009, the statute that governs all federal and state funding to address homelessness.

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4. Selecting and overseeing the provider of Coordinated Entry,

5. Other responsibilities consistent with its Charter or as designated by the Federal law, regulation, and guidance.

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~~(the City of Santa Rosa and the City of Petaluma) oversee a unified, countywide system aimed at aligning local homeless services through the Sonoma County Homeless System of Care. Sonoma County Board of Supervisors is the legislative body of this system and is responsible for setting the vision and direction to end homelessness in Sonoma County with input from the Continuum of Care Board on funds allocated to the Continuum of Care.~~

The County of Sonoma, together with the cities of Cloverdale, Cotati, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and Windsor, comprise a federal "Urban County" entitlement jurisdiction that is eligible for federal CDBG and ESG funds, as well as other HUD formula funding programs. All future references to Urban County in this NOFA indicate the eight-jurisdiction entity (the seven smaller cities listed above, plus the unincorporated County).

~~Seven key performance measures are established by the HEARTH Act of 2009, the statute that governs all federal and state funding to address homelessness.~~

On behalf of the CoC Board, the Sonoma County Community Development Commission serves as the administrator of federal entitlement funding from HUD, including this Consolidated NOFA, and serves as the Continuum of Care Collaborative Applicant, often referred to as the Lead Agency.

**1.2. Priorities**

Projects funded through this Consolidated NOFA will be considered only for eligible project types as defined in Section 2 of this document and per Emergency Solutions Grant (ESG) and Community Development Block Grant (CDBG) regulations. Qualified subrecipients, as defined in Section 2 of this document, will demonstrate their ongoing and increasing capacity to deliver the proposed services following regulatory standards for each project type. To support the local system of care's ongoing maintenance, homeless services projects funded in Fiscal Year 2020-2021 will be prioritized for continued Funding into Fiscal Year 2021-2022. The basis for considerations for Continued Funding of projects will be evaluating performance, including data-driven measures, results of project monitoring, use of funds in previous periods, geographic equity across regions of the County, and spending rate in the current fiscal year.

This consolidated NOFA contains a mix of Federal, ~~State, and local dollars and State dollars,~~ including four State of California sources. The SCCDC has established ESG regulations as the standards that guide all project activities. Where specific funding sources allow for greater flexibility in approach, organizations may request variances to permit strategies that fall outside of those allowable per ESG regulations. ~~The approval of variance requests granted by the SCCDC and applied across the project for all participants specific to the period that the more liberal funding source is in use.~~ Evaluation of projects will include the organization's capacity to understand and follow ESG regulations, to the greatest extent possible, in the execution of their project activities. The SCCDC will continue to monitor projects and support with ongoing technical assistance to meet expectations of managing projects according to ESG guidance.

The evaluation of projects will include an analysis of the organization's ability to utilize the Housing First model in programming, as required by the State, Federal, and Local mandates. Continued funding of projects emphasizing increases in housing placements, decreasing the overall length of homeless episodes and minimizing returns to homelessness from permanent housing placement. The use of Coordinated Entry is an expectation per the local Continuum of Care standards.

SCCDC Ending Homeless Team staff will develop a staff report evaluating and analyzing system performance during the calendar year 2020. The prioritization of existing projects in Fiscal Year 2021-

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2022 will ensure continued support of the current Homeless System of Care in Sonoma County. The analysis of projects eligible for Project Renewals will be based on performances as measured by:

1. The ability for the organization to operate the project within the regulatory framework and guidelines as stated in these Fiscal Year 2021-2022 Homeless Services Funding Policies,
2. Homeless Management Information System (HMIS) data quality,
3. Performance toward contracted outcomes,
4. Responsiveness to project monitoring conducted by the SCCDC, including any Findings, Concerns, and Recommendations therein.

Projects currently in contract for Homeless Services during the Fiscal Year 2020-2021 will complete a Project Renewal request for Continued Funding into the Fiscal Year 2021-2022. Continued funding amounts will assume flat funding for projects based on Fiscal Year 2020- 2021 and adjusted (increased or decreased) based on actual available funding. A description of the continued funding process is found in Section 3 of this document.

**1.3. Funding Sources**

**1.3.1. Federal Sources**

**1.3.1.1. Consolidated Plan**

Under the CDBG and ESG programs, HUD requires Urban Counties to submit a five-year Consolidated Plan to receive federal community development dollars' direct allocations. The current Consolidated Plan covers the timeframe from July 1, 2015, to June 30, 2020, and serves as a planning document for Sonoma County that provides a basis for assessing performance.

The Consolidated Plan also includes a required annual Action Plan for the use of CDBG and ESG funds. The Action Plan requirements drive the timeline of this Consolidated NOFA.

**1.3.1.2. Community Development Block Grant (CDBG) Public Services**

The creation of the CDBG Program resulted from the federal Housing and Community Development Acts of 1974 and 1987. Its primary objective is to develop viable communities through the provisions of decent housing, suitable living environments, and expanded economic opportunities, primarily for lower income persons (i.e., Persons who earn less than 80% of the area median income). At least 70% of CDBG funds allocated to Sonoma County's must be used for activities that benefit lower income persons. Any programs or projects that receive CDBG funding must meet one of the following National Objectives:

- Benefit low and moderate income persons
- Prevent or eliminate slums and blight
- Meet an urgent need

Up to 15% of this Consolidated NOFA's CDBG allocation may be used for Public Services. Due to high homelessness rates in Sonoma County, CDBG Public Services funds are allocated only to projects serving literally homeless persons and mandated Fair Housing related services. Approximately \$255,000 is estimated to be available from this source in Fiscal Year 2021-22. The Board of Supervisors has final jurisdiction

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over these funds.

**1.3.1.8.1.3.1.2. Emergency Solutions Grant (ESG) Program**

The Federal ESG Program was initially authorized under the Stewart B. McKinney Homeless –Assistance Act of 1987 as the Emergency Shelter Grants program and later renamed under the HEARTH Act of 2009. The Federal ESG Program authorizes HUD grants to local governments for homelessness prevention, street outreach, emergency shelter, and rapid re-housing projects.

The Sonoma County Community Development Commission is the administrative body for the Urban County's Federal ESG program, as well as the State ESG funds allocated to Sonoma County.<sup>4</sup> Approximately \$140,000 is estimated to be available from this source in FY 2019-20.

The Emergency Solutions Grant (ESG) program provides grant funding to (1) engage homeless individuals and families living on the street, (2) rapidly re-house homeless individuals and families, (3) help operate and provide essential services in emergency shelters for homeless individuals and families, and (4) prevent individuals and families from becoming homeless.

In Section 1.3.2 below, we describe \$213,571 in State ESG. Combined, approximately \$364,864 in ESG funds will be available for FY 2021-2022. The Board of Supervisors has final jurisdiction over Federal ESG funds, which are required to incorporate community participation. The CoC Board has typically provided recommendations on the use of these funds.

**1.3.1 State Funding Sources**

**1.3.2.1 State Emergency Solutions Grant (ESG)**

As noted above in Section 1.3.1.3., theThe Commission administers State ESG funds allocated to Sonoma County and conducts it as a single-funding process. Approximately

\$215,000 is estimated to be available from the State for activities serving Santa Rosa and Petaluma residents.<sup>2</sup> The CoC Board has final jurisdiction over these state funds **(please confirm).**

**1.3.2.2 California Emergency Solutions and Housing (CESH) Program**

In 2016, the State legislature created the California ESG program to expand key homeless services throughout the State and temporarily sustain communities that lost funding in the State's redesign of its federal ESG program. Allocations for the 2018 California ESG were announced in January 2018 and awarded locally through the Commission's FY 2018-19 funding cycle.

Following the 2018 ESG allocations, the State announced that the California ESG allocation would be combined with a new source known as the SB 2 - Jobs and Homes Act, which designated additional funds for homeless services. According to the State, each of these sources' procurement process would be separated from the

<sup>2</sup> The cities of Santa Rosa and Petaluma do not receive a direct allocation of federal ESG funding. As such, these cities are "non-entitlement" communities that may access the Balance of State ESG funding administered by the Department of Housing and Community Development (State HCD). State HCD has designated the Commission as an Administrative Entity to administer State Funds.

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administration for its federal ESG funds. This program is called the California Emergency Solutions and Housing Program (CESH).

The State has designated the SCCDC as the Administrative Entity for the CESH program, and the SCCDC submitted applications to CESH for FY 18-19 and FY 19-20. For CESH FY 18-19, the SCCDC was awarded \$843,907, after subtracting the allowance for the administration of the funds, \$42,195, and \$801,712 was made available for homeless services projects. This awarded amount to projects in FY 19-20 and a total of \$86,567 was left unspent and is available for FY 21-22.

For CESH FY 19-20, the SCCDC was awarded a total of \$457,375. Allocations have been made to administer funds of \$24,072 and \$155,000 for Systems Supports, updates for the Coordinated Entry System, and Plan Development. A total amount of \$302,375 is available for projects in FY 21-22. [The-](#)

[Continuum of Care Board has final jurisdiction over these state funds.](#)

<sup>4</sup>The cities of Santa Rosa and Petaluma do not receive a direct allocation of federal ESG funding. As such, these cities are "non-entitlement" communities that may access the Balance of State ESG funding administered by the Department of Housing and Community Development (State HCD). State HCD has designated the Commission as an Administrative Entity to administer State Funds.

**1.3.2.4 Homeless Housing and Assistance Program (HHAP) (Round 2)**

In 2019, the State legislature created the Homeless Housing Assistance and Prevention (HHAP) program to provide jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. In 2020, the State legislature approved a second round of HHAP funds to be released. These funds are available to support core projects in the Continuum of Care with an emphasis on addressing system gaps. [The Continuum of Care Board has final jurisdiction over these state funds allocated to it; Sonoma County also receives Round 2 HHAP funding under the jurisdiction of the Board of Supervisors.](#)

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**1.3.3 Local Funding Sources**

~~The SCCDC administers the locally funded County of Sonoma Low and Moderate Income Housing Asset Fund Services (LMIHAF Services).~~

~~**Low and Moderate Income Housing Asset Fund (LMIHAF Services)**~~

~~Following the dissolution of Redevelopment agencies in 2012, State law allowed up to \$250,000 of the annual income from post-Redevelopment assets to be used to fund homelessness prevention or Rapid Re-Housing programs.~~

~~The Sonoma County Board of Supervisors, acting as the Board of Commissioners, designated the maximum amount available in the Commission's Low and Moderate Income Housing Asset Fund for this purpose. These funds are designated LMIHAF Services dollars; a separate LMIHAF Fund Policies document governs the LMIHAF funds' balance. "LMIHAF Services" refers solely to the homeless program a dedicated portion of LMIHAF assets that are subject to these policies.~~

**1.3.2.2 County General Fund**

Effective ~~December 1, 2020~~ [February 24, 2021](#)

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The County of Sonoma uses the Sonoma County General Fund to provide funds for various activities across multiple departments. The use of this fund accounts for all countywide operations except those accounted for in another fund.

**GENERAL FUND CONTRIBUTION** — The amount of funding needed to finance the gap between departmental expenditures and all other funding sources (revenues, reimbursements, and use of additional funds' available balances) to as General Fund Net Cost. Balances at year end are swept back to the General Fund balance.

**1.3.2.3 Reinvestment & Revitalization**

Uses Residual Property Taxes received from the Redevelopment Property Tax Trust Fund (RPTTF). Sonoma County directs those funds to complete former redevelopment projects and countywide economic, community, and housing development projects, including homeless services. These are a sub-set of the County General Fund.

**1.3.2.4 Transit Occupancy Tax — Measure L**

A tax collected by a motel/hotel operator for a percentage of the room rent paid by each transient (hotel guest) that is then due to the County.

**1.3.2.5 Winter Shelter Expansion Grant Program**

In 2016, following several years of ad hoc efforts to provide additional shelter during the winter months, the Sonoma County Board of Supervisors allocated \$210,000 in County general funds for winter shelter expansions through the County's annual budget process. The administration of these funds is through Home Sonoma County's 2019-2020 funding cycle. The County Board of Supervisors typically allocates funds from the General Fund to expand shelters during the winter.

Effective December 1, 2020 February 24, 2021

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**4.411.3 Summary of Available Funds by Funding Source**

Source	Approx. Amount Available	Eligible Uses
<del>CDBG Public Services</del>	<del>\$255,000</del>	<del>Operating support for services to literally homeless persons, or for Fair Housing-related activities.</del>
Federal and State ESG	\$ 364,864	At least 40% must be used for Rapid Re-Housing; funds may also be used for Emergency Shelter, Street Outreach, and Homelessness Prevention.
<del>Sonoma County General Fund (GF)</del>	<del>\$328,448</del>	<del>Flexible source for a wide range of homeless services.</del>
<del>Reinvestment &amp; Revitalization</del>	<del>\$169,307</del>	<del>Sonoma County directs R&amp;R funds to complete former redevelopment projects and countywide economic, community, and housing development projects, including homeless services.</del>
<del>Transnet Occupancy Tax—Measure L (TOT)</del>	<del>\$125,294</del>	<del>Flexible source for a wide range of homeless services.</del>
<del>LMHAF Services</del>	<del>\$250,000</del>	<del>Rapid Re-Housing or Homelessness Prevention projects.</del>
<del>Winter Shelter Expansion</del>	<del>\$80,000</del>	<del>Winter Shelter Expansions</del>
CESH (one-time funds)	\$ 388,942	Rental subsidies in permanent housing for up to 48 months (including Rapid Re-Housing and Homelessness Prevention strategies)
Homeless Housing and Assistance Program (HHAP)	\$1,739,856	Focused on moving homeless individuals and families into permanent housing and supporting individuals and families' efforts to maintain their permanent housing. <a href="#">capital projects</a> .
<b>Total Available</b>	<b>\$2,493,660</b>	<i>Total available for Homeless Services in Fiscal Year 2021-2022</i>

"Available funds" are those available after the subtraction of allowances for CDC's role in administering the program, [estimated at \[please add \\$\]](#). The reduction of administrative costs accounts for any divergence from other public information about Sonoma County allocation

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In addition to the \$3.7 million in this NOFA, there is substantial additional funding available or expected to be available. This includes:

- ~~— \$7.2 million in Federal Emergency Solutions Grant – Coronavirus funds (Fed ESG-CV). While Federal ESG funds have historically been under the jurisdiction of the Board of Supervisors, input has been provided by the CoC Board. In August, 2020 CDC staff indicated that the CoC Board will have discretion over these funds. The deadline for expending these funds is September 30, 2022.~~
- \$5.8 million in California Emergency Solutions Grant – Coronavirus funds (State ESG-CV). These funds are under the jurisdiction of the CoC Board. 20% of these funds must be spent by July 31, 2021 and additional amounts over the following months.
- \$1.6 million in California HHAP Round 2 funds under the jurisdiction of the Board of Supervisors
- **\$5 (please add amount; this is based on my understanding of funding as discussed in the HUD training)** in Federal Continuum of Care funding, under the jurisdiction of the CoC Board.

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As one of the primary roles of the CoC Board is to support an integrated system, the CoC Board supports considering funding decisions for the current NOFA in the context of these other Federal and state funding sources.

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## 2. Eligibility

The many funding sources and a wide range of eligible activities included in this funding cycle make it challenging to determine funding amounts available for each activity. The chart below summarizes the eligible activities and the funding sources for which each activity is eligible.

### 2.1. Summary of Eligible Uses by Funding Source

#### 2.2.2.1. Description of Eligible Activities

**2.2.2.1.1. Fair Housing Activities.** See Section 5 for a description of Fair Housing-Related Services and Set-Aside Funding policies.

**2.2.2.1.2. Street Outreach,** including engagement, case management, emergency health, and mental health services, transportation, and services for special populations such as homeless youth, victim services, or people living with HIV/AIDS. Eligible activities and costs must meet the requirements as listed in 24 CFR 576.101.

*As also noted in section 5.6.2.1 of this document, Street Outreach projects funded in Fiscal Year 2021-22 will work in coordination with the Sonoma County Interdepartmental Multi-Disciplinary Team. Such coordination will ensure adequate support, training, and processes to move people to shelters or housing opportunities, and well as health and behavioral health services. More information on Street Outreach project requirements can be found in the SCCDC ESG Program Guide located at: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/ESG-Standards/>*

**2.2.4.2.1.3. Emergency Shelter,** including essential services such as case management, shelter operations, homeless day service centers, and navigation centers. Navigation Centers are low-barrier housing-focused shelters designed to assist the most vulnerable and long-term homeless residents who often struggle to access traditional shelter and services. Eligible activities and costs must meet the requirements as listed in 24 CFR 576.102.

**2.2.5.2.1.4. Rapid Re-Housing Activities.** At least 40% of ESG funds must be used for Rapid Re-Housing activities. ESG funds require a rent payment standard no higher than the HUD Fair Market Rent; all other Rapid Re-Housing funding sources have more flexible rent payment standards including CESH and HHAP, in which the payment standard is up to two times the current HUD Fair Market Rent. Eligible activities and costs must meet the requirements as listed in 24 CFR 576.104.

Rapid Re-Housing assistance is generally limited to no more than 24 months. Up to 48 months of assistance may be available for programs serving youth or seniors with CESH funds, either to enable youth to develop income or to create a bridge to a Housing Choice or other voucher program.

Rapid Re-Housing activities may include housing relocation and stabilization services, including:

- Financial assistance (e.g., rental application fees, security deposits, last month's rent, utility deposits, utility payments, moving costs)
- Housing search and placement

**Commented [BL2]:** I'd like to hear IMDT address this proposed coordination requirement at the 2/24 meeting then hear from Board members whose orgs perform NOFA-funded SO to hear their reactions before passing judgement on this provision



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- Housing stability case management
- Mediation
- Legal services
- Credit Repair
- Short-term and medium-term rental assistance

**2.2.6.2.1.5. Homelessness Prevention Activities.** All services eligible for Rapid Re-Housing funding are also eligible for Homelessness Prevention funding, presuming that Prevention funding is directed to persons that meet the HUD "at risk" criteria, which refers to an individual or family with an annual income less than 30% of the area median income, without sufficient resources or support networks immediately available to prevent them from becoming literally homeless, living in substandard or other unstable housing conditions as defined by HUD.<sup>6</sup> Eligible activities and costs must meet the requirements as listed in 24 CFR 576.103.

Homelessness Prevention assistance is generally limited to no more than 24 months. Up to 48 months of Homelessness Prevention assistance may be available for programs serving seniors 60+ who meet the HUD definition of At Risk of Homelessness (eligible with CESH). Note: As of FY 2019-20, eviction prevention legal services are included in the Fair Housing Set-Aside, and no longer falls under Homelessness Prevention. *See Section 5 for details.*

**2.2.7.2.1.6. Permanent Supportive Housing Services and Operations.** Eligible activities include housing operations expenses and client-centered, wraparound case management services, provided in permanent housing for homeless persons with disabilities, consistent with a housing First approach. Permanent Supportive Housing projects will follow the HUD Continuum of Care regulations as guiding documents.

**2.2.8.2.1.7. Homeless Management Information Systems (HMIS) Participation and Compliance,** including staff time for entry of client information into the countywide HMIS, and training to ensure compliance with data quality standards.

**2.2.9.2.1.8. Other Homeless Services.** Eligible services must serve literally homeless persons, provide services critical to permanently housing a homeless subgroup, and must be aligned with the System performance measures described in Section 8.6. Projects will be required to design program measurements that lead to permanent housing.

**2.3.2.2. Administrative Costs**

In Fiscal Year 2021-2022, the SCCDC limits the Administrative cost line items in Funding Agreements to ~~Federal and state limits, unless supplemented with local discretionary funding. 10% of the total contract value, contingent upon the amount of available local dollars in the consolidated NOFA. Funds administered by the SCCDC may not be used for general administration costs. Administrative costs may be allowed by the Commission upon staff approval, in advance, and based on approved indirect expense allocation plan for the applicant agency, commensurate to availability to local funds.~~



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### **2.4.2.3. Non-Housing Community Development**

To align all available funding with key system performance measures, Non-Housing Community Development and other community services activities are not eligible for funds in FY 2021-2022

### **3. Continued Funding**

- 3.1.1.** Requests for Continued Funding must be submitted to the SCCDC by 5:00 p.m. on the date listed on the [Home Sonoma County](#) Funding Application Timetable.
  - 3.1.1.1.** Organizations receiving Continued Funding should be fully accredited 501(c) (3) nonprofit entities.
  - 3.1.1.2.** Requests for Continued Funding for the Fiscal Year 2021-2022 are for Project Renewals
  - 3.1.1.3.** All requests for Continued Funding are due by the stated deadline to be considered eligible.
  - 3.1.1.4.** All Continued Funding request should contain a Board Resolution stating that the organization's Board of Directors approves of the renewal of the project for Fiscal Year 2021-2022.
  - 3.1.1.5.** Any Continued Funding requests that intends to serve persons in specific geographic areas within Sonoma County should include a letter on the jurisdiction's letterhead stating awareness of the proposed or continuing activities in their jurisdiction.
  - 3.1.1.6.** Requests for Continued Funding will include a Project Budget Worksheet describing the anticipated revenue and expenses, along with a copy of the applicant's most recent financial audit or, financial reports for the previous two years if an audit is not required.
  - 3.1.1.7.** Requests may not be revised and/or submitted after the application deadline. Once awarded funding, material changes of the project model or change in eligible project type may not occur before contract execution. After contract execution, projects must inform and receive approval from the SCCDC for any material changes to the project that changes the nature of the services provided.
- 3.1.2. Request for Continued Funding Process**



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- 3.1.2.1. The Fiscal Year 2021-2022 request for Continued Funding for Homeless Services funded in Fiscal Year 2020-2021 will;
- 3.1.2.2. Prioritize maintained funding of the core elements of the homeless system of care. The core elements of the Homeless System of Care are: Emergency Shelter, Homelessness Prevention, Permanent Supportive Housing, Rapid Re-housing, and Street Outreach.
- 3.1.2.3. Organizations requesting Continued Funding for Projects in good standing in Fiscal Year 2020-2021 will complete a questionnaire based on HMIS data and outcome performance.
- 3.1.2.4. Evaluative measures of projects seeking continued funding are;
- 3.1.2.5. Management of Funding Agreement(s) from the prior year, e.g., adequate spending towards the grant, results of monitoring including Findings, Concerns, or Recommendations are resolved or are in the process of being resolved.
- 3.1.2.6. The applicant's ability to be in full compliance with Emergency Solutions Grant (ESG) regulations in the prior year;
- 3.1.2.7. The project has met or exceeded the project performance benchmarks in Section 8.6, Performance Measurement, in the previous year.
- 3.1.2.8. The project is aligned with key system mandates, e.g., receiving all referrals from Coordinated Entry and implementing a housing First/Low Barrier program.
- 3.1.2.9. Commission staff will review HMIS records from Calendar Year 2020, and Coordinated Entry referrals to determine compliance with data quality and Coordinated Entry.
- 3.1.2.10. The Expectation of Expending of Funds and Contracted Compliance. The execution of all Funding Agreements for Homeless Services is for a one-year term. Expenditure of funds allocated in the Fiscal Year 2021-2022 Homeless Services Funding Agreements, must occur between July 1, 2021, and June 30, 2022.
- 3.1.2.11. Projects with remaining funds as of the end of the Fiscal Year will receive a Monitoring Letter stating a Finding for Unspent Funds and unspent funds may impact future funding levels.

**3.2 Financial Reporting**

- 3.2.1 The applicant routinely completes a financial audit and has submitted the financial audit for its most recently completed fiscal year
- 3.2.1 If an applicant is not required to have an annual audit, financial statements covering the most recent two years may be submitted in place of an audit to demonstrate a clean fiscal history.





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### 3.4 Selection Process

#### 4.1. Sonoma County Board of Supervisors and Continuum of Care Board

The Sonoma County ~~Board of Supervisors~~ Continuum of Care Board is the guiding body for the Consolidated NOFA ~~in coordination with the Sonoma County Continuum of Care Board~~. For FY 2021-2022 funding recommendations will be made by the SCCDC's Ending Homelessness Team for review by the Continuum of Care Board, before being forwarded directly to the Board of Supervisors for their review and final approval ~~and allocations of funds under their jurisdiction, and for contracting authority for all funds.~~ Should the Board of Supervisors change the recommended allocation of funds under their jurisdiction, the remainder of any allocation for a project will not be changed without approval of the CoC Board.

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- 4.1.1. The ~~reviewing bodies~~CoC Board will endeavor to ensure that funds are distributed equitably across areas of the County and each jurisdiction in a manner that best addresses the distribution of persons experiencing homelessness across Sonoma County and which maintains the integrity of the existing homeless system of care ~~and private funders of homeless services as well as representatives from jurisdictional staff.~~
- 4.1.2. For State ESG-funded projects, the SCCDC's Ending Homelessness Team will verify that the proposed project will operate, or facilities will be located, within an eligible Sonoma County service area. Scored project application, staff reports, and evaluative rating and ranking materials will be reviewed by the Continuum of Care Coordinator for adherence to process and signed for necessary submissions to the State.
- 4.1.3. After SCCDC staff conduct due diligence and write staff reports on each proposal, recommendations will be made to the Continuum of Care Board and Board of Supervisors including a list of projects recommended for funding, the level of funding recommended, and a list of projects not recommended for funding. Funding recommendations will be made public at least three days prior to the public meeting of the Continuum of Care Board and Board of Supervisors.
- 4.1.4. The scoring of project proposals will be based on alignment with Continuum of Care priorities. Funding recommendations are made using the criteria listed in Section 5, Selection Criteria.
- 4.1.5. The Continuum of Care Board will review staff reports on all categories of homeless services applications ~~as well as SCCDC staff and Performance and Evaluation Task Group's scoring and recommendations.~~
- 4.1.6. The Sonoma County Board of Supervisors will review the SCCDC staff and CoC Board's recommendations and approve final funding recommendations for homeless service projects. Applicants may make public comment. This meeting will be announced and applicants will be informed of the date that recommendations are reviewed by Board of Supervisors.

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#### 4.2. Contracting Principles



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- 4.2.1. All applicants must adhere to the Contracting Principles policy as approved by the Sonoma County Board of Supervisors. The Contracting Principles document is posted for review on the For Homeless Services Provider webpage at <https://sonomacounty.ca.gov/CDC/Homeless-Services/PDFs/Contracting-Principles/>

**4.3. HUD Annual Action Plan – One-Year Use of Funds**

The SCCDC will use the Continuum of Care Board's recommendations to prepare the "Action Plan: One Year Use of Funds" for federal awards for inclusion in the appropriate Sonoma County Consolidated Plan. The publishing/dissemination of the Consolidated Plan Summary will occur in accordance with HUD regulations and the Sonoma County Citizen Participation Plan, with thirty days allowed for the submission of written comments to the SCCDC.

<sup>2</sup>~~This process may be modified in future years.~~

**4.5.4.4. Board of Supervisors/Board of Commissioners Final Approval**

- 4.5.1.4.4.1. The Continuum of Care Board recommendations, along with any relevant written comments received during the Action Plan comment period and supplementary SCCDC staff comments, will be submitted to the Board of Supervisors/Board of Commissioners for approval.

- 4.5.2.4.4.2. The Continuum of Care Board is structured to ensure it can function as the primary decision-making group on county homeless services funding, with representatives of Board of Supervisors. However, the Board of Supervisors/Board of Commissioners is legally responsible for decisions on CDBG, ESG, CSF, LMIHAF, Winter Shelter, and Sonoma Valley Homeless Initiative funding. See the Sonoma County Funding Application Timetable for the Board's public meeting date.

**4.5. Selection Criteria**

The following criteria will be the basis of evaluation by the SCCDC's Equity and Compliance Team, ~~Home-Sonoma County Performance and Evaluation Task Group~~, and the Continuum of Care Board.

**5.1. General**

- 5.1.1. CDBG Public Services funds, state and federal ESG, R&R, LMIHAF- Services, CESH, HHAP, and regional Homeless Initiatives funds will be combined for allocation purposes.
- 5.1.2. In no event will a homeless services award for services or operations be granted in an amount less than \$30,000.

**5.2. Joint Funding from Other Sources**

- 5.2.1. Project applications must demonstrate leveraging of other funds and/or in-kind contributions.
- 5.2.2. The applicant demonstrates a continuing effort to locate alternate sources of funding.
  - 5.2.2.1. Project budgets submitted with applications should identify that 10% of the requested amount have matching funds from other sources, including grants and donations For this purpose, in-kind contributions are eligible to be included in the 10% but the calculation methodology for In-Kind donations should be stated in the Project Budget Worksheet.

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5.2.2.2. Applicants shall submit copies of any award letters or evidence of application for funds that contribute to projects funded through ~~HOME Sonoma County~~ the CoC Board during Fiscal Year 2021-22. Follow up on anticipated Joint Funding from Other Sources will be included in Project Monitoring in Fiscal Year 2021-22.

5.2.3. The applicant demonstrates the administrative capacity to complete the proposed project and/or will have adequate provisions for long-range maintenance and operations.

~~5.2.3.5.2.4.~~ To support the alignment of services and efficiency throughout the system of care, contracts will allow for other funders to supplement funding and expand services for projects funded through this NOFA.

**5.3. Organizational Capacity**

5.3.1. The submission of work products, including Board of Director's meeting minutes, Quarterly Reports, and Reimbursement Requests from previous awards, were submitted in a complete, accurate, and timely manner.

5.3.2. Previously awarded grant funds were expended on eligible activities on time and in compliance with applicable policies, rules, and regulations.

5.3.2.1. SCCDC staff reports will include information on any unspent funds from Fiscal Year 2019-2020.

5.3.3. All organizations with projects receiving Continued Funding must demonstrate ~~an increased ability regarding sufficient~~ administrative and programmatic capacity ~~using Federal, State, Local, and private grant funds from other sources.~~

5.3.3.1. SCCDC staff reports will include evaluations of organizational capacity to operate using ESG regulations in projects.

5.3.3.2. Organizations with Continued Funding in Fiscal Year 2021-22 are responsible for the actions of any subcontractors that participate in any project funded through this Consolidated NOFA. Performance issues related to subcontractors will be assigned to the subrecipient. SCCDC retains final responsibility for performance of all recipients and subrecipients.

~~5.3.3.3. Continued Funding recommendations on proposals that serve a geographic area less than all of Sonoma County requires the reviewing bodies to give weight to an affected city or town's priority.~~

~~5.3.3.4. 5.3.3.3.~~ Proposed homeless services projects ~~located in and/or intending to serve the residents of one or more specific incorporated or unincorporated areas, but not all of Sonoma County,~~ must give weight to an affected jurisdiction's priorities, inform, and partner with the governing body of the jurisdiction(s) in which the project will operate, and implementation must be consistent with the policies of those jurisdiction(s).

**5.3.4. Geographic Equity**

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- 5.3.4.1. The SCCDC will continue to evaluate the ability of projects to serve individuals and households from all locations in Sonoma County.
- 5.3.4.2. If a geographic area for services is defined as less than countywide, evaluations will consider the ~~of projects will review that projects are of appropriate in~~ size, scope, and location to address the targeted client population and defined service area.
- 5.3.4.3. The project will not duplicate existing projects or services in the geographic area unless the need is well documented and verifiable. The SCCDC's Equity Ending Homelessness Team will identify if applications are duplicate of one another and will work with the applicants to resolve overlaps.

#### 5.4. Housing First

In 2016, the California Legislature passed Senate Bill 1380, codified as California Welfare & Institutions Code § 8255. It required all housing programs to adopt the Housing First model.

- 5.4.1. "Housing First" is an approach to serving people who are experiencing homelessness. Housing First recognizes that a homeless person must first be able to access a decent, safe place to live that does not limit the length of stay (permanent housing) before stabilizing, improving health, reducing harmful behaviors, or increasing income. Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing the housing, like requirements for sobriety or absence of criminal history. Housing First values choice not only in where to live, but whether to participate in services. For this reason, tenants are not required to participate in services to access or retain housing.<sup>8</sup>

#### 5.5. Coordinated Entry Requirements

- 5.5.1. Acceptance of referrals only from Coordinated Entry (CE) and lowered barriers to entry (e.g., no income or sobriety requirements) are requirements of all SCCDC funding sources. **Rationale:** Projects with lower barriers that accept clients from CE decrease the overall length of homeless episodes.

#### 5.6. Performance Measurement & Project Priorities

- 5.6.1. The highest priority will be given to homeless service projects funding in fiscal year 2020-2021, and which impact the three key system performance measures as stated below. Each performance measure is followed by the most recent performance. **Rationale:** The three system-wide performance measures below are derived from the federal Homeless Emergency and Rapid Transition to Housing (HEARTH) Act. They are particularly well-designed and easily measurable with standard HMIS data collection. Improving performance on these measures will better position local homeless service providers to bring new resources to Sonoma County.
  - 5.6.1.1. **Increase housing placements**, from unsheltered locations into temporary housing (e.g., shelters), and from temporary housing into permanent housing. **Current performance:** Unsheltered persons placed into temporary housing: 44%; sheltered persons exiting to



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permanent housing: 21%; Rapid Re-Housing (RRH) exits to permanent housing: 90%.

- 5.6.1.2. **Decrease the overall length of homeless episodes. *Current performance:*** 76 days in shelter; 204 days for persons meeting chronic homeless (CH) criteria.
- 5.6.1.3. **Minimize returns to homelessness from permanent housing** by supporting retention of permanent housing. *Current performance:* 6% in 12 months, 20% in 24 months.

**5.6.2. Project Priorities:**

- 5.6.2.1. Sustain existing **permanent supportive housing (PSH)** projects and improve their capacity to serve the most vulnerable chronically homeless persons. The prioritization of projects serving chronically homeless persons; and projects demonstrating >90% housing retention will receive higher priority, and projects demonstrating 15:1 or lower caseloads will be prioritized above those with higher caseloads. Projects that demonstrate partnerships with non-homeless supportive service agencies (e.g., health, employment, etc.) will be prioritized above those that do not.

**Rationale:** Existing PSH provides the opportunity for permanent housing placements through turnover and minimizes returns to homelessness. Prioritizing chronically homeless persons decreases the average length of homeless episodes; maintaining current high housing retention reduces returns to homelessness.

- 5.6.2.2. Sustain existing **rapid re-housing (RRH)** projects. Projects that include Housing Locator staff, demonstrate 90% or more of participants exit to permanent housing, and demonstrate partnerships with non-homeless supportive service agencies (e.g., health, employment, etc.) will be prioritized above those that do not. More information on Rapid Re-Housing project requirements can be found in the SCCDC ESG Program Guide located at; <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/ESG-Standards/>

**Rationale:** At least 422 additional units of Rapid Re-Housing rental assistance are needed in Sonoma County. RRH is a particularly flexible and cost-effective method of increasing placements in permanent housing, with documented high outcomes. Increasing RRH investments will enable the local system to increase average housing placements from shelter from the current average (21% of all exits).

- 5.6.2.3. **Day centers and street/encampment outreach** projects that currently serve, or may serve, as CE Access Points, as well as Day Centers that may serve as CE Access Points.

**Rationale:** CE is designed to decrease the overall length of homeless episodes, one of the three key system performance measures noted in Section 5.4.1.

~~4.5.1.2.0 Street Outreach projects funded in Fiscal Year 2021-22 will work in coordination with the Sonoma County Interdepartmental Multi-Disciplinary Team. Such coordination will ensure adequate support, training, and processes to move people to shelters or housing opportunities, and well as health and~~



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behavioral health services. More information on Street Outreach project requirements can be found in the SCCDC ESG Program Guide located at: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/ESG-Standards/>

**5.6.2.5.5.6.2.4. Homelessness Prevention** projects that demonstrate improvements in housing stability among people at imminent risk of homelessness, or who have previously experienced homelessness. More information on Homelessness Prevention project requirements can be found in the SCCDC ESG Program Guide located at; <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/ESG-Standards/>

**Rationale:** Research suggests that targeting homelessness prevention funding to those most at risk (with the least time/resources to avoid homelessness or previous homeless experience) is more likely to prevent homelessness.

**Commented [BL3]:** Copied from 2.2.2: I'd like to hear IMDT address this proposed coordination requirement at the 2/24 meeting then hear from Board members whose orgs perform NOFA-funded SO to hear their reactions before passing judgement on this provision

### 5.7. Upstream Investments

The review of projects for Continued Funding and the formulation of recommendations for funding will utilize the principles consistent with the County of Sonoma's Strategic Plan element known as "Upstream Investments." More information about "Upstream Investments" and related material regarding evidence-based practices can be found here: <http://www.upstreaminvestments.org/>.

- 5.7.1. Proposals for programs that are evidence-based and outcomes-oriented will receive a higher priority for funding, based upon evidence that the operator has applied for the program's inclusion in the Upstream Portfolio for its use of evidence-based practices.
- 5.7.2. Program proposals that contain one or more of the following four goals will be evaluated more favorably over those that do not:
  - Support the healthy development of children;
  - Community members have access to education and training and are prepared for the challenges of the future;
  - All community members are well sheltered, safe, and socially supported; and
  - Economic security for all.

### 5.6. Funding Conditions and Regulations

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#### 6.1. Timeliness

All project services shall begin on July 1, 2021. Funds for homeless services activities are to be expended within the 12 months of the fiscal year for which the funding allocation was made, unless specified for a longer or different period as stated in the Funding Agreement. Homeless Services Funding remaining unspent after the Agreement term will be reprogrammed, and organization with unspent funds will receive a Monitoring Letter stating a Finding or a Concern for unspent funds.

#### 6.2. Compliance with Disabled Access Requirements



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- 6.2.1. All applicants for funds must be able to comply with 24 CFR Part 8, which states that no qualified individual with disabilities solely based on disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance from HUD.
- 6.2.2. Disabled access must be provided to the greatest extent feasible in non-housing as well as housing facilities. Proposed activities that do not provide access for the disabled may not be considered for funding. In addition, all Local and State disability access guidelines must be followed.
- 6.2.3. If available, policies describing the agency's practice in guaranteeing disabled access must be submitted with the funding application.

**6.3. Compliance with the Equal Access Rule (Gender Identity Rule)**

Per HUD final rule entitled "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity" (2012 Equal Access Rule) and the 2016 Equal Access Final Rule (2016 Equal Access in Accordance with Gender Identity Final Rule), housing programs funded through the SCCDC are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. This guidance includes transgender and gender non-conforming individuals who should be accommodated in temporary, emergency shelters, and other buildings and facilities used for shelter, that are permitted to have shared sleeping quarters or shared bathing facilities.

**6.4. Consultation with Continuum of Care Requirements**

Per federal regulation, the Commission must consult with the Continuum of Care Board in allocating ESG funds; developing the performance standards for, and evaluating the outcomes of, projects and activities assisted by ESG funds; and developing funding, policies and procedures for the administration and operation of the Homeless Management Information System.

- 6.4.1. The Commission is the Administrative Entity for State ESG, CESH, and HHAP funds. As the Continuum of Care Board, and the Commission, shall collaborate to the maximum extent feasible in determining eligible activities, selecting providers, and administering federal and State funds. As the Commission is the lead homeless services agency for Sonoma County, Funding and planning will be collaboratively strategized with the Continuum of Care board and recommendations will be finalized by the Sonoma County Board of Supervisors who shall be responsible for making final decisions in these areas.
- 6.4.2. The Commission has established that Emergency Solutions Grant regulations shall be the benchmark standards for all homeless services projects funded through HOME Sonoma County and the Consolidated NOFA. ESG regulations will guide the execution of all projects funded through HOME Sonoma County, despite any flexibility allowed by the funding stream. If flexible approaches are allowed, providers may request variances which specifically request



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adjustments in project execution away from ESG standards. Such variances may be allowable and are measured against the ESG regulations. Variance requests are only permitted when sources of funds allow, and are by request of the provider, per approval of the Commission.

**6.4.3.** The Commission will recommend, and the Continuum of Care Board shall approve providers qualified to deliver eligible activities in the cities of Santa Rosa and Petaluma, and throughout the Urban County. In this process, the Commission shall:

- Conduct fair and open competitions which avoid conflict of interest
- Follow procurement requirements of 2 CFR Part 200;<sup>9</sup>
- Follow Sonoma County Contracting principles as approved by the Board of Supervisors on April 2, 2019
- Evaluate provider capacity and experience, including the ability to deliver services in non-entitlement areas;
- Evaluate eligibility and quality of services, including participation in Coordinated Entry, compliance with Continuum of Care Program Standards, and implementation of housing First strategies;
- Utilize data and consider community input to identify unmet needs;
- Prioritize activities that address the highest unmet need, considering other available funding and system-wide performance measures;
- Consider project-level performance measures when evaluating proposals.

**6.5. Homeless Management Information System (HMIS)**

All funded applicants must input data into the County Homeless Management Information System (HMIS), and must provide match funding from non-McKinney-Vento, non-HEARTH Act funding sources to the agency managing the HMIS. Funded homeless-dedicated programs must meet both HUD [and](#) Continuum of Care [and locally developed Board-approved](#) data standards for timeliness and completion.

**6.5.1.** Domestic violence sexual assault service agencies are a key exception to this requirement and prohibited from entering client data into the HMIS by the Violence Against Women Act. These agencies must enter client data into a separate but comparable database that is capable of providing aggregate reporting on all HMIS data elements.

**6.6. Match Requirements**

If receiving ESG funding, the subrecipient must match contributions to the ESG funding per 24 CFR





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576.201. Match funds must be provided after the date of the grant award.

### **6.7. Written Standards for Providing Assistance with ESG Funding**

The subrecipient must comply with the SCCDC's written standards for the provision of street outreach, emergency shelter, homelessness prevention, rapid re-housing services, and/or permanent supportive housing, as relevant to their projects.

<sup>9</sup> State ESG regulations cite 24 CFR 84, but 2 CFR 200 supersedes this regulation

### **6.8. Environmental Conditions**

Project awards that have been approved by the ~~Home Sonoma County Leadership Council and the Board of Supervisors-Coc Board~~ cannot be offered a Subrecipient Funding Agreement for execution until the required federal environmental and contract compliance conditions have been met, except for awards which are not subject to these federal requirements. The Board of Supervisors designates the Commission's Executive Director as the Certifying Officer for all National Environmental Policy Act (NEPA) environmental review of projects funded with federally- originated dollars. Therefore, the Commission will determine and complete, or cause to be completed, the appropriate level of NEPA environmental review, the cost of which shall be the responsibility of the awardee, and may be paid from the grant/loan funds allocated.

### **6.9. Program Income and Reprogrammed Funds**

Program income is defined as gross income received by the SCCDC or a Subrecipient generated directly from the use of Federal funds. Program income is the gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance. Program income includes but is not limited to income from fees for services performed, the use or rental or real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest For more information, see <https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-sec200-307.xml>.

- 6.9.1.** CDBG: Fifteen percent (15%) of program income derived from all CDBG-funded projects will be used for homeless services under the CDBG Public Services category, as allowed under CDBG regulations. Reprogrammed funds derived from homeless services will be used for eligible Homeless Services projects.
- 6.9.2.** ESG: Per the ESG Interim Rule, 24 CFR § 576.201, program income derived from ESG-funded activities (including returned security or utility deposits) is to be used as a match because of the sizable matching requirement in the ESG program. Reprogrammed funds will be



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reallocated to other projects to pay ESG-eligible program costs.

**6.9.3.** LMIHAF-Services: Any reprogrammed LMIHAF-Services funds will be used to replace CDBG funds in a like amount in an existing award for rapid re-housing housing stabilization services. The released CDBG funds will then be reprogrammed as prescribed in [Section 4.9.3](#) above. If there are no such CDBG awards, LMIHAF-Services funds will be returned to the general LMIHAF for future use.

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**6.9.4.** Other funding sources (CESH, HHAP, or regionally focused homeless initiatives): Reprogrammed funds will be reallocated to other projects to pay eligible program costs, subject to approval by the funding agency.

**6.10. Other Federal Requirements**

In addition to the requirements outlined in this document, all awardees are required to adhere to federal rules, statutes, policies, and regulations associated with the underlying source of Federal funds. Primary federal regulatory citations for the CDBG and ESG funding sources are listed below:

- CDBG: 24 CFR Parts 91 and 570
- ESG: 24 CFR Parts 91 and 576, and;
- State Emergency Solutions Grants Program, Title 25 § 8400- 8417.

**6.7. Fair Housing-Related Services and Set-Aside Funding**

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Each jurisdiction receiving CDBG funds from HUD must certify that it will affirmatively further fair housing. This requires an Assessment of Fair Housing or the Analysis of Impediments to be conducted within the jurisdiction. The resulting meaningful actions should achieve a material positive change that affirmatively furthers fair housing. Eligibility for continued CDBG funding requires adequate funding for a range of Fair Housing-related services that must be provided through a Set-Aside under the Public Services category. Developing a Fair Housing program that meaningfully furthers fair housing is the responsibility of the Commission's advisory body, the Community Development Committee, in its CDBG oversight role.

**7.1. Other Requirements**

The NOFA solicits proposals from capable nonprofit agencies to provide fair housing-related services that implement the recommended actions in the 2011 Analysis of Impediments.<sup>10</sup> The Commission shall endeavor to join with other entitlement jurisdictions within Sonoma County in the NOFA process to provide consistent and cost-effective service and assistance to citizens of the entire County.

**7.2. Fair Housing**

Eligible Fair Housing-related services may address; education about Fair Housing law; investigative testing and auditing; advocating for tenants who may be targets of discrimination; enforcement of Fair



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Housing law; as well as legal services designed to prevent eviction. Included in the Fair Housing category is eviction prevention legal services in the Fair Housing category.

Fair Housing services will provide services based on the following factors:

- The capacity of the applicant to provide these services.
- The degree to which a capable applicant can leverage additional funding sources to augment the County's funding allocation.
- The coordination with neighboring jurisdictions in the regional provision of fair housing services to optimize efficiency and customer service.
- Cost-effectiveness.
- The degree to which the proposed services will implement meaningful actions to achieve a material positive change that affirmatively furthers fair housing, or that addresses recommended actions in the current Analysis of Impediments to Fair Housing Choice.

In the event no viable Fair Housing proposals are received from community-based nonprofit agencies or no fair housing proposals are awarded funds, Commission staff will provide the required fair housing services utilizing funding from the Fair Housing Set Aside until which time that a subsequent RFP process can be implemented to secure a qualified contract provider of Fair Housing-related services.

**7.3. Fair Housing Set-aside amounts**

- Current funding level for CDBG.
- Historical funding levels of selected services.
- Expected cost of activities required to take the recommended actions identified in the analysis of impediments to fair housing choice document.
- Consideration of actual or potential Funding from other sources.



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**Total Number of Homeless Persons, By Jurisdiction and Shelter Status**

JURISDICTION	2018	2019	2020	2018	2019	2020	2018	2019	2020
<b>North County</b>	295	232	205	53	16	4	348	248	209
Cloverdale	75	52	29	5	7	4	80	59	33
Healdsburg	81	64	69	48	9	0	129	73	69
Town of Windsor	75	53	38	0	0	0	75	53	38
Unincorporated	64	63	69	0	0	0	64	63	69
<b>South County</b>	262	305	427	205	142	170	467	447	597
Cotati	1	44	37	0	0	0	1	44	37
Petaluma	91	138	133	194	127	163	285	265	296
Rohnert Park	127	114	241	11	15	7	138	129	248
Unincorporated	43	9	16	0	0	0	43	9	16
<b>West County</b>	243	271	290	40	41	37	283	312	327
Sebastopol	69	101	129	0	0	0	69	101	129
Unincorporated	174	170	161	40	41	37	214	211	198
<b>Sonoma Valley</b>	64	101	54	37	40	34	101	141	88
Sonoma	15	32	46	15	18	15	30	50	61
Unincorporated	49	69	8	22	22	19	71	91	27
<b>Santa Rosa</b>	1,065	1,048	726	732	755	798	1,797	1,803	1,524
Santa Rosa	863	954	719	700	707	742	1,563	1,661	1,461
Unincorporated	202	94	9	32	48	56	234	142	67
<b>Total</b>	1,929	1,957	1,702	1,067	994	1,033	2,996	2,951	2,745

*Note: Confidential beds have been included in their respective jurisdiction(s) since 2018.*



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### **7-8. Questions?**

Information regarding the Funding Policies for the FY 2021-2022 Sonoma County Consolidated NOFA, funding year timelines, application, allocation and funding year reporting and reimbursement process, etc. may be found online at:

<https://sonomacounty.ca.gov/CDC/Doing-Business-With-The-Commission/NOFA-Homeless-and-Public-Services-Programs/>

Additional information about programs and projects may be obtained by contacting:

Chuck Mottern, Homeless Services Funding Coordinator

Sonoma County Community Development Commission

1440 Guerneville Road, Santa Rosa, CA. 95403

Phone 707-565-7554 \* Fax 707-565-7583 \* Chuck.Mottern@sonoma-county.org

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**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** Receive Report on System of Care and Approve FY 21-22 Homeless System of Care Funding Priorities

**Date:** February 24, 2021

**Presenter:** Michael Gause, Ending Homelessness Program Manager

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**Agenda Item Overview**

Staff provides an overview of the current Homeless System of Care and its core components funded by both CoC designated funds and local dollars contributed by the County of Sonoma. The overall staff report is accompanied by individual staff reports from all projects funded in the local funding process in FY 20-21. The item also contains an overview of projects and their potential reductions in FY 21-22 with the hope of finding additional funds to maintain flat funding in FY 21-22 for all projects.

**Staff Recommendation**

CDC staff request the CoC Board review and accept the overall staff report and individual project staff reports. Staff recommends the CoC Board accept recommendations on CoC designated funds in order to achieve flat funding in FY 21-22.

The Sonoma County Continuum of Care board has Continuum of Care Board has oversight over the following funding sources contained in the annual funding process for Fiscal Year 2021-2022. For Federal ESG, the CoC Board provides consultation and recommendations, thus it is also included.

Source	Approx. Amount Available	Eligible Uses
Federal and State ESG	\$ 364,864	At least 40% must be used for Re-Housing; funds may also be used for Emergency Shelter, Street Outreach, and Homelessness Prevention.
CESH ( <i>one-time funds</i> )	\$ 388,942	Rental subsidies in permanent housing for up to 48 months (including Rapid Re-Housing and Homelessness Prevention strategies)
<i>Homeless Housing and Assistance Program (HHAP)</i>	\$1,739,856	Focused on moving homeless individuals and families into permanent housing and supporting individuals and families' efforts to maintain their permanent housing.
<b>Total Available</b>	<b>\$2,493,662</b>	<i>Total available for Homeless Services in Fiscal Year 2021-2022</i>

While the Sonoma County Community Development Commission identifies a potential 19% - 25% reduction in the total pot of funding for homeless services, the intention is to identify funding to gap the shortfall. The following grid describes what flat funding at FY 20-21 levels would look like, as well as the result of a two scenarios of 19% and 25% reductions respectively.

Adjustments to these numbers from the initial posting relate to the surrender of \$75,000 of State ESG dollars by COTS for the Rapid Rehousing project. As these dollars need to be spent by October of 2021, and are necessary to be spent in Petaluma or Santa Rosa due per guidelines relating to use of funds, the SCCDC suggests applying the dollars to COTS for their Mary Issak Center Emergency Shelter project, which is an eligible use by activity and location. Doing so can offset the potential impact of cuts to the entire system and results in an approximate 5% improvement from the initial projection of the 30% reduction.

Also, an error in the Excel did not carry over Catholic Charities Homeless Service Center project into the grid. This error has been corrected, and did not create any adjustment to the math, but only to the grid.

Project Type	Organization	Project Name	20-21 allocation	Scenarios	
				A	B
				25.14%	19.70%
RRH	Interfaith Shelter Network	Rapid Re-Housing	\$225,213.31	\$168,605.75	\$180,847.04
	Catholic Charities	Rapid Re-Housing	\$157,678.00	\$118,045.50	\$126,615.96
	COTS	Rapid Re-Housing	\$188,965.00	\$141,468.48	\$151,739.53
	Reach for Home	Rapid Re-Housing	\$44,544.56	\$32,599.60	\$34,966.43
	Social Advocates for Youth	Rapid Re-Housing	\$147,359.00	\$110,320.19	\$118,329.77
	TLC Child & Family	Rapid Re-Housing	\$212,920.62	\$159,402.84	\$170,975.97
	West County Community Services	Rapid Re-Housing	\$359,927.88	\$269,459.70	\$289,023.29
Shelter	Catholic Charities	Family Support Center	\$200,000.00	\$149,729.83	\$160,600.67
	Catholic Charities	Sam Jones Hall	\$288,000.00	\$215,610.95	\$231,264.96
	Community Action Partnership	Sloan House	\$52,152.51	\$39,043.93	\$41,878.64
	COTS	Mary Issak Center	\$344,744.51	\$258,092.68	\$276,830.99
	West County Community Services	West County Winter Shelter	\$147,000.00	\$147,000.00	\$147,000.00
	Social Advocates for Youth	Dream Center	\$139,215.46	\$104,223.53	\$111,790.48
	Social Advocates for Youth	Winter Shelter Expansion	\$30,000.00	\$30,000.00	\$30,000.00
	YWCA	Confidential Safe House	\$34,768.34	\$30,000.00	\$30,000.00
PSH	Catholic Charities	Alternatives	\$200,000.00	\$149,729.83	\$160,600.67
	Catholic Charities	Palms Inn	\$100,000.00	\$74,864.91	\$80,300.33
	Community Support Network	Stony Point Commons	\$111,104.12	\$83,178.00	\$89,216.98
	Reach for Home	Permanent Supportive Housing	\$119,349.85	\$89,351.16	\$95,838.33
	West County Community Services	Meeting Their Needs	\$37,000.00	\$30,000.00	\$30,000.00
CE	Catholic Charities	Coordinated Entry	\$130,000.00	\$97,324.39	\$0.00
	Interfaith Shelter Network	Coordinated Entry Access Points	\$48,675.68	\$36,441.01	\$0.00
HP	Catholic Charities	Homelessness Prevention	\$100,000.00	\$74,864.91	\$80,300.33
	COTS	Homelessness Prevention	\$77,845.11	\$58,278.67	\$62,509.88
	Social Advocates for Youth	Homelessness Prevention	\$30,000.00	\$30,000.00	\$30,000.00
Outreach	Catholic Charities	HOST	\$325,651.00	\$243,798.34	\$261,498.84
	Catholic Charities	Homeless Service Center	\$50,000.00	\$37,432.46	\$40,150.17
	Reach for Home	Street Outreach	\$34,768.34	\$30,000.00	\$30,000.00
	Russian Riverkeeper	Clean Camp Education	\$69,536.68	\$52,058.58	\$0.00
	Sonoma Applied Village Services	Street Outreach	\$113,130.62	\$84,695.14	\$90,844.27
	Social Advocates for Youth	Street Outreach	\$211,542.40	\$158,371.04	\$169,869.25
Other	Community Action Partnership	HCA Family Fund	\$30,000.00	\$30,000.00	\$30,000.00
	SHARE	SHARE Sonoma County	\$202,351.74	\$151,490.46	\$162,489.12
	St. Vincent de Paul Society	Homeless Court	\$30,000.00	\$30,000.00	\$0.00





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# STAFF REPORT ON THE HOMELESS SERVICES SYSTEM OF CARE IN SONOMA COUNTY

**February 24, 2020**

**Prepared by:**

Chuck Mottern, Homeless Services Funding Coordinator

Stephanie Hershberger LCSW, Quality and Compliance Specialist

Suzanne Whipple, Community Development Specialist II

Madison Murray, Senior Community Development Specialist

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## EXECUTIVE SUMMARY

The Homeless Services System of Care in Sonoma County receives funding from many Federal, State, and local sources, with projects categorized into five core types: Street Outreach, Emergency Shelter, Rapid Re-Housing, Homelessness Prevention, and Permanent Supportive Housing. A small subset of projects that do not meet any of the five core project types fall into a category referred to here as "Other Project Types."

This report will outline the regulatory environment guiding core project types, describe funding sources for which the Continuum of Care (CoC) Board has authority, an overview of each project type, data analysis, and status updates on individual projects therein. This writing intends to demonstrate the strengths, challenges and needs facing the system as a whole and the organization for which the annual cycle offers funding to support those efforts.

In the Fiscal Year 2019-2020, data shows that 1370 households attained housing through Rapid Re-Housing, Permanent Supportive Housing, or from other housing opportunities across the entire system. Halfway through the Fiscal Year 2020-2021, these numbers are slightly less, potentially due to the impacts of COVID-19, with 463 housed in the first six months. The projects funded through the annual cycle reduce the number of unsheltered persons in Sonoma County, as observed in the Annual Homeless Census, which reports a reduction in the 2020 count.

Under the Homeless Services Funding Coordinator's supervision, Sonoma County Community Development Commission staff members support organizations through ongoing Monitoring and Technical Assistance (TA) throughout each fiscal year. Providers are supported to operate projects with fidelity to project models as stated in regulations guiding the eligible use of funds per source. The use of federal guidance found in the Code of Federal Regulations (24 CFR) is understood and applied to project strategies, eligible spending, and required data collections.

Organizations across the local system operate with a varied range of capacities related to understanding regulations, prescribed project models, best practices, and other factors related to the funding they receive. Providers who receive funding through the annual cycle face challenges related to their experience level, understanding the regulatory environment guiding project activities, and decreasing institutional knowledge due to staffing challenges. Such issues occur in nonprofits with long histories of receiving funding and newer organizations to the cycle.

In all cases, SCCDC staff offer support through Monitoring to increase understanding and identifying strategies to overcome challenges and ensure that the activities conducted and spending of dollars are deemed eligible as permitted by the funder. The effort to provide ongoing Monitoring of projects protects the SCCDC and the System of Care in potential audits. It provides that all sources of funds, no matter how liberal or regulated, are utilized on providers' eligible activities. Where more flexibility in approach is allowed, SCCDC staff support organizations to understand how federal guidance describing project activities found in 24 CFR can be augmented to allow for Variances. This strategy endeavors to support organizations to understand the basic rules provided in the CFR, have written standards for variances, apply flexibility in a measured manner, and stay within legal guidelines.

The overall analysis of the Homeless System of Care as operated by the SCCDC and as overseen by the CoC Board is that the general provision of services is healthy but requires ongoing attention to maintain the increased capacity seen in recent years by large increases in funding. The system's challenges relate

to the trend of annual decreases to the overall pot of funds, and a greater emphasis on sources that refer to 24 CFR as their guidance, despite some allowable variances permitted. Due to the unpredictability of funding levels and the need to hold providers to the highest standards, the use of allocated dollars should be efficient and follow regulatory parameters. These goals are attainable only through increased capacity supported by the SCCDC to help funded organizations through Technical Assistance. Maintaining this focus will result in incremental improvement annually that results in a measurable increase in service provider organizations' capacity and a stronger and more resilient Homeless System of Care in Sonoma County in years to come.

## DATA COLLECTIONS AND REPORTING OVERVIEW

To obtain the performance metrics, the SCCDC utilized three different reports in HMIS: the Annual Performance Report (APR) and two custom reports created by the HMIS Lead. All providers who use HMIS have access to these reports.

### **Custom Report 1: Clients Exiting to Permanent Destinations or Remaining Active in Program**

- This custom report was exported to an Excel spreadsheet and sorted to obtain the outcomes per household served.
  - The SCCDC uses this report to obtain the number of:
    - Households served
    - Households that exited the project
    - Households that left to permanent housing destinations
  - The generation of this report occurred for each of the following project types:
    - Street Outreach
    - Emergency Shelters
    - Homelessness Prevention
    - Rapid Re-Housing
    - Permanent Supportive Housing
  - The generation of these reports occurred for the following periods:
    - Fiscal Year 19-20 (July 1, 2019 – June 30, 2020)
    - First six months of Fiscal Year 20-21 (July 1, 2020 – December 31, 2020)

### **Custom Report 2: Income Change in Period**

- This custom report exports to an Excel spreadsheet and is sorted only to obtain adult participants' outcomes.
  - The SCCDC uses this report to obtain the number of:
    - Adults who increased their income while in the project
    - Adults who retained the same amount of income at project entry and exit
    - Adults whose income data was not collected
  - The generation of this report occurred for each of the following project types:
    - Emergency Shelters
    - Rapid Re-Housing
    - Permanent Supportive Housing
  - The generation of these reports occurred for the following periods:
    - Fiscal Year 19-20 (July 1, 2019 – June 30, 2020)
    - First six months of Fiscal Year 20-21 (July 1, 2020 – December 31, 2020)

### **Annual Performance Report (APR)**

- The APR is a reporting tool used by HUD to track the progress and accomplishments of programs funded by HUD. The APR is used in this staff report to provide:
  - Percentages of Data Quality errors for each project type
  - The generation of these reports occurred for the following periods:
    - Fiscal Year 19-20 (July 1, 2019 – June 30, 2020)
    - First six months of Fiscal Year 20-21 (July 1, 2020 – December 31, 2020)

**Street Outreach Data Note**

HUD classifies exits from Street Outreach projects as either a positive outcome or a negative outcome. The SCCDC has provided performance metrics for Street Outreach projects, including:

- Exits with positive outcomes (including permanent housing)
- Exits directly to permanent housing

Below is a list showing which exit destinations are considered positive or negative outcomes.

HUD HMIS Project Types:	SO	ES	TH	PH (all)	SH	SSO
<b># Type: TEMPORARY</b>						
1 Emergency shelter, including hotel or motel paid for with emergency shelter voucher	+	T	T	T	T	T
15 Foster care home or foster care group home	+	Remove from the denominator				
6 Hospital or other residential non-psychiatric medical facility	Remove from the denominator					
14 Hotel or motel paid for without emergency shelter voucher	+	T	T	T	T	T
7 Jail, prison or juvenile detention facility	-	T	T	T	T	T
27 Moved from one HOPWA funded project to HOPWA TH	+	T	T	T	T	T
16 Place not meant for human habitation	-	T	T	T	T	T
4 Psychiatric hospital or other psychiatric facility	+	T	T	T	T	T
29 Residential project or halfway house with no homeless criteria	Remove	T	T	T	T	T
18 Safe Haven	+	T	T	T	T	T
12 Staying or living with family, temporary tenure (e.g., room, apartment or house)	+	T	T	T	T	T
13 Staying or living with friends, temporary tenure (e.g., room apartment or house)	+	T	T	T	T	T
5 Substance abuse treatment facility or detox center	+	T	T	T	T	T
2 Transitional housing for homeless persons (including homeless youth)	+	T	T	T	T	T
<b># Type: PERMANENT</b>						
25 Long-term care facility or nursing home	+	Remove from the denominator				
26 Moved from one HOPWA funded project to HOPWA PH	+	P	P	P	P	P
11 Owned by client, no ongoing housing subsidy	+	P	P	P	P	P
21 Owned by client, with ongoing housing subsidy	+	P	P	P	P	P
3 Permanent housing for formerly homeless persons	+	P	P	P	P	P
10 Rental by client, no ongoing housing subsidy	+	P	P	P	P	P
28 Rental by client, with GPD TIP housing subsidy	+	P	P	P	P	P
20 Rental by client, with other ongoing housing subsidy	+	P	P	P	P	P
19 Rental by client, with VASH housing subsidy	+	P	P	P	P	P
22 Staying or living with family, permanent tenure	+	P	P	P	P	P
23 Staying or living with friends, permanent tenure	+	P	P	P	P	P
<b># Type: OTHER</b>						
24 Deceased	Remove from the denominator					
8 Client doesn't know	-	T	T	T	T	T
9 Client refused	-	T	T	T	T	T
99 Data not collected	-	T	T	T	T	T
30 No exit interview completed	-	T	T	T	T	T
17 Other	-	T	T	T	T	T

Legend	
-	Negative Outcome
+	Positive Outcome
T	Temporary Outcome
P	Permanent Outcome

A step in the Street Outreach HMIS workflow is completing the "Outreach and Services Engagement" touchpoint to document the date the participant engaged in the project. The data for a participant who does not have an "Outreach and Services Engagement" touchpoint will not show on the Annual Performance Reports. Since this touchpoint's completion did not occur for all participants, the Custom Reports were used instead of the APR. These reports do not have this limitation and provide a complete picture of the Street Outreach projects.

**Households vs. Individuals**

Two terms are used in all reporting, "Households" and "Individuals."

- A Household is a group of people who consider themselves a single unit. For instance, two adults and one child is a single household containing three individuals. A single adult would be as one household of one person. This logic is used throughout this report and is consistent with HMIS data collections and reports stating the number served by a project in any period.

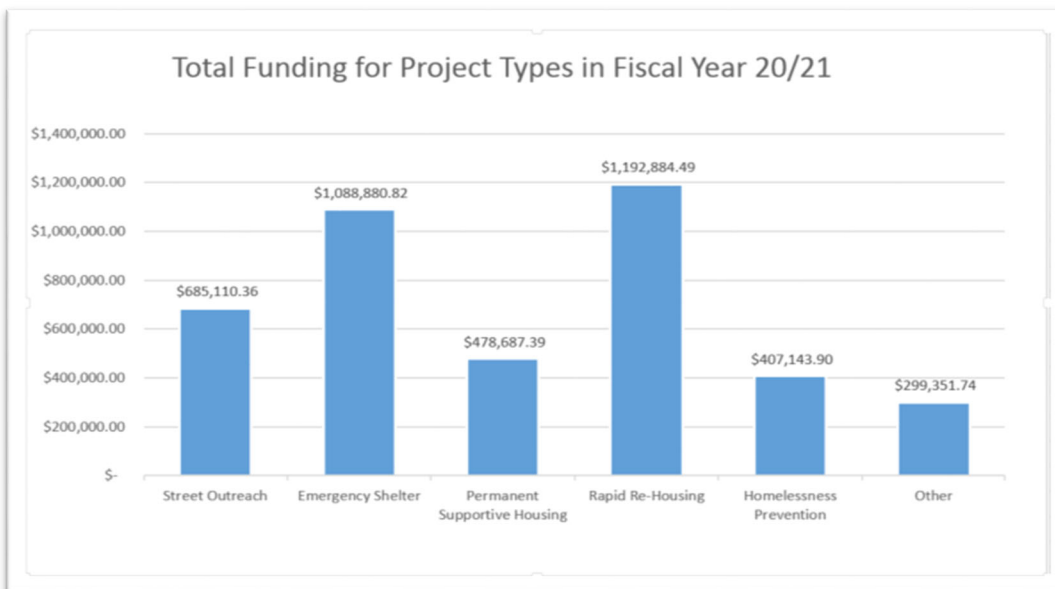
### Data Collection Points

The basis of data quality analysis in the Homeless Management Information System is on complete information entered at Entry, Exit, and Annual Assessment. Per expectations stated in Exhibit D of Funding Agreements, providers enter information into HMIS wholly and accurately.

The data collected are:

- Personal Identifiable Information
  - Name
  - Social Security Number
  - Date of Birth
  - Race
  - Ethnicity
  - Gender
- Universal Data Elements
  - Veteran Status
  - Project Start Date
  - Relationship to Head of Household
  - Client Location
  - Disabling Condition
- Income and Housing Data Quality
  - Destination
  - Income and Sources at Start
  - Income and Sources at Annual Assessment
  - Income and Sources at Exit
- Timeliness

Data entry occurring seven or more days after a participant's Entry, exit, or annual assessment in the project.



## Homeless Definition



# Homeless Definition

<b>CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>



## Funding Source Information

### California Emergency Solutions and Housing Program (CESH)

CESH is a State-derived funding source allocated to support activities that address homeless individuals and families' needs and help them regain permanent housing as quickly as possible.

Eligible Cost Categories include:

1. **Rental assistance, housing relocation, and stabilization services** to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness. Rental assistance provided according to this paragraph shall not exceed 48 months for each assisted household, and rent payments shall not exceed two times the current HUD fair market rent for the local area, as determined under 24 CFR part 888.
2. **Operating subsidies** in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.
3. **Flexible housing subsidy funds** for local programs that establish or support rental subsidies in permanent Housing projects assisting homeless individuals and families. Funds used for purposes of this paragraph may support rental assistance, bridge subsidies to property owners waiting for approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves. Rental assistance provided from flexible housing subsidy funds shall not exceed 48 months for each assisted household, with rental payments not to exceed two times the current HUD fair market rent for the local area, as determined pursuant to 24 CFR Part 888. Operating subsidies from flexible housing subsidy funds shall be in the form of 15-year capitalized operating reserves for new or existing affordable permanent housing units for homeless individuals and/or families.
4. **Operating support for emergency housing interventions** including, but not limited to, the following:
  - a. Navigation Centers, providing temporary room and board, and case managers who work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter services.
  - b. Street outreach services that connect unsheltered homeless individuals and families to temporary or permanent housing.
  - c. Shelter diversion, including, but not limited to, homelessness prevention activities such as those described in 24 CFR Part 576.103 (Emergency Solutions Grant), and other necessary service integration activities such as those described in 24 CFR Part 576.105 (Emergency Solutions Grant), to connect individuals and families to alternate housing arrangements, services, and financial assistance.
    - i. No more than 40% of any funds are to be used in a fiscal year for operating support for emergency housing interventions.
5. **Systems support** activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, Homeless Management Information System (HMIS) reporting, and homelessness planning activities. This activity could include training and data collection activities, as well as activities to expand CES access to populations with special needs, such as homeless youth, provided that such activities are necessary to maintain a comprehensive homelessness services and housing delivery system.

6. **Coordinated Entry:** Funds may support the development or update to a Coordinated Entry System if the CoC does not have a system in place to meets the applicable HUD requirements, as outlined in Section II.E.3.b of the CESH NOFA. Eligible CES costs do not include capital development activities, including, but not limited to, real property acquisition, construction, or rehabilitation activities.
7. Development of **plans** to be taken within the CoC service area if no such plan exists. If an applicant requests funding to develop such a plan, the applicant shall submit a developed plan to HCD before the contract's expiration is executed with HCD.

#### CESH 2018/2019:

- Grant Award - \$843,907.00
  - Admin 5% - \$42,195.00
  - Total Allocated in FY 19/20 - \$843,907.00
  - Funds to be allocated from FY 18/19 to be distributed - \$86,567.82
    - CESH 18/19 grant of \$86,567.82 allocated to the following eligible cost categories:
      - Rental Assistance, housing relocation, and stabilization - \$68,228.67
      - Flexible housing subsidy funds - \$18,311.97
      - Operating support for emergency housing interventions - \$28.56
  - Expenditure Date – July 1, 2024

#### CESH 2019/2020:

- Grant Award - \$481,447.00
  - Admin 5% - \$24,072.00
  - Funds to be allocated - \$457,375.00
    - Eligible cost categories for the funds to be allocated are:
      - Rental Assistance, housing relocation, and stabilization - \$151,195.00
      - Operating support for emergency housing interventions - \$151,195.00
      - Systems Support - \$125,000
      - Update CES - \$10,000
      - Plan Development - \$20,000
  - Expenditure Date – April 1, 2025

#### Homeless Housing Assistance and Prevention (HHAP) Round 1

HHAP is a State derived funding source that supports regional coordination and expand or develop local capacity to address their immediate homelessness challenges. Projects models funded should be informed by a best-practices framework, focused on moving homeless individuals and families into permanent housing and supporting individuals and families' efforts to maintain their permanent housing.

Eligible cost categories include:

1. Rapid rehousing, including rental subsidies and incentives to landlords, such as security deposits and holding fees.
2. Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, non-congregant shelters, interim or bridge housing, and navigation centers. Operating subsidies may include operating reserves.
3. Street outreach to assist persons experiencing homelessness to access permanent housing and services.
4. Services coordination, which may include access to workforce, education, and training programs, or other services needed to promote housing stability in supportive housing.
5. Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system, particularly for vulnerable populations including families and homeless youth.
6. Delivery of permanent housing and innovative solutions, such as hotel and motel conversions.
7. Prevention and shelter diversion including crisis resolution, mediation and conflict resolution, creative problem solving, connection to mainstream resources, and light-touch financial assistance that directly results in a housing solution.
8. New navigation centers and emergency shelters, with clients obtaining housing as the primary goal, based on demonstrated need in consideration of the following:
  - a. The number of available shelter beds in the city, county, or region served by a continuum of care;
  - b. The number of people experiencing unsheltered homelessness in the homeless point-in-time count;
  - c. Shelter vacancy rate in the summer and winter months;
  - d. Percentage of exits from emergency shelters to permanent housing solutions; and
  - e. A plan to connect residents to permanent housing.

#### *Homeless Housing Assistance and Prevention (HHAP) Funds Round 1*

- Grant Award - \$3,476,293.48
  - Admin 7% - \$243,340.54
  - Fund allocated in FY 20/21 - \$3,380,999.68
  - Funds to be allocated - \$95,293.80
    - Eligible cost categories for the funds to be allocated are:
      - Rental Assistance and rapid re-housing - \$95,293.80
  - Expenditure Date – June 30, 2025

#### *Homeless Housing Assistance and Prevention (HHAP) Round 2*

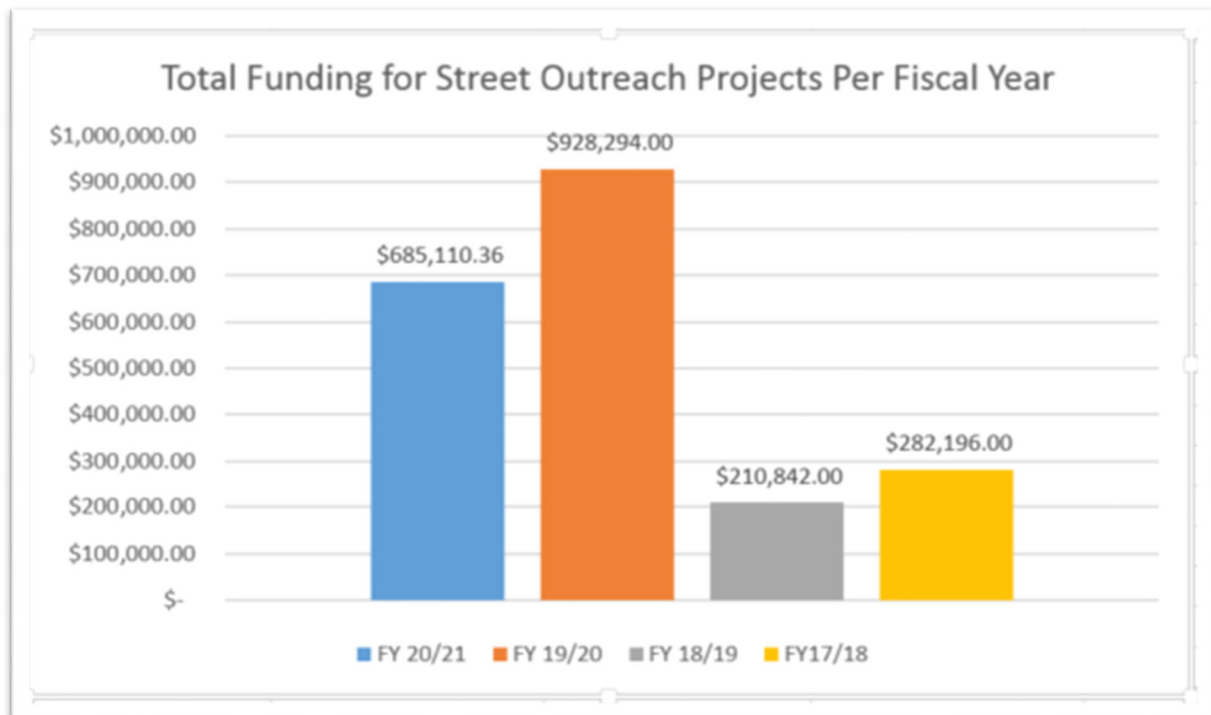
- Grant Award - \$1,644,856.00
  - Admin 7% - \$115,139.00
  - Funds to be allocated - \$1,529,717.00
- Expenditure Date – June 30, 2026

## STREET OUTREACH

Street Outreach projects are categorized as Front Door services engaging unsheltered persons with supports to resolve an individual's homeless episodes through increased involvement in the local system. The McKinney-Vento, Homeless Assistance Act defines an unsheltered person as *"an individual or family with a primary nighttime residence that is a public or private place, not designed for or ordinarily used as regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."*

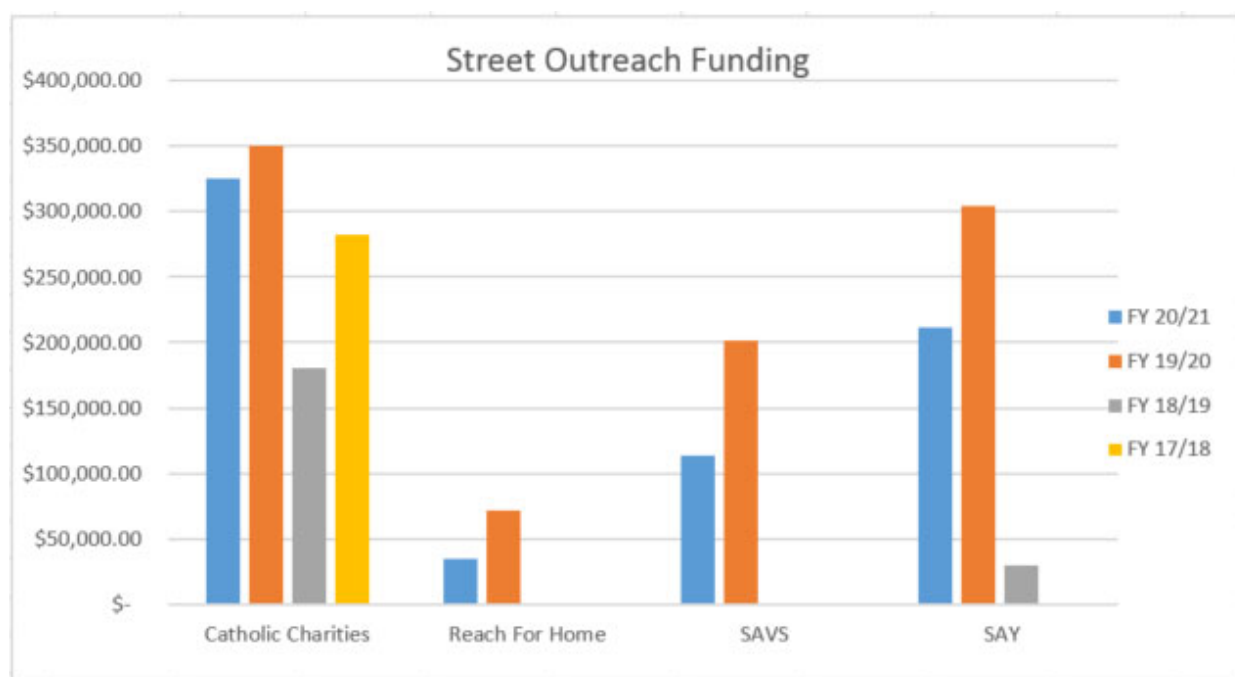
Outreach staff build trust, connect individuals to Coordinated Entry, and help participants obtain appropriate shelter, housing, and supportive services. Service providers focus on engagement with the unsheltered population who do not access other services such as day centers and emergency shelters. Street Outreach work is uniquely able to reach those who cannot, or will not, connect to services independently. The intent is to support these persons to attain housing or shelter assistance and connect to resources by providing case management services.

The effort to engage individuals using strategies to shorten one's housing crisis and move towards housing opportunities, including emergency shelter, begins with outreach workers meeting individuals "where they are at" both physically and emotionally. The initial engagement process can often determine an individual's experience and attitude toward the system, and street outreach workers' ability to build rapport and trust can influence future successful experiences. For this reason, prescribed strategies are necessary to guide projects



offering this valuable service. Street Outreach projects funded in Sonoma County follow federal guidance stated in 24 CFR 576.101, which describes eligible costs and project activities.

Over the past four fiscal years, funding for Street Outreach projects has increased. The rise in funding has allowed for growth in the number of providers operating and an expanded capacity of existing providers to manage them successfully. The annual process contains a grant to support Street Outreach projects with a total allocation of \$685,110.36 in FY 20-21, which is reduced by \$243,183.64 from the FY 19-20 increased by \$474,268.36 from FY 18-19. Despite this overall funding level, providers experience challenges related to available housing and shelter, staffing, documentation, and data entry. Factors such as the total number of unsheltered persons, locations of encampments, and the impact of COVID-19 are all stated as concerns limiting existing providers.

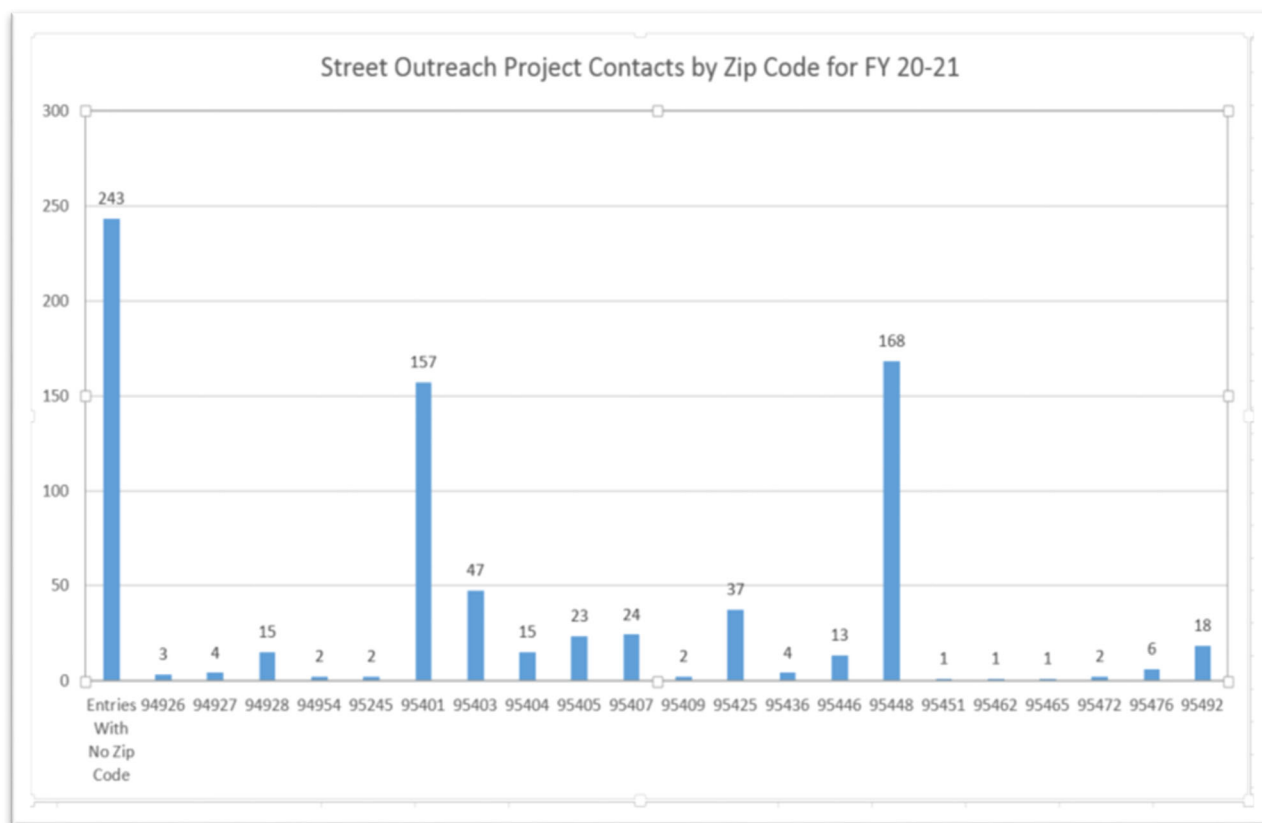


Four projects, including one focused on Transitional Aged Youth operated by Social Advocates for Youth (SAY), receive Street Outreach funding in FY 20-21. Sonoma Applied Village Services (SAVS) Street Outreach project started later into FY 19-20 after allocations of funds occurred in January 2020. Each outreach project serves specific geographic swaths across Sonoma County.

The Continuum of Care Board (Home Sonoma County at the time) requested information to understand the location where Street Outreach projects in Sonoma County operates to understand better where geographic gaps exist. The SCCDC asked providers to enter zip codes in HMIS showing the areas where outreach teams encounter participants (point of contact) and submit a general map of project activity. A request to submit information on Street Outreach activity went to providers in a memo sent in March 2020, along with a procedure to enter the zip code location of Street Outreach services in HMIS. Additionally, the Memo to Street

Outreach providers gave directives on the correct HMIS workflow to document participant enrollment and services and guidance on when to exit participants from the Street Outreach projects.

The SCCDC requested providers ensure compliance with the directives by June 30, 2020, so complete data collection would occur at the start of Fiscal Year 20-21. Street Outreach providers did not follow the guidelines before June 30, 2020. The SCCDC worked with Street Outreach providers to comply with exiting participants and entering the contact points' zip code locations. Continuation of Monitoring for compliance with exiting, HMIS workflow, and zip code entry is necessary.



The following chart shows the location by zip code of Street Outreach contact points for FY 20-21. Additional HMIS notes for point of contact indicated "housed" or residing in a shelter, which indicates Street Outreach projects are still working outside the target population. It is important to note other Street Outreach projects operate throughout the County but do not receive funding through the SCCDC. As a result, a presentation of data related to those projects is not available for inclusion in this staff report.

Out of the funded projects, Reach for Home provides services in the North County areas of Healdsburg to the county line. Catholic Charities HOST project focuses on Santa Rosa, the 101 corridors from Santa Rosa to Rohnert Park. Sonoma Applied Village Services operate in

Western Sonoma County with some presence in the Rohnert Park area. Outreach services focused on Transitional Aged Youth (TAY) are offered by Social Advocates for Youth (SAY) in various parts of the County. Gaps in funded services exist in some portions of the County, including Sonoma Valley, which has some level of services offered by Sonoma Overnight Support who operates a drop-in center but does not conduct outreach as defined in regulations. Social Advocates For Youth has periodic outreach efforts to identify unsheltered TAY individuals in the Sonoma Valley, as included in their SO strategy. The IMDT's Heart team supports outreach in the Sonoma Valley and facilitates unsheltered persons' Entry to the Los Guilicos Transitional Village shelter.

Street Outreach projects can significantly impact decreasing the number of persons experiencing unsheltered homelessness. HUD classifies a positive outcome for Street Outreach projects as exits to permanent housing and temporary shelter situations. Current CoC policy allows for the filling of 50% of emergency shelter beds by the operating agency, with the other 50% of beds through Coordinated Entry referrals. With access to an emergency shelter, Catholic Charities and SAY have an opportunity to quickly facilitate persons experiencing unsheltered homelessness to obtain an open shelter bed. The exits of participants in Street Outreach services provided in HUD directives occur when contact with the participant does not happen for three months. When a participant achieves a positive exit destination, is engaged with another outreach project, or is deceased. Exiting participants provides a clearer understanding of the project's actual work. These offer Street Outreach projects an opportunity to give a more impactful service as they know which participants are actively engaged in services. While many participants were excited as directed by the March 2020 Memo, continuous Monitoring needs to occur to ensure participants exit according to SCCDC directives.

The Intradepartmental Multi-Disciplinary team (IMDT), operated by the Sonoma County Health Department, includes the HEART Team, an encampment-focused strategy. This effort serves to conduct outreach to encampments of more than five individuals to connect these individuals with services. The coordination of all outreach efforts by IMDT is beneficial to address the full scope of need and provide the ability to plan outreach services to all areas of the County strategically. The HEART Team strategy can support funded outreach efforts by providing support to larger encampments through warm handoffs and mutual support to leverage resources. Such an action has recently begun with Reach for Home, coordinating with the IMDT. This strategy will leverage more significant resources and help individuals connect with resources that may otherwise be unavailable to Street Outreach providers.

In Sonoma County, other Street Outreach efforts exist but do not receive funding through the annual funding process. Outreach projects funded outside of the SCCDC provide services to areas similar and different from the regions covered by projects funded through the SCCDC. For instance, a staff member at West County Community Services supported by Whole Person Care provides outreach services in Sebastopol one day a week and operates in Santa Rosa. In Petaluma, COTS provides outreach services. Additionally, a privately funded effort called the

Downtown Streets Team uses a useful model giving gift cards in exchange for work with the goal for participants to obtain full-time employment.

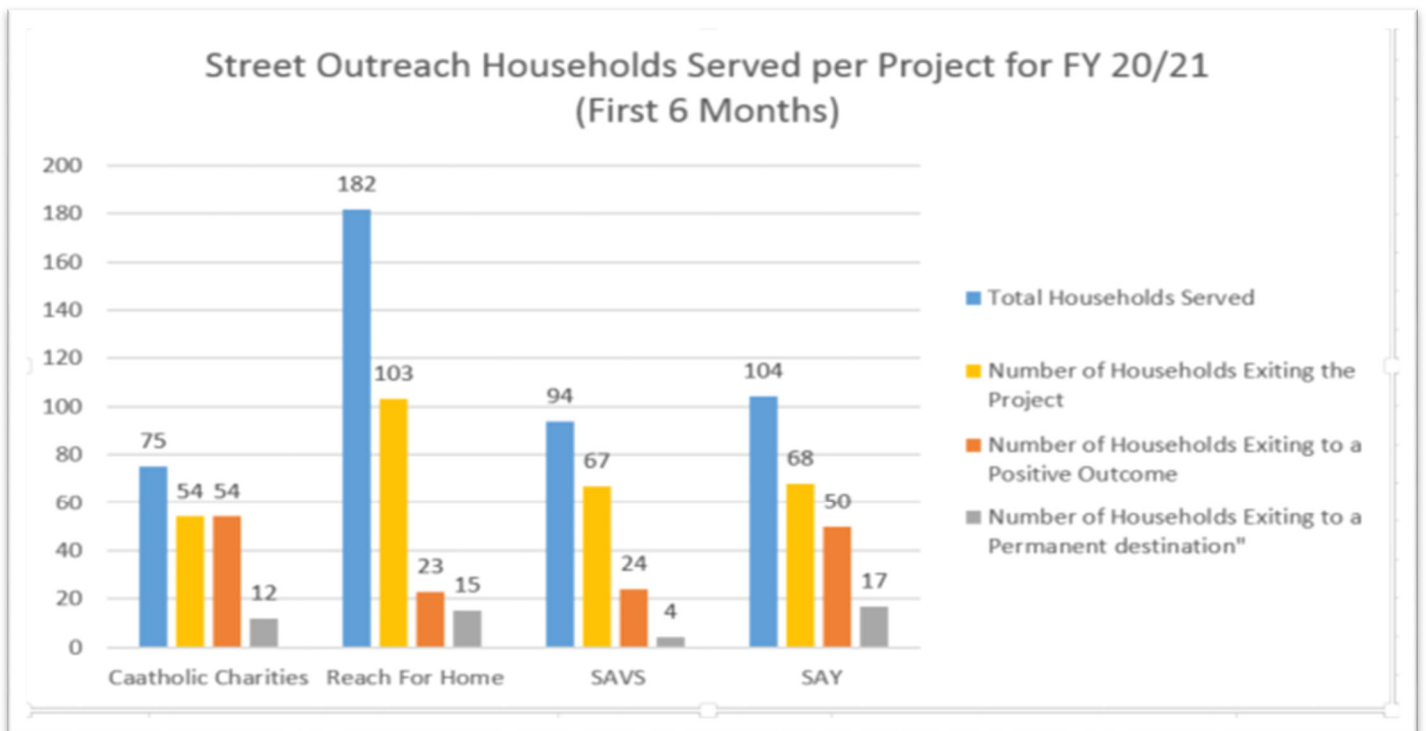
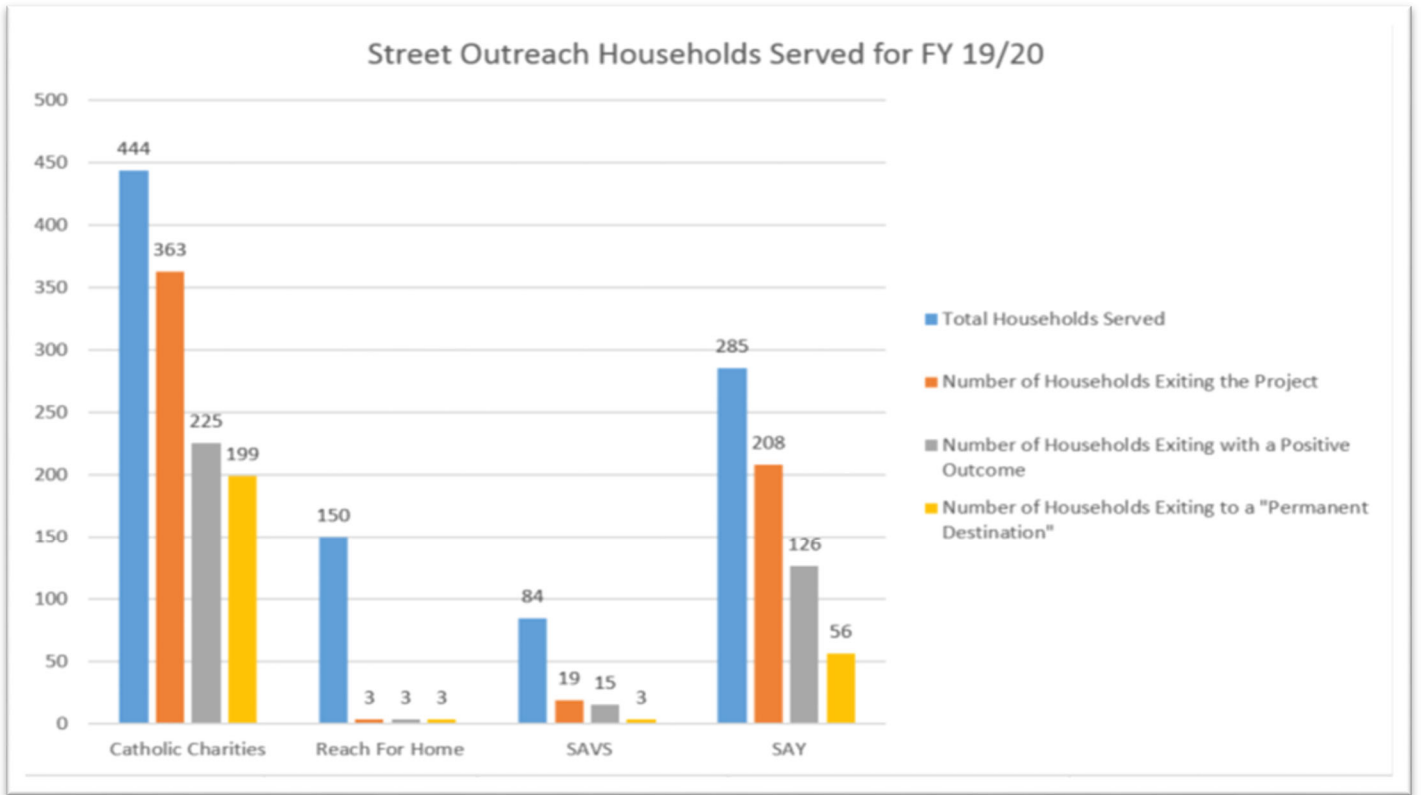
Other funded projects support Street Outreach projects and provide valuable services to the community but do not meet the standards defined in 24 CFR 576.101. Projects falling outside of HUD prescribed strategies include Catholic Charities' Homeless Service Center (HSC) and the Russian Riverkeeper Clean Camp Education (CCE) project.

The HSC offers a physical location for drop-in services where an unsheltered person can receive mail and connect with other supportive services. However, according to Catholic Charities reports, many individuals who use the services are not homeless. In FY 19-20, 1,747 individuals enrollments in HSC, with 900 individuals currently enrolled in the first six months of FY 20-21. Having an address to get mail is often an essential step to attaining housing, employment, and other life activities. These services do not fit the strategies that qualify the project as an actual Street Outreach project. As a result, local dollars are the only eligible source of funds used in the project budget and also causes the inclusion of the project in the OPT category and Street Outreach.

The Russian RiverKeeper's Clean Camp Education (CCE) project focuses on collecting trash along the Russian River to ensure that garbage does not enter the river. As part of that strategy, the CCE engages with homeless camps to teach techniques for lessening the environmental footprint caused by unsheltered persons. This effort is often a pre-engagement with unsheltered persons living along the river. Their effort builds trust and allows for further engagement. It also offers an environmental service required by California law, which could result in fines levied against jurisdictions deemed out of compliance due to human waste and garbage entering the river. In FY 19-20, 197,270 pounds of trash was collected and properly disposed of through CCE, and in the first six months, the disposal of 110,500 pounds of trash has occurred through their efforts. Thus, the CCE project is listed here in the SO and OPT category.

All Street Outreach projects in Sonoma County serve as the front door supporting unsheltered individuals to connect with the care system. Effective street outreach programs link unsheltered persons to emergency services, longer-term mental and physical health services, and permanent housing. Street Outreach also helps to re-integrate unsheltered homeless individuals and families into the larger community.





## COORDINATED ENTRY

Coordinated Entry is a streamlined system for accessing housing, shelter, and services to end homelessness and is required by the US Department of Housing and Urban Development (HUD) for all Continuums of Care (CoCs) as stated in 24 CFR 578.7 (a) (8) of the Continuum of Care Program Interim Rule. Coordinated Entry in Sonoma County follows a Housing First approach for all participating projects. It prioritizes individuals and families for permanent supportive housing for those with the highest vulnerability and needs.

Coordinated Entry is the primary process for assessing the severity of needs and ensuring that people can receive assistance quickly. Utilization of the VI-SPDAT as the standardized assessment tool and full geographic coverage enables providers to provide those individuals experiencing homelessness access to housing and resources.

All CoC and ESG level-funded projects and all other homeless services projects with focused housing outcomes must participate in and accept referrals only from Coordinated Entry. The CES's extent covers the entire geography of Sonoma County and is the primary access point for referrals for permanent supportive housing, rapid re-housing, and emergency shelter.

HUD guidance released in January 2017 requires all projects receiving HUD funding to participate in their local CE system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grants) and CDBG-funded public services grants must comply with CE participation requirements established by the local CoC. Those projects using CE for intakes include all projects funded through the annual cycle that offer housing as a service and follow a project model considered a core project type. These include housing providers entering data-sharing agreements with HMIS and are actively engaged in CE and/or are entering and accessing data through the Sonoma County HMIS.

The Sonoma County Community Development Commission has provided funding to the Coordinated Entry Operator, Catholic Charities of the Diocese of Santa Rosa since 2014 via HUD Continuum of Care funds. The Continuum of Care Board performs primary oversight of the CE System. In 2021, the expectation is that Catholic Charities will forgo future efforts to act as the CE Operator in Sonoma County.

Other locations also provide Comprehensive Coordinated Entry Access Sites in Sonoma County. These include COTS, Social Advocates for Youth, and TLC Child and Family Services, all of which have comprehensive access sites but do not receive funding to operate. A "comprehensive access site" is one that allows providers to enter and pull referrals for their projects from the CE by name list. Also, West County Health Center (WCHC) of Guerneville conducts VI-SPDAT assessments of unsheltered participants as part of medical exams and receives high praise for their accurate assessments and scoring from West County Community Services. While this strategy may result in better scores, the inability for such a comprehensive approach is not an option for other CE entry sites due to the lack of medical services

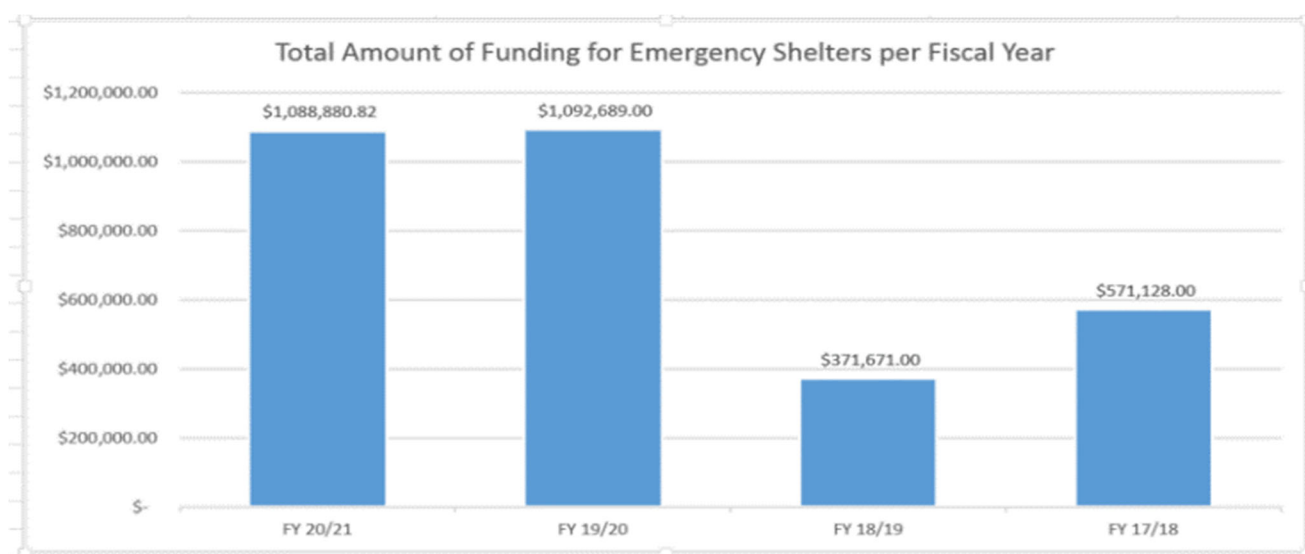
In the Fiscal Year 2020-2021, aside from the Catholic Charities contract, Interfaith Shelter Network operated a Coordinated Entry Access point project. This strategy is a mobile effort to offer coordinated entry services to individuals in various parts of the county, including the Sonoma Valley and Santa Rosa. This effort started in FY 2019-2020 as part of the Sonoma Valley initiative to increase services in that area of the county. During their first year, IFSN provided services based in an office location rented in Sonoma at the former project location of The Haven, a building leased by Sonoma Overnight Support from the City of Sonoma. As that location was no longer available to IFSN, in 2020-2021, IFSN adopted a more mobile strategy.

In the annual cycle, several projects providing shelter and housing services do not use Coordinated Entry as a strategy for receiving referrals. These include SHARE Sonoma County, which cannot utilize CE because of the nature of their housing, which matches unsheltered persons and older adults to age in place. The matching of participants uses personal matching, which is not as low barrier process described by Housing First.

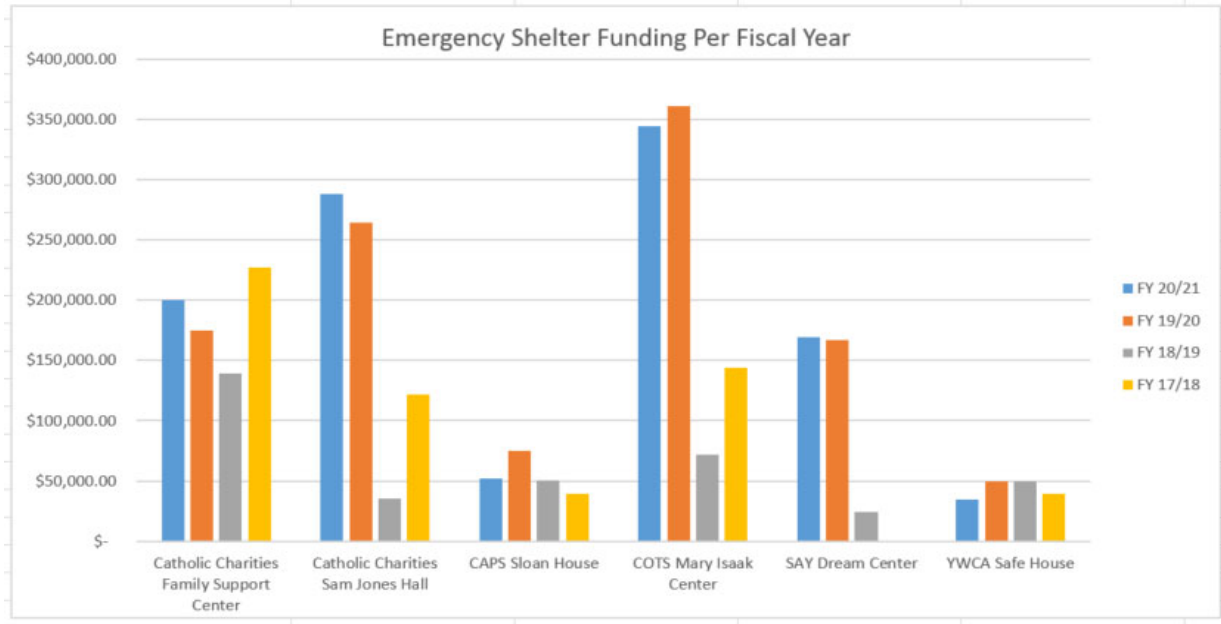
Also, the West County Community Services' West County Winter Shelter does not utilize CE as a means to enter. The challenge to use CE for Entry is the timeframe that has only operated from 7:00 pm to 7:00 am in the previous year. As the West County Navigation Center strategy was moved to the Veterans Building for the Winter and uses a 24-hour model, there is greater use of VI Scores and the West County Health Center's medical assessments. However, the use of CE is not in place and may remain difficult to utilize should the 24-hour opportunity not be available in coming periods. However, as skills are increased in the Navigation Center model's operation and hope that the strategy will continue into the summer of 2021, CE may be more of a focus for this project in coming years should a site for a 24-hour shelter in the Guerneville area be identified.

## EMERGENCY SHELTER

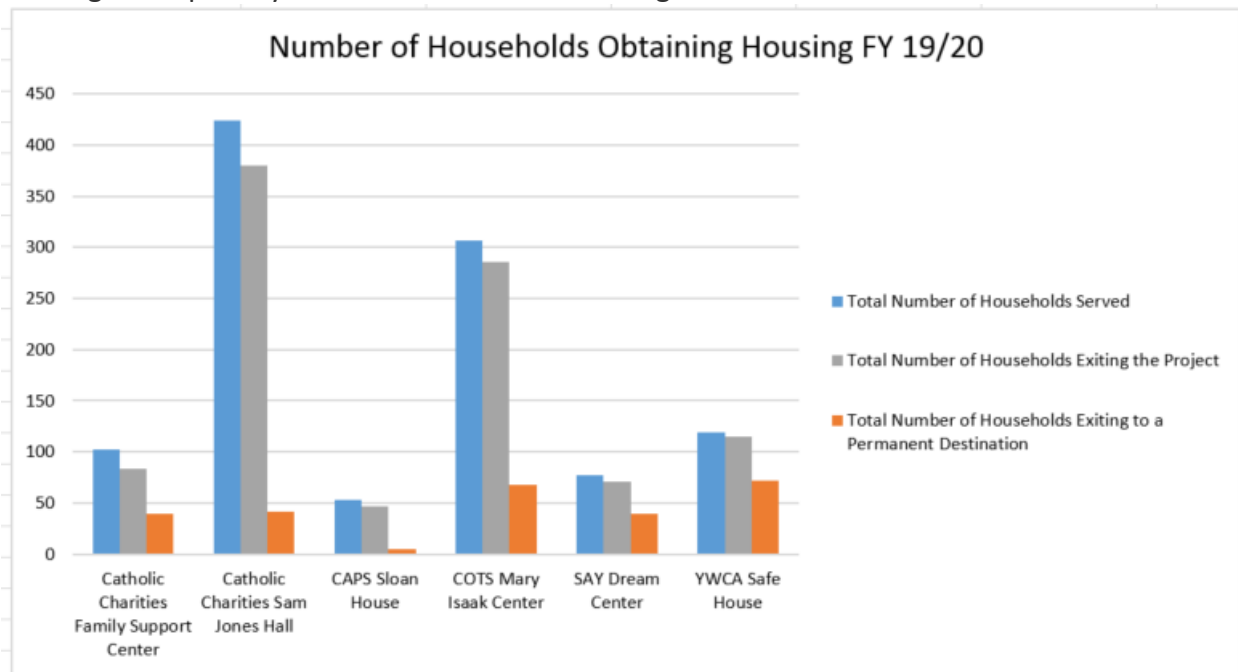
Emergency Shelters are considered Front Door projects that offer unsheltered individuals and families temporary shelter and supportive services, with the goal that the household will obtain permanent housing upon exit. Shelters funded through the annual cycle must participate in HMIS, or comparable database for domestic violence service providers, and serve only clients who meet federal definitions of homelessness as stated by HUD. Shelters funded with Federal, State, and Local dollars in Sonoma County may assist people who meet the federal definition of homelessness stated in Category 1, 3, or 4. Shelter staff completes the verification of homeless status at intake for all incoming individuals to determine eligibility and develop housing-focused goals. Federal guidance for Emergency Shelter operations is per 24 CFR 576.102, which defines emergency shelter projects and eligible costs. This guidance defines shelters as having a primary purpose of providing a temporary shelter for unsheltered persons in general or for specific populations, which do not require the occupants to sign leases or occupancy agreements.

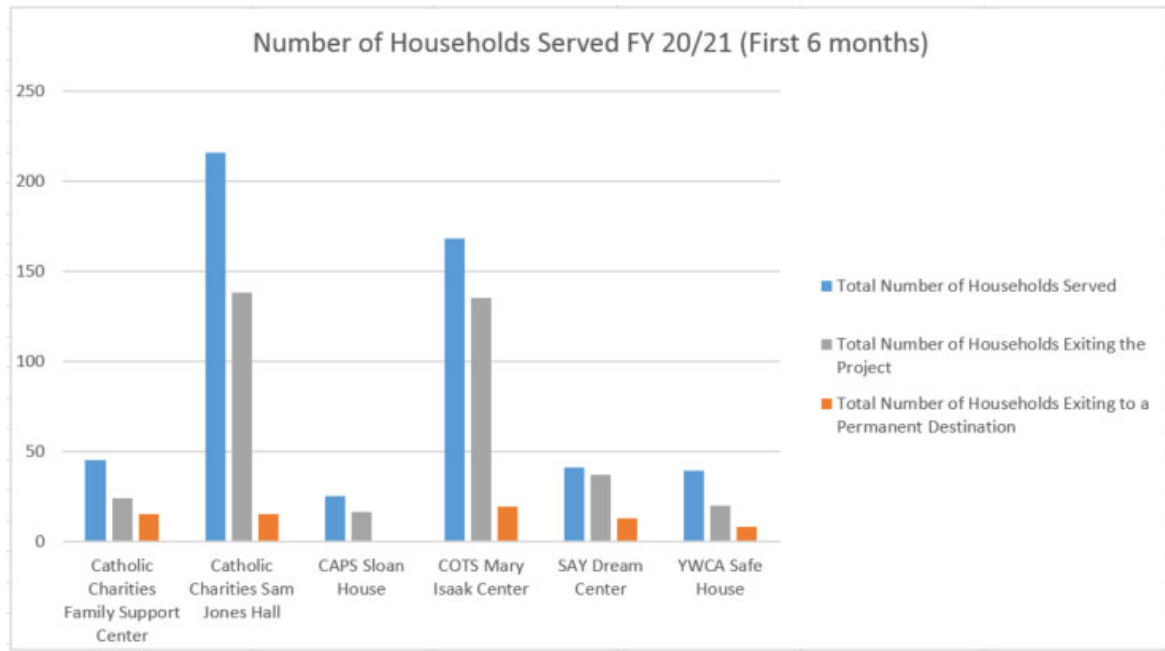


Sonoma County's Homeless System of Care has consistently funded Emergency Shelters through the annual cycle. The ability to significantly increase shelter funding has occurred since FY 18-19. Emergency shelters are an expensive but critical intervention in the Homeless System of Care, and providers require additional funding outside of the annual cycle to maintain shelter operations. The three emergency shelter providers, Catholic Charities, COTS, and SAY, who had the opportunity provided by HOME Sonoma County to reallocate funds within their projects for FY 20-21, allocated more funds to their emergency shelters from other funded projects. In FY 20-21, six projects funded in the annual cycle provide Emergency Shelter services. Projects offering shelter services for individual adults include Catholic Charities' Sam Jones Hall and COTS' Mary Isaak Center, while Catholic Charities' Family Support Center serves families experiencing homelessness. Three shelters do specific subpopulations: YWCA has the Confidential Safe House, the only domestic violence shelter in Sonoma County; Community Action Partnership's (CAPS) Sloan House for women and children; and SAY's Dream Center for Transition Aged Youth.

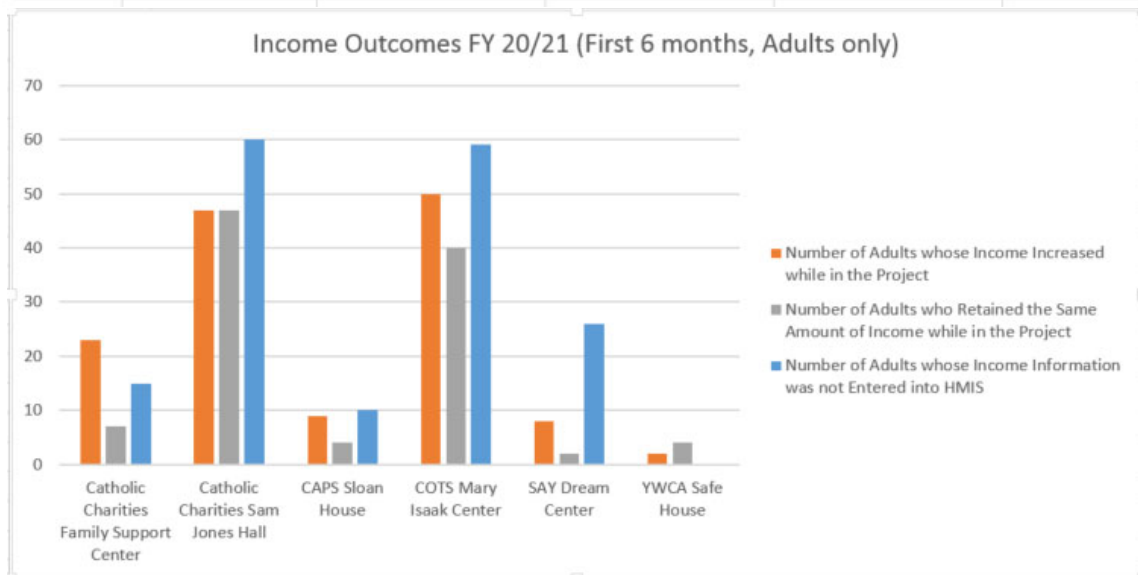
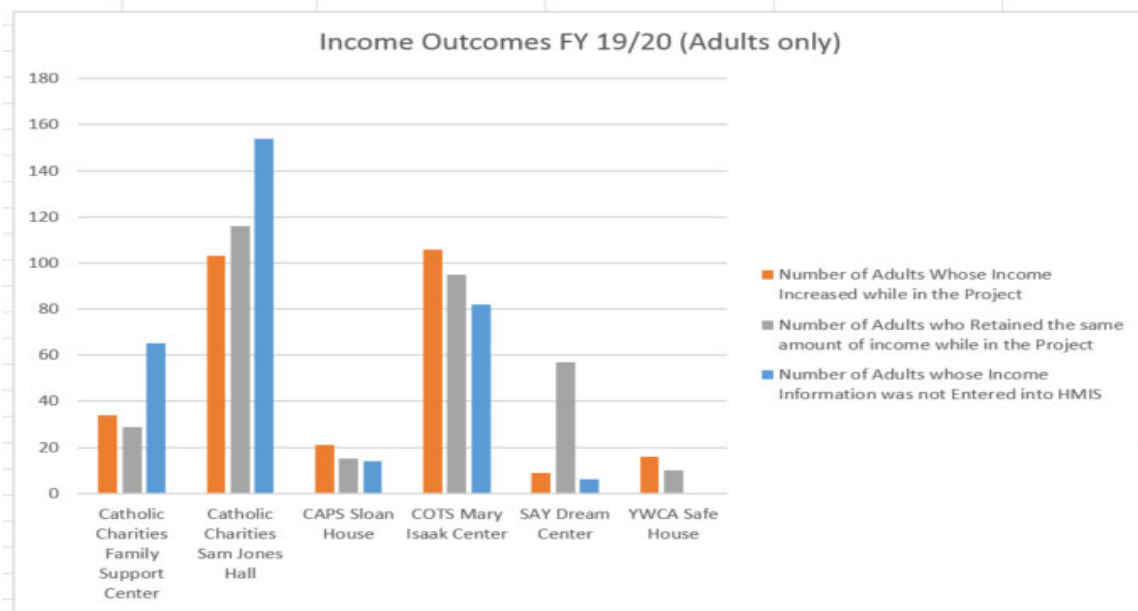


In March 2020, the shelter in place order in response to COVID-19 went into effect. Emergency Shelter providers became essential workers to keep participants safe. Emergency Shelter efforts focused on keeping participants safe, obtaining personal protective equipment, re-organizing shelter space to comply with social distancing, and creating new operations guidelines. Despite these immense challenges, Emergency Shelters maintained operations to serve those most in need. The shelters continue to operate at a lower capacity in FY 20-21. Moving participants from congregate and non-congregate shelters into permanent housing is the priority for State and Federal funding.





Increasing income through employment or benefits is essential to participants obtaining and maintaining permanent housing. Shelters offer participants basic needs such as food and shelter, allowing them to stabilize and find employment or receive benefits. Staff who can assist participants in applying for benefits such as Temporary Assistance for Needy Families (TANF), unemployment, and SOAR (Supplemental Security Income/Social Security Disability Income Outreach, Access and Recover) can increase participants' chance of obtaining those benefits. Not all participants will be eligible for benefits, and with high rent rates in Sonoma County, many who receive benefits will need additional income to maintain housing. Employment assistance and training are eligible activities for Emergency Shelters under 24 CFR 576.102. Additionally, coordination with mainstream employment services can increase a participant's opportunity to obtain employment.



In addition to the year-round emergency shelters above, West County Community Services (WCCS) receives \$147,000 annually to operate the West County Winter Shelter at the Guerneville Veterans Building, providing overnight accommodations from 7 pm to 7 am daily from December 1 to March 31. The shortened period and limitation to overnight accommodations is historically due to a lack of a full-time shelter location. Funding amounts for the West County Winter Shelter remain constant each year due to its cost. WCCS shelter services provide minimum services to support people from rain and cold winter months, but these limitations do not allow for measurable outcomes given the circumstances.

In April of 2020, SAY, WCCS, Catholic Charities, and SOS extended the Winter Shelter operations in response to COVID-19. WCCS continued shelter operations at the Veterans Building until the end of July. However, due to a lack of air conditioning, the numbers served at the social

distancing site dwindled in the summer heat. As a result, WCCS worked with the SCCDC to move their services to the TPW Park & Ride, incorporating a Navigation Center (NC) approach. The NC approach included partnerships with WCCS, supportive services from the Interdepartmental Multi-Disciplinary Team (IMDT), West County Health Centers, and the Sonoma County Housing Authority. In December, due to occupancy limitations related to COVID 19, the West County Winter Shelter had the newfound ability to operate a 24-hour project at the Veterans Building. As a result, the NC strategy is incorporated into the December to March Winter Shelter, resulting in an increased focus on individual needs and measurable housing outcomes. The 24-hour NC approach has now begun to yield housing outcomes for the project, with three persons attaining housing in February 2021.

In previous years, the effort to expand shelter services at funded shelter locations began with the Code Blue strategy in FY 15-16, replaced in FY 16-17 by the more formal Winter Shelter Expansion (WSE). While this locally funded effort allowed for greater capacity during the winter, providers struggled to operate the expanded services due to staffing and location challenges. In the redistribution process allowed under HOME Sonoma County for FY 20-21, COTS and Catholic Charities chose to end their WSE efforts. Sonoma Overnight Support lost its project location, causing them to surrender their WSE project funding. As SAY was the last remaining WSE project, the SCCDC combined SAY's WSE project into their Dream Center Emergency Shelter budget to reduce each side's administrative burden. The SCCDC amended the Dream Center Scope of Work to include WSE services during the Winter of FY 20-21. However, in FY 21-22, the annual cycle will not contain projects providing WSE services except for WCCS.



## HOMELESSNESS PREVENTION

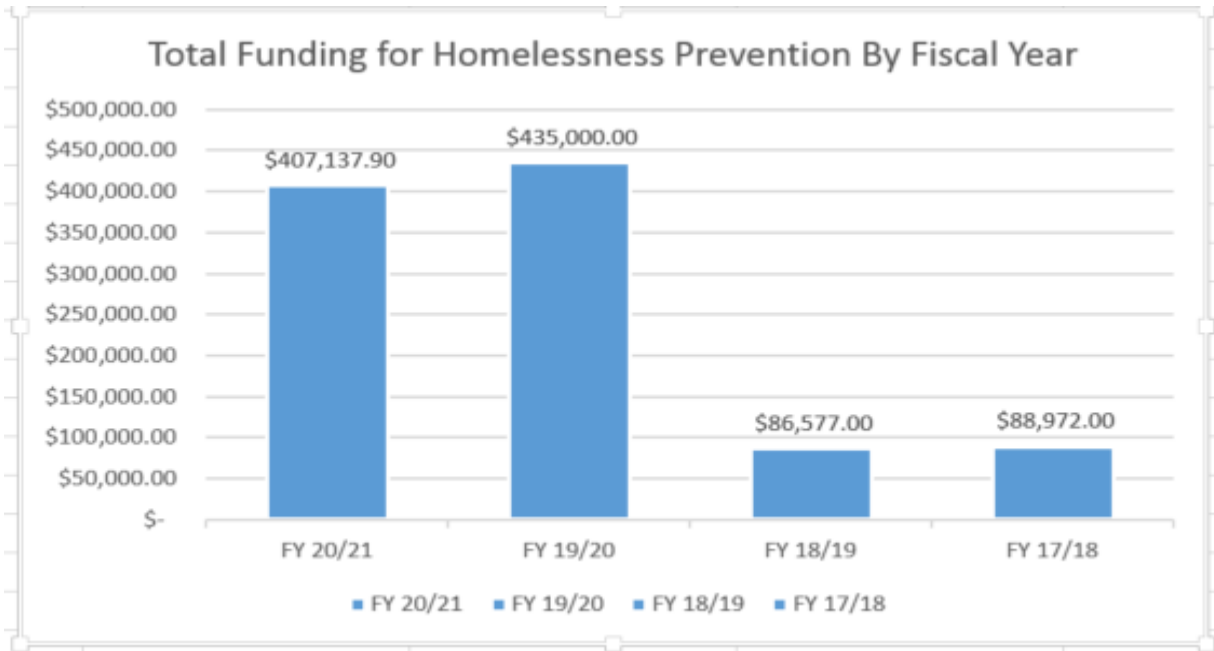
Homelessness Prevention (HP) projects support households to remain housed or obtain new housing, increase self-sufficiency, and bolster the ability to retain housing through financial assistance and housing relocation and stabilization services. Eligibility for HP consists of individuals and families at-risk of homelessness, and services work to prevent the individual or family from entering the homeless system of care. HP assistance typically occurs when no other resources are available for the individual or family and only provided if homelessness would occur if not for Assistance. HP projects should target people at the most significant risk of becoming homeless without intervention and at the most significant risk of experiencing a longer time in a shelter stay or end up on the street should they become homeless. As with all projects, efforts to link program participants to other mainstream resources are essential.

Homelessness Prevention (HP) projects are considered a secondary method to preventing homelessness. Primary prevention reduces the risk of homelessness for a community by addressing structural factors contributing to risk. Primary homeless prevention methods relate to managing structural elements related to race and ethnicity, poverty, domestic violence, adverse childhood experiences, and housing factors such as overcrowding, doubling up, not having a housing subsidy, and frequent moves. In the locally funded system, fair housing projects which address systematic discrimination of protected classes may be considered primary prevention methods.

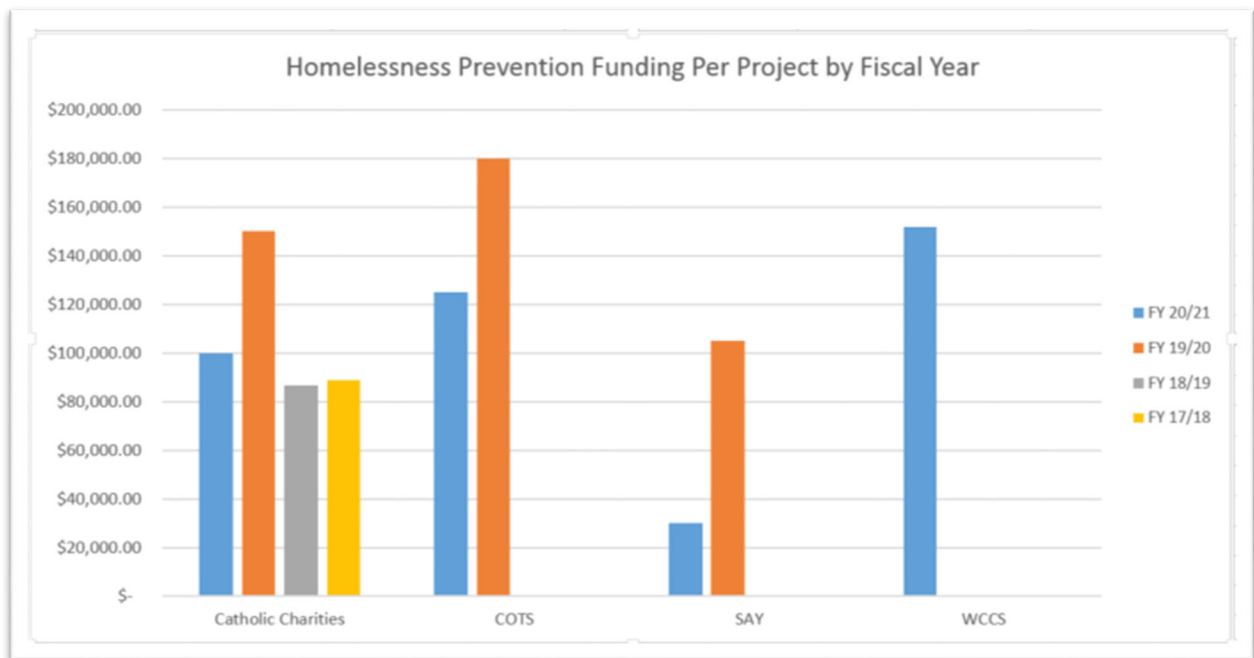
In contrast, secondary strategies, including HP projects, attempt to mitigate the immediate risk to a household due to eviction related to an inability to pay rent or other factors resolved through short term interaction with the care system.

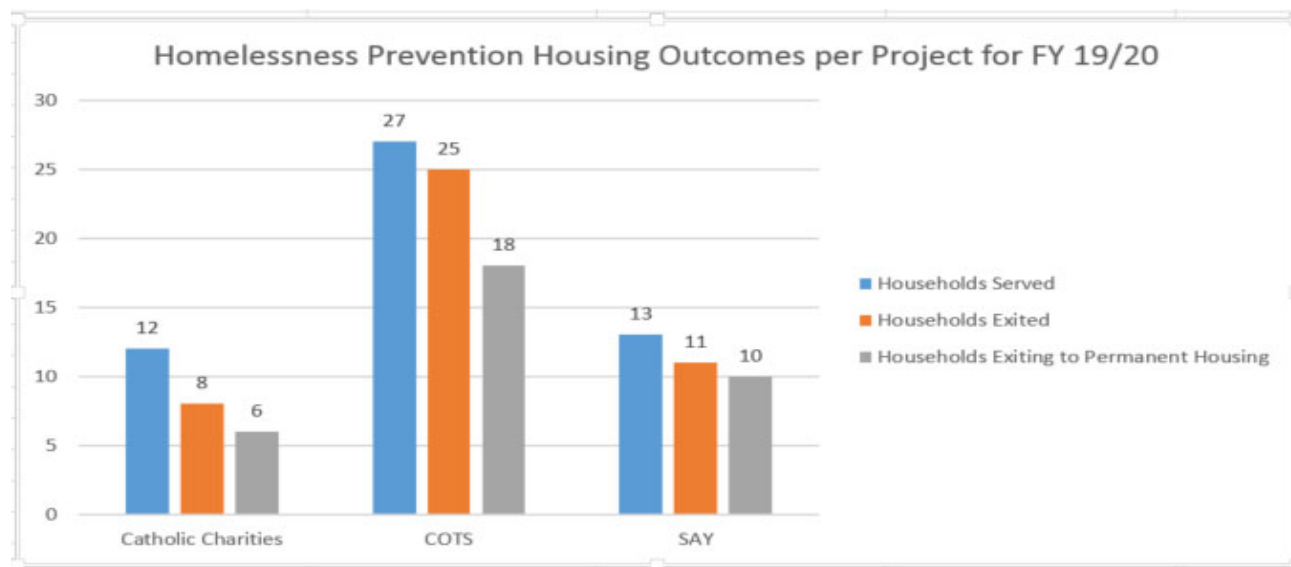
HP and Rapid Re-Housing (RRH) projects have the same eligible activities and costs; however, participant eligibility for RRH is for literally homeless persons, while HP participants are eligible if they are at-risk of homelessness. Projects operating under ESG have other differences, such as HP participants must have an income below 30% AMI upon Entry and have a re-evaluation for services every three months. In comparison, RRH projects must conduct a re-evaluation at least annually, and income must be below 30% AMI during the re-evaluation.

In Sonoma County, a mix of State, Federal, and locally derived funds support costs in eligible categories described by funders. HP projects have an allocation of \$407,138 in FY 20-21, which is reduced by \$27,856.10 from FY 19-20 levels. These projects saw a total increase of \$320,566.90 from FY 2018-2019 with the influx of HEAP. Due to the current eviction moratorium and a large amount of rental Assistance being released through State and Federal resources to respond to COVID-19, HHAP and ESG do not prioritize HP funding. Per State guidance, "any investments in prevention should be well-targeted and administered as much as possible by organizations that have reached into marginalized communities. Use for prevention only after rehousing needs are fully covered."



With the increased State funding in FY 19-20, three new HP projects were added to the Homeless System of Care, allowing for the expansion of services throughout the County and the Transitional Aged Youth population. In FY 19-20, West County Community Services' (WCCS) Rapid Re-Housing project entered the annual funding after initial years funded with a regionally focused effort on the lower Russian River. Since the WCCS project served participants at-risk of homelessness within their RRH project in previous periods, they were allowed to continue their HP effort per the relative flexibility of HEAP funding. In FY 20-21, WCCS's RRH project received



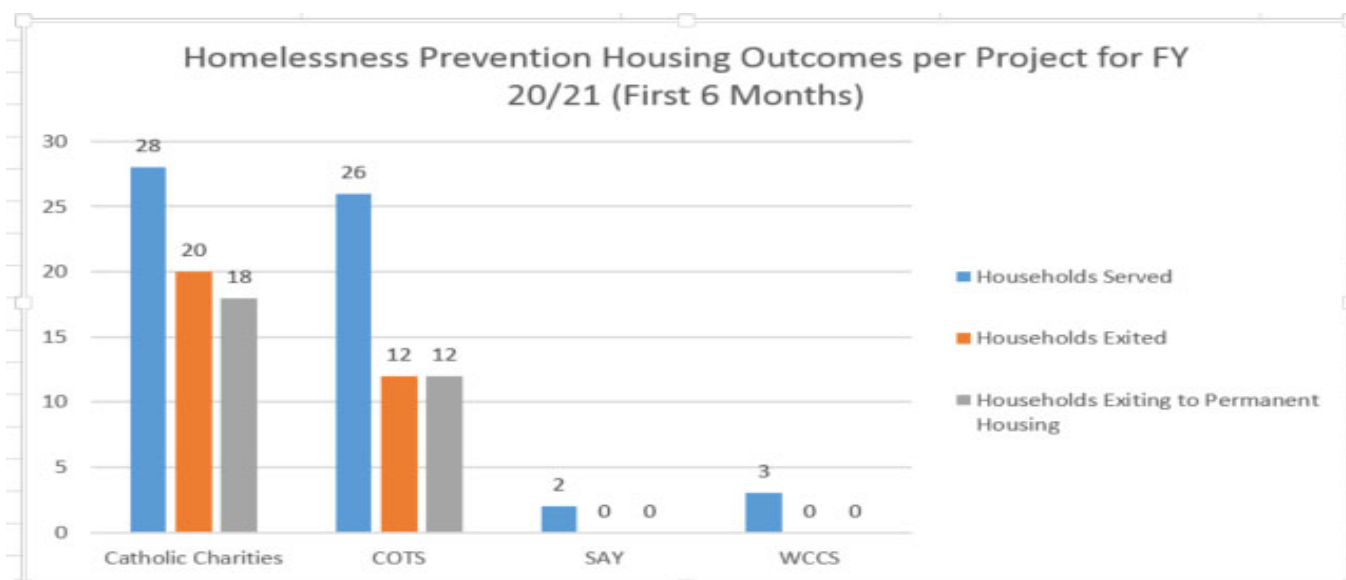


HHAP funding, which created a need for more clarity in measuring WCCS's RRH and HP effort. The SCCDC fulfilled WCCS's request to continue providing HP services, and a second Scope of Work and Budget was split out from their overall RRH budget to better track the HP services. Doing so increased the number of HP projects in FY 20-21 by one project.

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With the opportunity provided by HOME Sonoma County to allow providers to reallocate funds within their projects for FY 20-21, Catholic Charities and Social Advocates for Youth (SAY) decided to decrease their overall funding for their HP projects and increase funds to other projects. Additionally, for FY 20-21, Catholic Charities' HP project is funded through federally derived ESG dollars, requiring adherence to ESG regulations. COTS' HP project received State funds allocation, which allowed the SCCDC to approve a variance request submitted by COTS to allow more flexibility in households served through the project.

ESG provides regulations regarding various aspects of projects. Providers can further limit Assistance based on project design. For example, ESG regulations provide guidelines for the amount of rental and utility assistance a household may receive. A household may receive no more than 24 months within a three year period. HP providers may have written standards that further limit the assistance amount they provide. A project that restricts the amount of Assistance offered may assist more households, but this may also reflect targeting households that could resolve their situation without HP assistance. Likewise, projects that pay all past-due rent regardless of the household's ability to contribute may provide more than is needed to an individual household and deplete resources more quickly. State ESG requires projects to use a progressive engagement approach that helps households end their homelessness or at-risk of homelessness as rapidly as possible, despite barriers, with minimal financial and support resources.

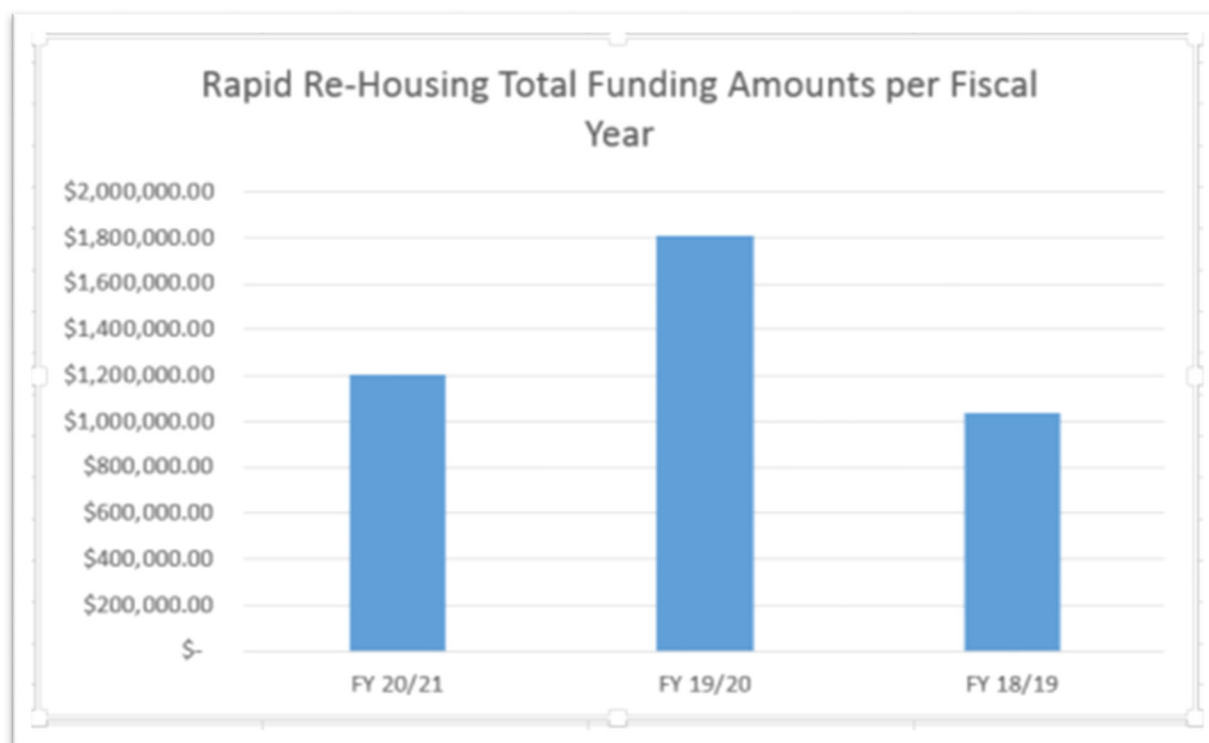


Although there is an eviction moratorium in place, which may lead to fewer households qualified for HP assistance, there are situations in which a household may be eligible for Assistance. These may relate to an individual who is not a leaseholder, is living doubled up, lives in the home of another due to economic hardship, or has exited a publicly funded institution. In all of the above situations, the household must also have an income below 30% AMI and lack the resources and support networks needed to prevent them from becoming homeless to qualify for Assistance. Currently, the eviction moratorium and rental assistance funds are available in response to COVID-19. The number of eligible households for support may be lower, but this allows providers to target the most vulnerable families more directly.

## RAPID RE-HOUSING

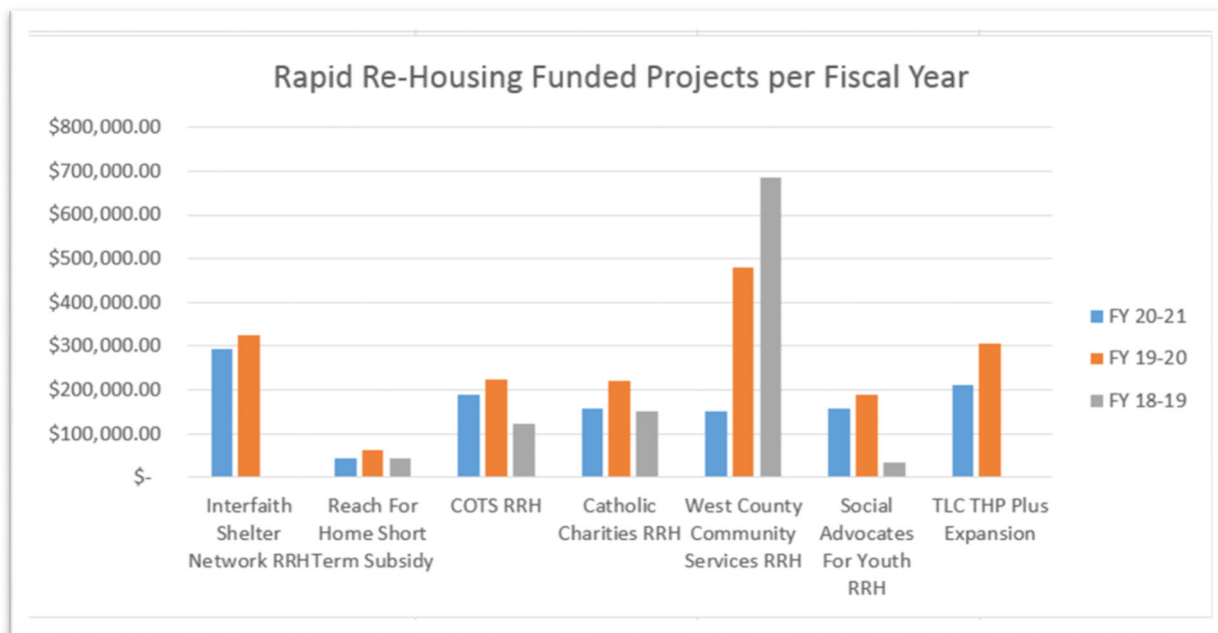
Rapid Re-Housing (RRH) is an intervention designed to help individuals and families experiencing homelessness resolve their homeless episodes quickly by providing short or medium-term rental Assistance and housing relocation and stabilization services utilizing a Housing First approach. In Sonoma County, Federal, State, and Locally derived funds support RRH projects and eligible spending as described by funders.

Rapid Re-Housing projects aim to help households obtain housing quickly, increase self-sufficiency, and remain housed past when services conclude. The Core Components of RRH projects are housing navigation, rental and move-in Assistance, and case management. Rapid Re-Housing programs generally target people who require low to moderate services needs and can provide up to 24 months of rental Assistance within three years. In Sonoma County, RRH services are for individuals with VI-SPDAT scores from 4 to 8, with a score of 4 being least vulnerable. In this range, scores indicate their homeless episode can be resolved quickly with minimal financial Assistance and case management.



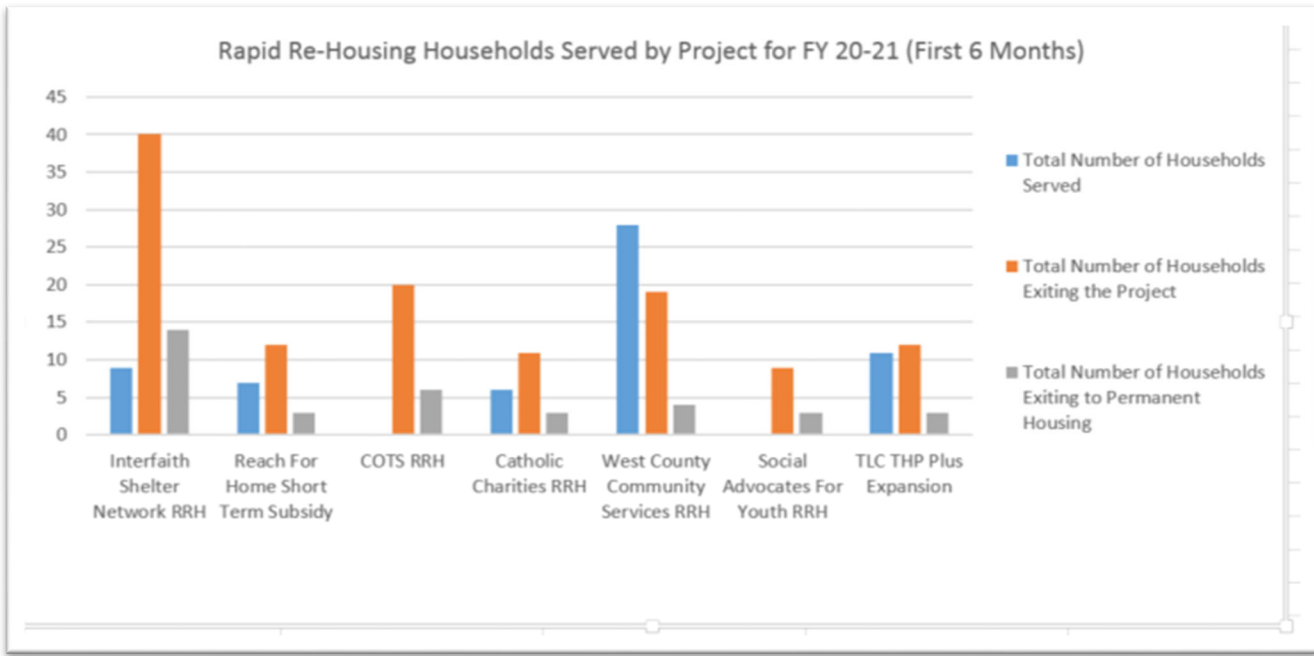
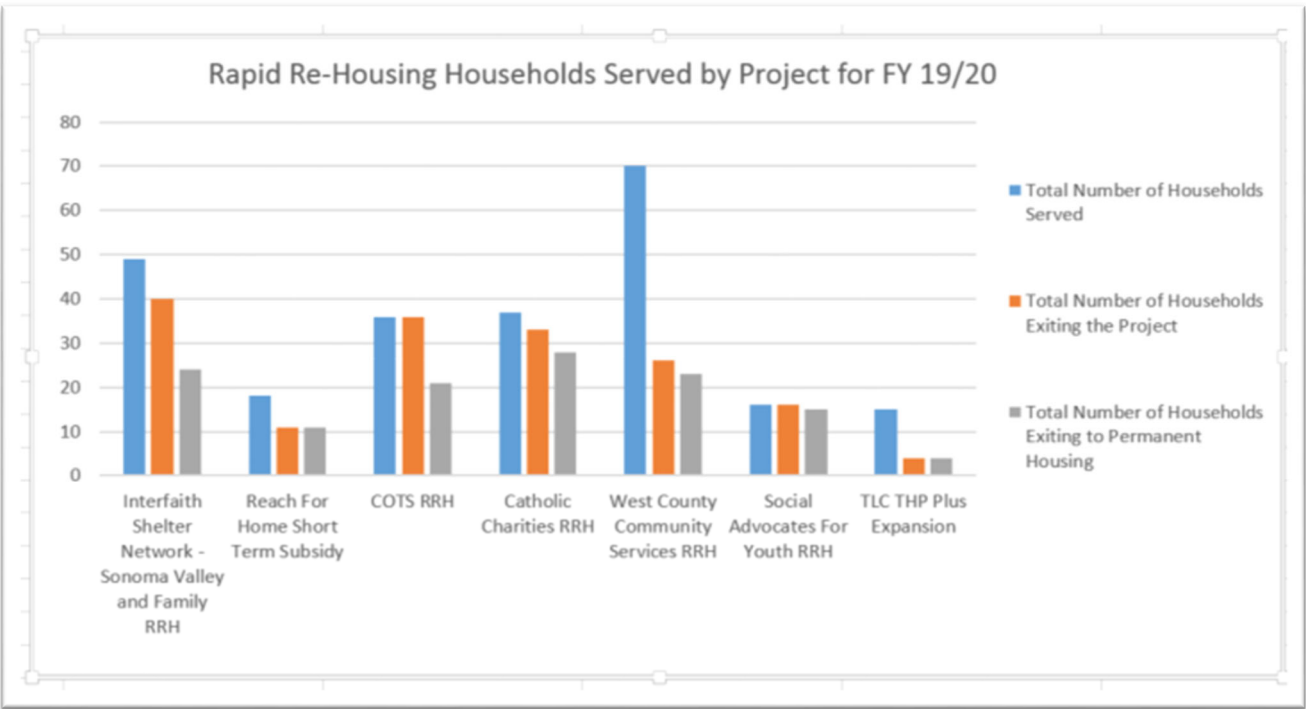
The annual process contains funding to support seven Rapid Re-Housing projects with a total allocation for the project type of \$1,204,721 in FY 20-21, a reduction of \$602,076 from FY 19-20. The number of RRH projects funded has increased annually over the past three years due to new funding sources and the Board of Supervisors' regional initiatives. In FY 17-18 and FY 18-19, a regional initiative focusing one million dollars in resources to the lower Russian River area allowed West County Community Services to provide rental Assistance to individuals in West

County. In FY 19-20, the influx of HEAP dollars brought two new RRH projects to the annual funding: Interfaith Shelter Network and TLC Child and Family Services.



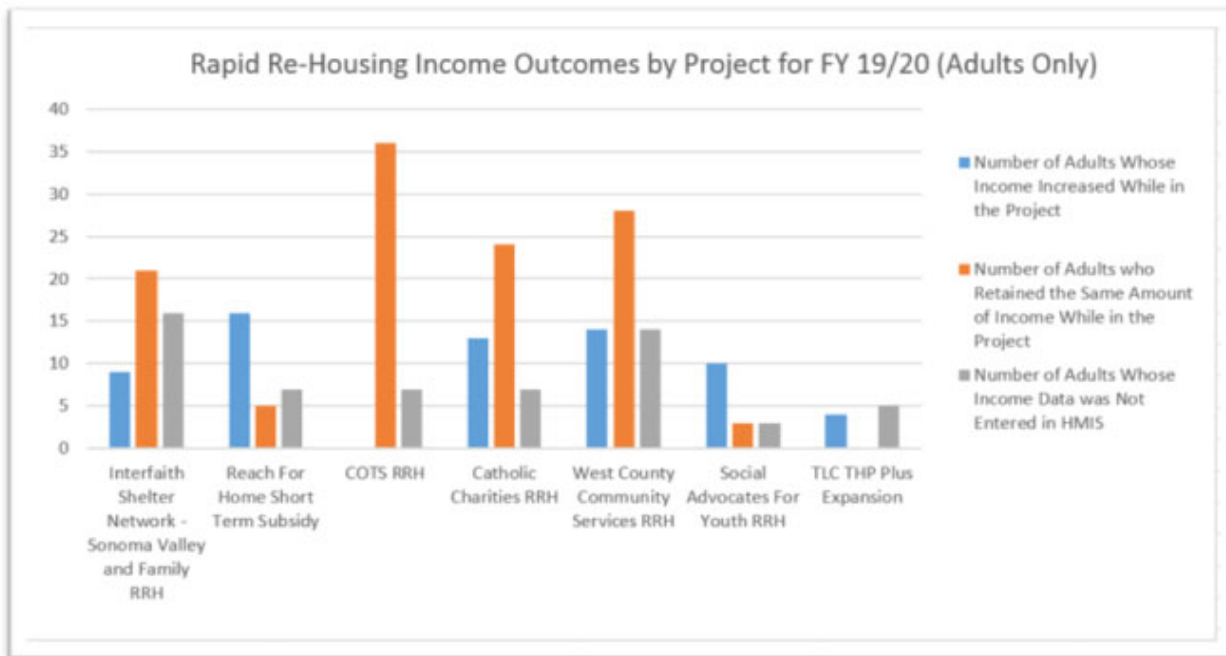
Providers often require technical Assistance to learn strategies when adjusting from local or flexible dollars to meet Emergency Solutions Grant regulations' expectations. Approaches and eligible expenses may be perceived as more stringent when following ESG regulations. However, the guidance encourages fidelity to HUD's project model, provides consistency, and supports best practices when helping individuals end homeless episodes.

Emergency Solutions Grant regulations for RRH projects state eligible expenses in 24 CFR Section 576.104 -106. Qualified expenditures for RRH projects fall under three main categories: Financial Assistance, Services Costs, and Short- and Medium-Term Rental Assistance. Expenses associated with housing search and placement necessary to help participants identify, obtain, and retain housing, including Assistance submitting rental applications and understanding leases, are eligible. Financial Assistance includes application fees, security deposits, utility deposits, gas, electric, water, and sewage payments. Other qualified expenses such as moving costs and, in some cases, temporary storage fees are also allowable. Eligible expenses include staffing costs to conduct these activities.



Increasing income through employment or benefits is essential to participants obtaining and maintaining permanent housing. RRH staff can assist participants in applying for benefits such as Temporary Assistance for Needy Families (TANF), unemployment, and SOAR (Supplemental Security Income/Social Security Disability Income Outreach, Access and Recover) can increase participants' chance of obtaining those benefits. Developing, securing, and coordinating

services and obtaining Federal, State, and local benefits are eligible under 24 CFR 576.105. Not all participants will be eligible for benefits, and with high rent rates in Sonoma County, many who receive benefits will need additional income to maintain housing. System and program coordination with mainstream resources is a requirement under ESG regulations. Mainstream resources, including employment services, can increase a participant's opportunity to obtain employment and increase income.





Challenges arise concerning eligible expenses related to fidelity to the RRH model. For instance, the local housing market causes difficulty for funded organizations to serve clients in a manner that separates property management from and services for Transitional Aged Youth (TAY). The high cost of rental units and the low vacancy rates make it more challenging for providers to find qualified, affordable rentals for participants. ESG regulation requires documentation that a unit is under Fair Market Rate and meets rent reasonableness to receive rental assistance. RRH providers who receive funding from ESG are required to follow ESG regulations. RRH providers may receive funds through sources that do not require ESG regulations. It is important to have consistently run projects to understand the services offered.

As new RRH providers enter the Homeless System of Care, technical assistance has become necessary to ensure RRH projects operate uniformly. These processes include proper documentation of participant eligibility for RRH services, the length of time participants can receive support, and guaranteeing rental units meet Minimum Habitability Standards, including a lead-based paint assessment. Hence, participants receive assistance to live in safe and habitable permanent housing. One requirement includes ensuring documentation in participant's files show prospective rental units meet rent reasonableness. The determination of rent reasonableness consists of obtaining comparable non-assisted rentals and monthly amounts. Doing so ensures that the cost of rentals is equal and program participants do not incur higher rentals than non-program tenants. While documenting rent reasonableness may present some challenges from providers, it is a requirement of ESG and a critical activity to ensure RRH participants pay rent comparable to tenants who were not previously homeless.

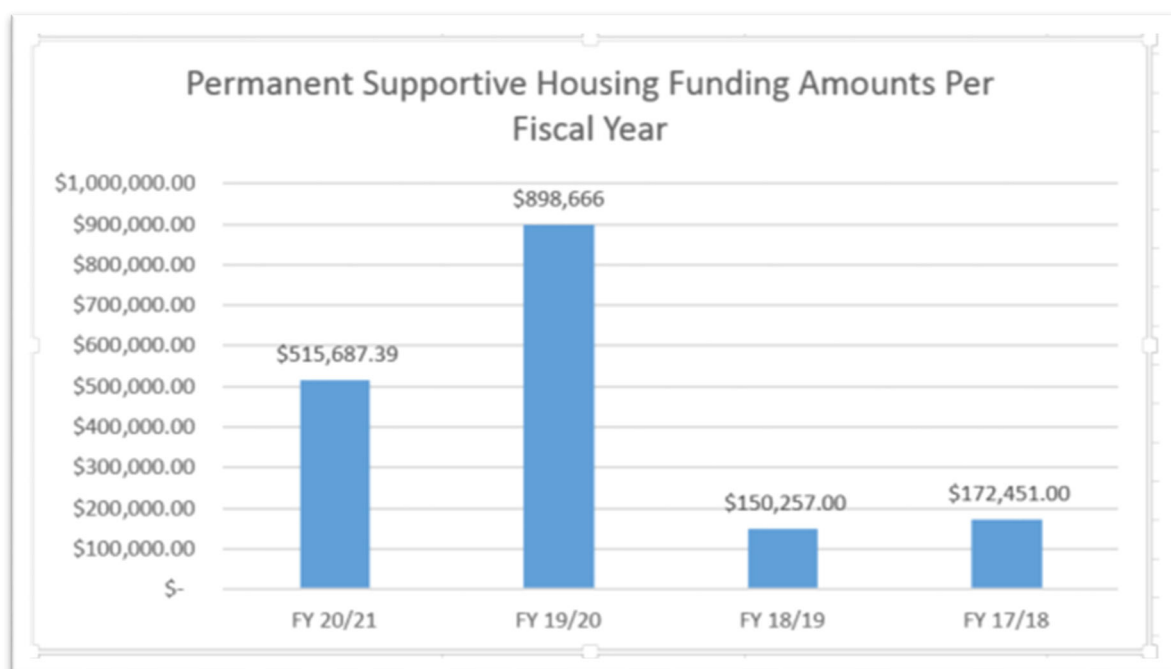
SAY, and TLC report youth often require master leasing strategies to overcome landlords' reluctance to rent to Transitional Aged Youth. ESG regulations require a lease between the participant and owner of the property. Since master leasing is not an eligible activity under ESG, the need is to fund TAY projects with a more flexible source that allows for master leasing. The SCCDC supports providers requesting variances to enable master leasing of units for the youth participants. The use of master leasing strategies may prevent client choice in accepting or rejecting case management services.

## PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) programs provide safe affordable housing options for individuals experiencing chronic homelessness who have been diagnosed with a disabling condition. PSH combines affordable housing with voluntary support services to build independent living skills, tenancy skills and connect people to health care, treatment, and employment services. This service-enhanced housing strategy offers a safe environment with services encouraging maximum independence for persons who do not need 24-hour care. PSH is a cost-effective solution proven to lower public costs associated with the use of crisis services such as shelters, hospitals, and jails.

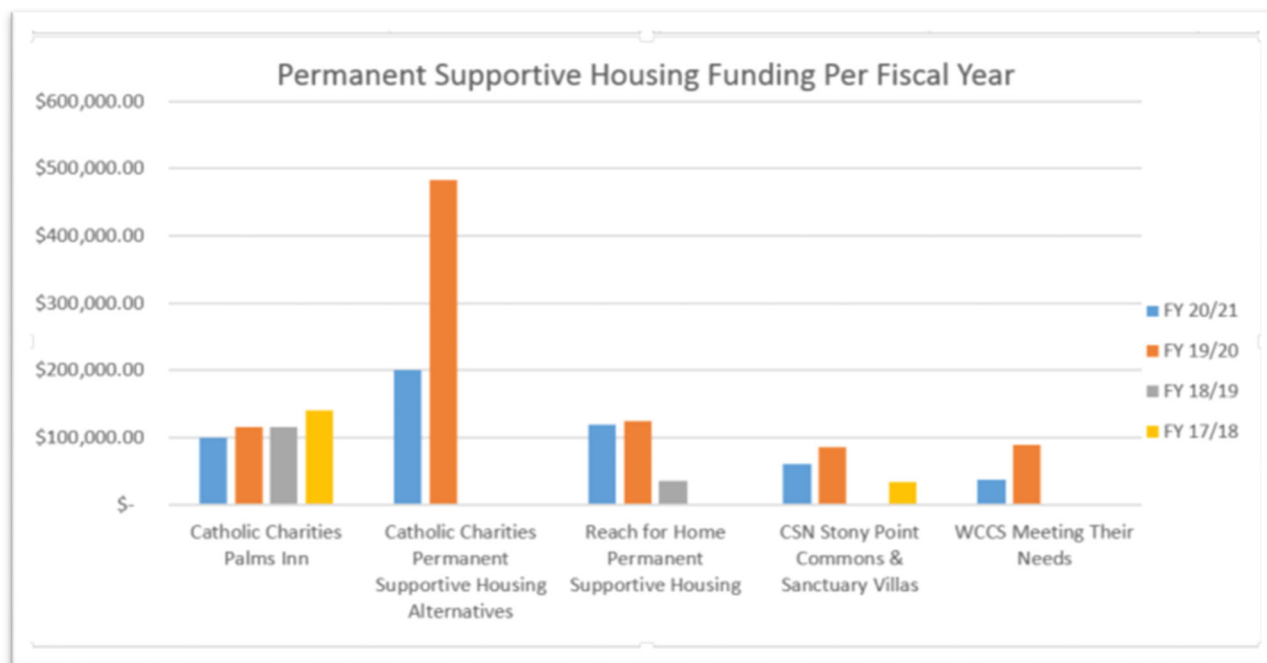
PSH projects fall under guidance found in Part 578 of Title 24 - Housing and Urban Development regulations that describe Continuum of Care Programs. Projects observe strategies included but not limited to Sections 578.49, 578.53, and 528.55 of Title 24. In Sonoma County, these projects may assist people who meet the federal definition of chronic homelessness and have been diagnosed with a disability. Eligibility in PSH projects is for individuals with nine or above scores on the VI-SPDAT (Vulnerability Index.) Due to the community's need, projects typically see the Entry of persons with scores as high as 18-20.

The design of supportive services provided through PSH projects attempts to meet the participant's needs and consider best practices that state that supportive services are separate from property management services. A participant's decision to reject supportive services should not endanger an individual's housing status. Over time, reductions in the frequency and level of services occur as participants' skill levels increase. Thus, providers need to develop strong relationships and offer valuable services to the project participants to support their skillset growth.

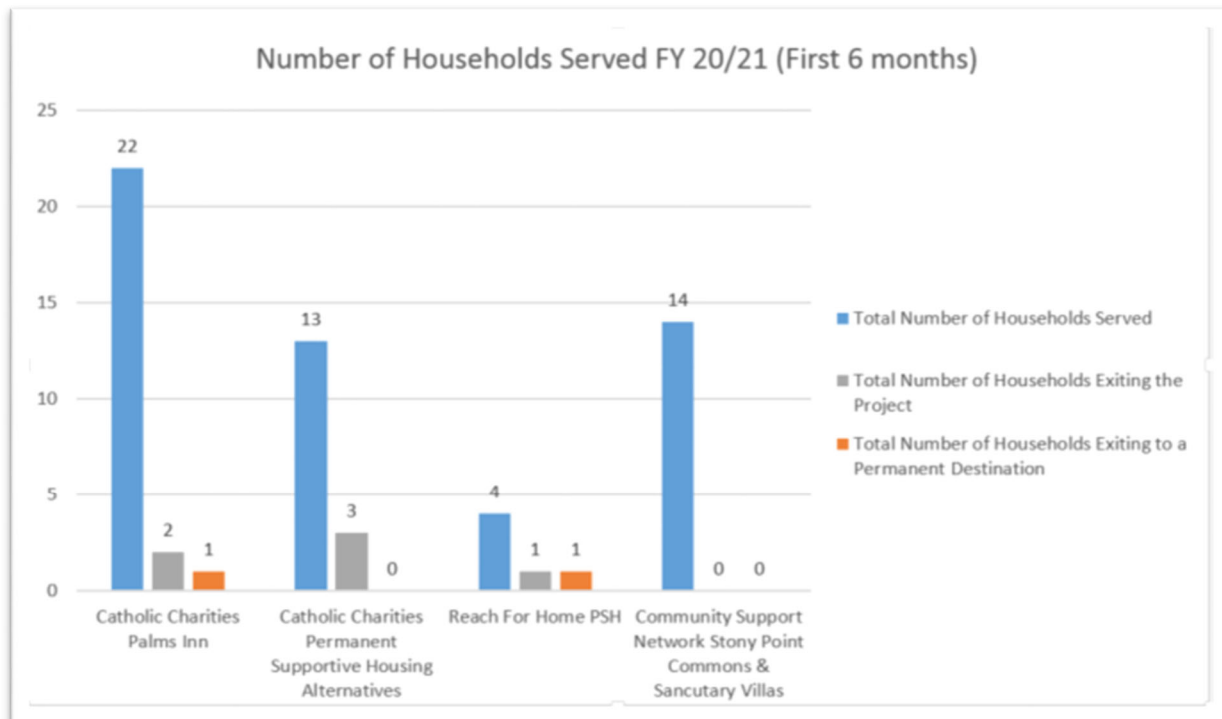
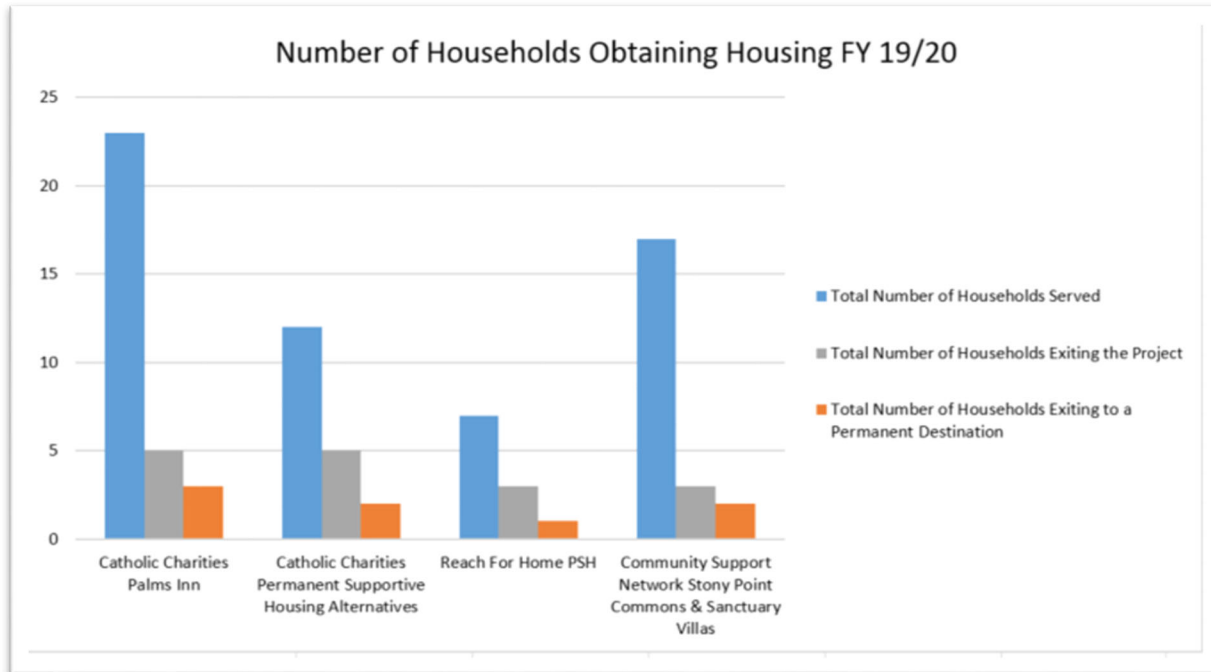


PSH projects funded through the annual cycle receive State and Local dollars. Some PSH projects in Sonoma County also receive funding through the CoC and other sources to maintain operations. Total Funding amounts in FY 20-21 have increased by \$365,430.30 since FY 18-19.

In FY 20-21, five projects funded in the annual cycle provide PSH services with a total contract value of \$567,454. Projects providing PSH services are Community Support Network's Stony Point Commons and Sanctuary Villas, Reach for Home's PSH project, Catholic Charities' Palms Inn, West County Community Services' Meeting Their Needs, and Catholic Charities' Permanent Supportive Housing Alternatives project. These projects offer housing and case management.



There is no predetermined length of stay in PSH, and case management services work to ensure successful retention of housing. Some participants may not need ongoing support services. In these situations, PSH staff should assist participants in obtaining affordable housing with the option of Move-on Vouchers. Move-on Vouchers are provided in partnership with the Public Housing Authority and are for participants moving from PSH into affordable housing. This ability to assist participants who no longer need supportive services allows a PSH space to become available to another PSH-eligible participant. Some participants will require ongoing, continuous supportive services resulting in lower exit rates than other projects within the System of Care.

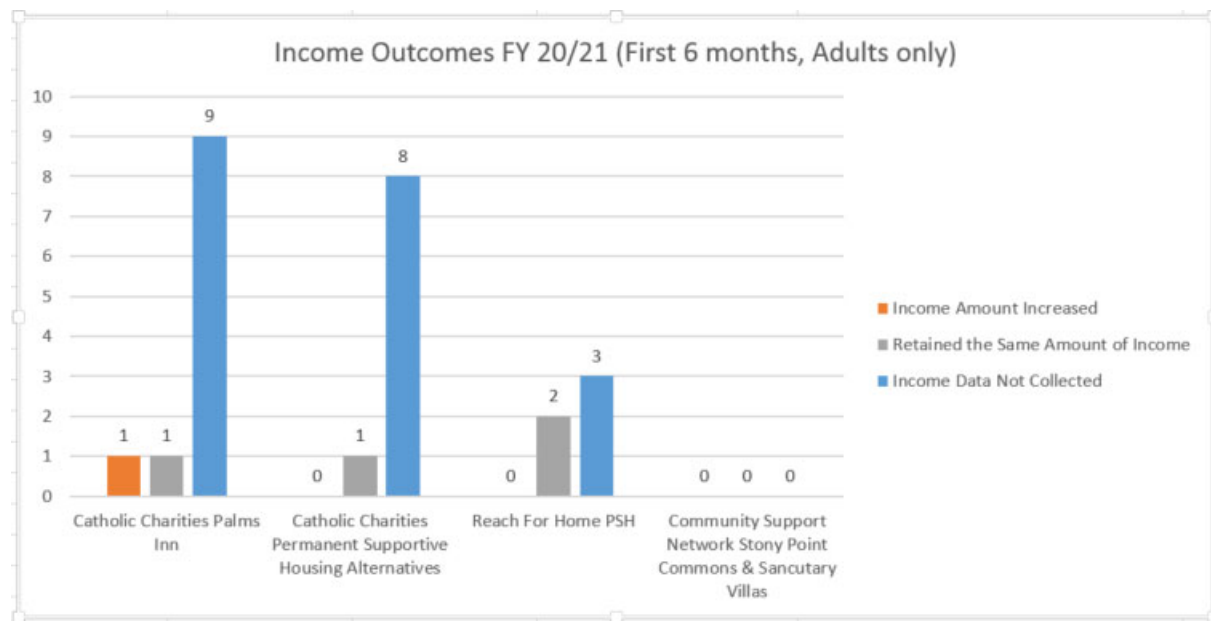


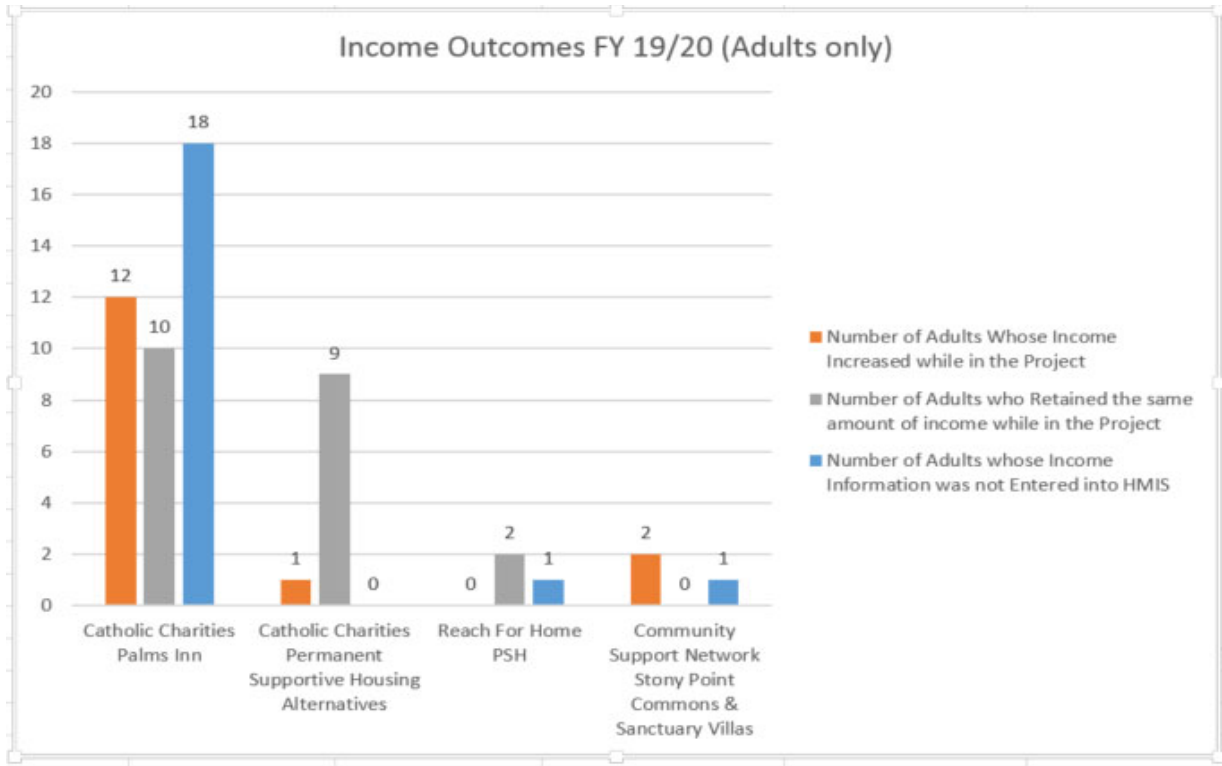
Catholic Charities' Permanent Supportive Housing Alternatives project is a master leasing project that targets a different population than other PSH projects. Catholic Charities found the chronic homelessness requirement was a barrier in assisting the target population of this project. The provision of the chronic homelessness rule that stipulates a 90-day stay in an

institution constitutes a break in chronic homelessness conflicted with this program's purpose. It resulted in some of the highest service utilizers not being eligible for the program because they had been in institutions for over 90 days. Changing the chronic homelessness designation requirement was presented at a Project HOPE meeting. A unanimous majority favored this idea to reduce entry barriers for clients. This project's target population consists of individuals who meet the literal homeless requirement combined with service interactions.

WCCS's Meeting Their Needs project provides case management support to higher acuity formerly homeless residents in Sebastopol and Guerneville. Case Management services are offered immediately to participants residing in WCCS PSH units. Additionally, in partnership with other Sonoma County housing providers, the Case Manager coordinates and provides deposit funds for low acuity PSH residents holding Moving On Vouchers who cannot move into more independent living due to a lack of funds. The open beds are then available for higher acuity chronically homeless individuals. In FY 19-20, WCCS assisted five households with deposit assistance to utilize their Move On Vouchers.

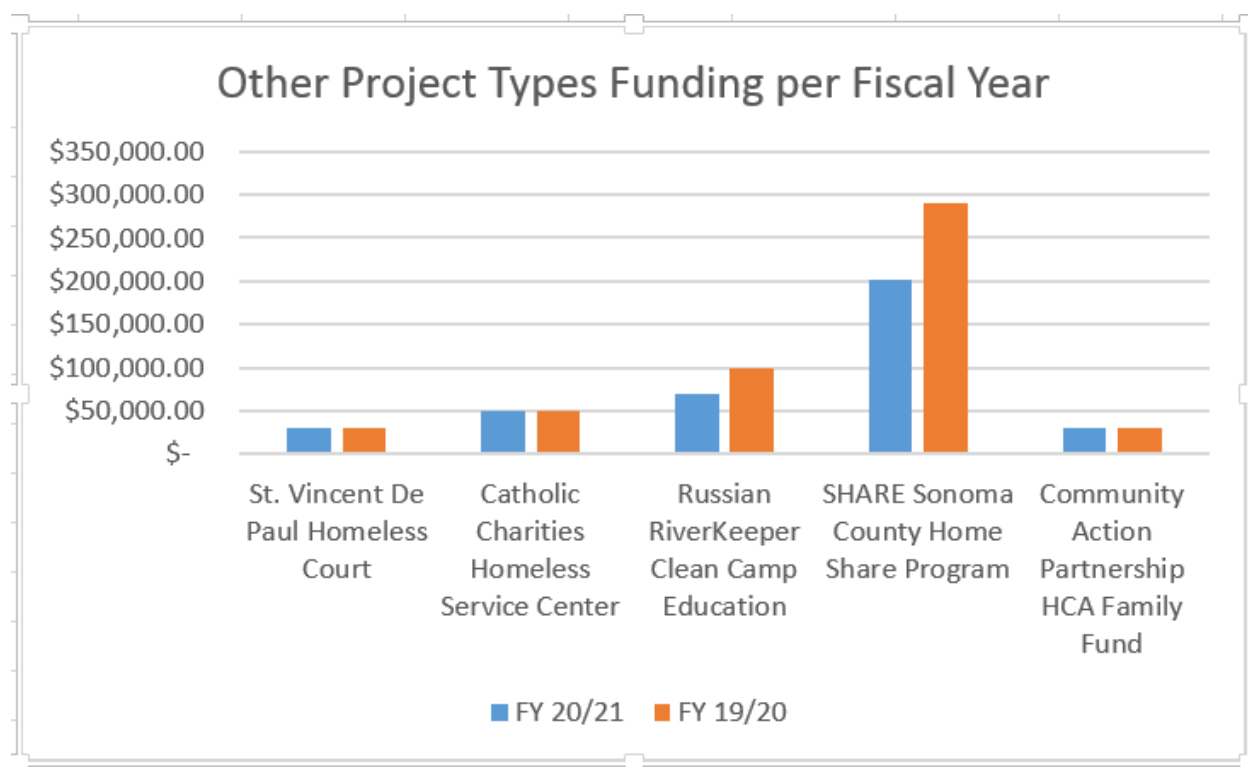
Eligible Costs are those supportive of an individual's effort to obtain and maintain housing, staff time in case management, planning a path to permanent housing stability, coordinating services, and supporting participants to get Federal, State, and Local benefits. While PSH staff have many different responsibilities, it is essential to ensure participants connect with any employment services or public benefits they may qualify for to maintain permanent housing. By determining a participant's income, Permanent Supportive Housing projects can better assess the participant's employment and benefits needs and report measurable outcomes.





## OTHER PROJECT TYPES

Among the projects funded in the annual cycle, a small subgroup not described as core project types in federal guidance is categorized locally as Other Project Types (OPT). Due to this distinction, monitoring these projects consists of reviewing adherence to the proposed project strategy stated in the FY 19-20 Project Application and the agreed-upon parameters stated in the Scope of Work. Allocations for these projects have primary sources being local dollars, except where a distribution of HHAP is determined allowable. In two instances, projects considered in the OPT category also are described among the Street Outreach projects. All OPT projects provide valuable services that fill service-need gaps, provide useful supports to participants, and benefit the community.



In FY 20-21, five projects fall into the OPT category: St. Vincent de Paul's Homeless Court, SHARE's Sonoma County Home Share Program, and Community Action Partnership's HCA Family Fund. Each has distinct strategies. The Homeless Service Center (HSC), operated by Catholic Charities, and the Russian Riverkeeper's Clean Camp Education (CCE) projects are listed here as OTP and included in the Street Outreach writing contained in this report. The total budget for OPT projects is \$381,887.

The HSC offers a physical location for drop-in services where an unsheltered person can have mail and connect with other supportive services. However, according to Catholic Charities reports, many individuals who use the services are not homeless. In FY 19-20, 1,747 individuals were enrolled in HSC, with 900 individuals currently enrolled in the first six months of FY 20-21.

Having an address to get mail is often an essential step to attaining housing, employment, and other life activities. These services do not fit the strategies that qualify the project as an actual Street Outreach project. As a result, local dollars are the only eligible source of funds used in the project budget and cause the project's inclusion in both the OPT and Street Outreach categories.

The Russian Riverkeeper's Clean Camp Education (CCE) project focuses on collecting trash along the Russian River to ensure that garbage does not enter the river. As part of that strategy, the CCE engages with homeless camps to teach techniques for lessening the environmental footprint caused by unsheltered persons. This effort is often a pre-engagement with unsheltered persons living along the river. Their effort builds trust and allows for further engagement. It also offers an environmental service required by California law, which could result in fines levied against jurisdictions deemed out of compliance due to human waste and garbage entering the river. In FY 19-20, 197,270 pounds of trash was collected and properly disposed of through CCE, and in the first six months of FY 20-21, the disposal of 110,500 pounds of trash has occurred through their efforts. Thus, the CCE project is listed both in the SO and OPT categories.

Community Action Partnership's HCA Family Fund project provides deposit and rental assistance dollars to Sonoma County households in need through a private philanthropic donation. The donation is anonymous, and through a long-standing agreement with the County of Sonoma, administrative costs have an allocation within the annual cycle. The philanthropic contribution is contingent upon receipt of the local distribution and returns tenfold to the community annually. This project assisted 266 individuals in FY 19-20 and assisted 113 individuals in the first six months of FY 20-21. While this project supports households with rental and deposit assistance and financial education, the effort does not meet the guidelines stated in 24 CFR 576.103 describing Homelessness Prevention projects.

SHARE's Sonoma County Home Share Program provides housing matches for persons experiencing homelessness or persons at risk of homelessness, with older adults who require rent, work trade, or a combination of work and rent to maintain their housing. The strategy allows the older adult to age in place and supports a homeless or at-risk individual to gain housing through the matching service. Due to SHARE's project strategy, the use of Coordinated Entry does not occur when making referrals, and home-share matches are not low-barrier as described under Housing First. SHARE received local and HHAP funding in FY 20-21 as flexibility allowed for the project model's use. SHARE sees an increased need for supportive services upon making matches between participants. In FY 19-20, SHARE assisted 339 individuals. The project is a valuable service to the community and has been included in the annual cycle since FY 17-18.

St. Vincent de Paul's Homeless Court project offers a strategy to rectify legal infractions, fines, and other issues related to an individual's homeless status. This effort works with County departments and courts to support individuals clearing charges that impede their ability to attain housing. In FY 19-20, Homeless Court assisted 35 households and presented 130 cases to



the Court. Of these 130 cases, 111 were dismissed, resolved, or closed successfully, with infractions settled and pending fines removed. In April 2020, Courts were closed due to COVID-19 and partially reopened in July 2020. While the partial reopening of the Court has decreased the Homeless Court project's ability, it has still been able to assist 13 households and had 20 cases dismissed, resolved, or successfully closed. This project is in its second year of funding in the annual cycle and is funded with local dollars, and is not a project model described within Federal regulations.

## ***Proposed Sonoma County Continuum of Care (CoC) Board Committees***

### **1. Coordinated Entry Advisory Committee**

This committee ensures CoC is compliant with federal and state requirements, and that a countywide Coordinated Entry System (CES) is in place that is effective and responsive to real-time community needs including:

- Advising CoC Board on strategies for ensuring service providers are implementing Housing First principles
- Make recommendations for providing training and technical assistance to help service providers become compliant with CE and Housing First system requirements and build capacity
- Consult with recipients of Emergency Solutions Grant program funds to inform CoC Board on developing policies to guide CES in accordance with HUD regulations
- Provides comprehensive assessment of the needs of individuals and families for housing and services

### **2. Ad Hoc Program Evaluation Committee**

This ad hoc committee will meet as-needed relative to funding cycles and include only non-conflicted members. This committee will be responsible for monitoring overall system performance, Annual Performance Reports for individual projects, and the annual submissions of 7 System Performance Measures. This committee will also evaluate and rate annual Continuum of Care and Emergency Solutions Grant projects.

### **3. Homeless Management Information System (HMIS) Data Committee**

This committee is responsible for advising CoC Board on issues regarding Sonoma County's web-based Homeless Management Information System (HMIS) including:

- Developing and maintaining the dashboard of metrics to achieve the vision of zero functional homelessness
- Alerting CoC Board of providers whose data jeopardizes the overall system
- Advising on issues related to the Annual Homeless Assessment Report (AHAR) to Congress, regular Homeless Counts (required every two years—preferred annually), biannual estimate of housing needs or gaps analysis, and the annual inventory of homeless-dedicated housing (Housing Inventory Chart)
- Approves annual policies and procedures for HMIS
- Approves updates to existing HMIS documents per regulation changes, as well as oversight of monthly public-facing data dashboards.
- Approves aligned definitions for each program type funded in Sonoma County in terms of desired outcomes, to assist the CoC Board in developing appropriate measures for rewarding system providers that meet or exceed expectations and sanctioning system

providers that do not adhere to requirements or meet expectations.

- Recommends training and technical assistance to build the capacity of service providers

#### **4. Lived Experience Advisory Committee**

This committee will provide direct input to the CoC Board from individuals who are currently experiencing homelessness or who have experienced homelessness in the past 5 years. The committee will also provide input on grievance procedures, Sonoma County system of care project performance and quality improvement, and recommendations on homeless service interventions.

#### **5. Strategic Planning & Charter Review Committee**

This committee will make recommendations to the CoC Board on strategic planning to achieve the vision of zero functional homelessness, including alignment of services and policies across the system of care. This committee will review and provide proposed changes to the CoC Board Charter to better guide the work of the CoC.

# Continuum of Care Board Committee Application 2021

Committee you would like to serve on (check all that apply):

- Coordinated Entry Advisory Committee
- Ad Hoc Program Evaluation Committee
- Homeless Management Information System (HMIS) Data Committee
- Lived Experience Advisory Committee
- Strategic Planning & Charter Review Committee

Name:

Organization you represent (if applicable):

Phone:

Email:

Geographical area or subpopulation(s) represented:

Why do you want to be on this committee and what relevant experience qualifies you to serve?

What role on this committee are you interested in serving:

- Chair (facilitates meetings, plans agendas)
- Secretary (takes roll, keeps minutes, sends out agendas)
- Committee member (attends all meetings, performs tasks as-needed)

Please email this form to [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org) or delivered to Sonoma County Continuum of Care, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403.



**Sonoma County Continuum of Care (CoC) Board  
DRAFT Agenda for March 10, 2021  
1:00pm-5:00pm Pacific Time**

	<b>Agenda Item</b>	<b>Presenter</b>
1.	Welcome, Roll Call and Introductions	Board Chair
2.	Approve Agenda (ACTION ITEM)	Board Chair
3.	Approve minutes from 2/24 meeting (ACTION ITEM)	Board Chair
4.	Word of the Street	Board Chair
5.	Approval of Allocations of Unspent HEAP Funds (ACTION ITEM)	CDC Staff
6.	System Performance Measures Overview (Informational Item)	CDC Staff
7.	Committee Status Updates	CDC Staff
8.	Review Agenda for March 24 CoC Board Meeting	Board Chair
9.	Staff Report	CDC Staff
10.	Board Member Questions & Comments	CDC Board
11.	Public Comment	

**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 [Karissa.White@sonoma-county.org](mailto:Karissa.White@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 (CoC) Quarterly Meeting Agenda  
For March 18, 2021  
1:00pm-4:00pm Pacific Time**

**Draft Agenda**

- 1. Welcome and Introductions**
- 2. Continuum of Care updates**
- 3. Presentation: racial Equity Action Lab: Addressing Anti-Black Racial Disparities in Bar Area Homelessness Response**
- 4. YWCA Domestic Violence Annual Training**
- 5. Community Program Updates**