



SONOMA COUNTY  
**HOMELESS  
COALITION**

**Sonoma County Homeless Coalition Board  
Agenda Report**

**Item No:** 1  
**Subject:** Sonoma County Homeless Coalition Board Meeting Agenda  
**Meeting Date:** March 25, 2026  
**Staff Contact:** Araceli Rivera, [Araceli.Rivera@Sonomacounty.gov](mailto:Araceli.Rivera@Sonomacounty.gov)

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**SUMMARY**

This staff report presents the March 25, 2026, Sonoma County Homeless Coalition Board Meeting proposed agenda. The agenda contains all proposed items that will be discussed by the Board. The proposed agenda is attached as Attachment A.

**RECOMMENDED ACTION(S)**

Approve March 25, 2026, agenda.



**Sonoma County Homeless Coalition**

**Board Meeting Agenda**

**DRAFT March 25, 2026**

**1:00pm-3:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/92759747120?pwd=Cuw1daWSoPM5s8CIAWgPrJ8wYLeBgp.1>

**Phone: +16694449171 Webinar ID: 927 5974 7120 Passcode: 589476**

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
	<b><i>Note: Items 1-8 below are proposed for adoption via one motion as the Consent Calendar.</i></b>	N/A		
1.	3/25/2026 Agenda <i>(Consent Calendar)</i>	Draft Agenda	Staff	
2.	Minutes from 02/04/2026 and 02/25/2026 <i>(Consent Calendar)</i>	Draft Minutes	Staff	
3.	Summary of Follow-ups from the Previous Meeting(s) <i>(Consent Calendar)</i> <ul style="list-style-type: none"> <li>Continuum of Care (CoC) Program Transfer</li> </ul>	Summary of Follow-ups	Staff	
4.	Reports for Standing Committee Updates <i>(Consent Calendar)</i> <ul style="list-style-type: none"> <li>Coordinated Entry Advisory (CEA) Committee</li> <li>Lived Experience Advisory &amp; Planning Board (LEAP)</li> </ul>	Staff Report for Standing Committees	Staff	

5.	Designate approval authority for 2026 Continuum of Care (CoC) Competition Consolidated Application submission <i>(Consent Calendar)</i>	Staff Report for Authority Designation	Staff	
6.	April Homeless Coalition Quarterly Membership Meeting Agenda <i>(Consent Calendar)</i>	Staff Report	Staff	
7.	Coordinated Entry Advisory (CEA) Committee Member Approval <i>(Consent Calendar)</i>	Staff Report	Staff	
8.	Homeless Coalition Governance Charter Ad Hoc Update <i>(Consent Calendar)</i>	Staff Report	Staff	
9.	Reports from Lead Agency Staff <ul style="list-style-type: none"> <li>LEAP follow up to Behavioral Health intake process and forms</li> <li>Fiscal Year 2026 - 2027 Local Homelessness Contracts</li> </ul> Potential ACTION ITEM	Staff Report	Staff	1:05pm
10.	MRG Homeless Services Report Potential ACTION ITEM	Staff Report		1:20pm
11.	10-minute break			2:20pm
12.	Word from the LEAP Board Potential ACTION ITEM		LEAP Board Chair	2:30pm
13.	Review Agenda for April and future Coalition Board Meetings <ul style="list-style-type: none"> <li>Continuum of Care (CoC) Competition Overview</li> <li>Strategic Planning Update</li> </ul> Potential ACTION ITEM	Staff Report for DRAFT Agenda	Board Chair	2:40pm
14.	Board Member Questions & Comments Potential ACTION ITEM		Board Chair	2:45pm
15.	Public Comment on Items not on the Agenda		Board Chair	2:50pm

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting.*

*To submit an emailed public comment to the Homeless Coalition Board, submit your responses via the website at [Homeless Coalition Board Comment Form >>](#). Please label the written notice as public comment referencing the Homeless Coalition Board, provide your name, the agenda number(s) on which you wish to speak, and your comment.*

*Public comment during the meeting can be made live by joining the Zoom meeting using the above provided login information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers. If you need technical assistance with submitting a public comment, please contact Jynessa Lazzaroni at [jynessa.lazzaroni@sonomacounty.gov](mailto:jynessa.lazzaroni@sonomacounty.gov)*



**Sonoma County Homeless Coalition  
Minutes Staff Report**

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

**Subject:** Meeting Minutes 2/4/26

**Meeting Date:** 3/25/26

**Staff Contact:** Kim Holden, Senior Office Assistant, [Kim.Holden@sonoma-county.org](mailto:Kim.Holden@sonoma-county.org)

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**SUMMARY**

This staff report briefly summarizes the February 4, 2026 Sonoma County Homelessness Coalition Meeting Minutes. The attached meeting minutes contain all items discussed by the Sonoma County Homeless Coalition Board at the February 4, 2026 Sonoma County Homelessness Coalition Special Meeting.

**RECOMMENDED ACTION(S)**

Approve Sonoma County Homeless Coalition Minutes from the 2/4/26 Sonoma County Homeless Coalition Board Special Meeting.



**Sonoma County Homeless Coalition  
Minutes Staff Report**

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

**Subject:** Meeting Minutes 2/25/26

**Meeting Date:** 3/25/26

**Staff Contact:** Kim Holden, Senior Office Assistant, [Kim.Holden@sonoma-county.org](mailto:Kim.Holden@sonoma-county.org)

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**SUMMARY**

This staff report briefly summarizes the February 25, 2026 Sonoma County Homelessness Coalition Meeting Minutes. The attached meeting minutes contain all items discussed by the Sonoma County Homeless Coalition Board at the February 2026 Sonoma County Homelessness Coalition Meeting.

**RECOMMENDED ACTION(S)**

Approve Sonoma County Homeless Coalition Minutes from the 2/25/26 Sonoma County Homeless Coalition Board Meeting.



# Sonoma County Homeless Coalition Board

## Homeless Coalition Board Meeting Minutes

### Special Meeting

Wednesday, February 4, 2026

1:00 – 2:00 PM, Pacific Time – Meeting held via Zoom

Zoom Recording:

[https://sonomacounty.zoom.us/rec/share/wld0OKXjOTPnFzKIDAubosksxj9If1Zm17FBdjDzAhRYbGSjXtMQ7DcdKK9wpaoc.Qf86plzcVF0J\\_ihq?startTime=1770239241000](https://sonomacounty.zoom.us/rec/share/wld0OKXjOTPnFzKIDAubosksxj9If1Zm17FBdjDzAhRYbGSjXtMQ7DcdKK9wpaoc.Qf86plzcVF0J_ihq?startTime=1770239241000)

Passcode: 2Mzvb?an

### Welcome and Roll Call Introductions

Chair Jennielynn Holmes called the meeting to order at 1:02 PM, and explained the Zoom rules regarding public comment and the Brown Act guidelines.

**Present:** Jennielynn Holmes, Catholic Charities | Caroline Bañuelos, City of Santa Rosa | Chris Coursey, Sonoma County Board of Supervisors | Martha Cheever, Community Development Commission | Stephen Zollman, City of Sebastopol | Dannielle Danforth, West County Community Services | Margaret Sluyk, Reach For Home | Chessy Etheridge, Adult Lived Experience Seat | Chris Cabral, Committee on the Shelterless (COTS) | Rosie Traversi, Licensed Healthcare Organization Seat | Maria Rico, BIPOC Led/Serving Organization Seat | Jessica Wolfe, Lived Experience Seat | Sylvia Lemus, Cities of Cotati/Rohnert Park

**Absent:** Karen Nau, City of Petaluma | Akash Kalia, At-large Seat | Ron Wellander, City of Sonoma | Angelica Smith, Tribal Seat | Ash Culver, Transitional-aged Youth Seat

A quorum was present.

#### 1. Approval of Consent Calendar

- Chair Holmes presented the following consent calendar item for approval:
  1. 2/4/26 meeting agenda

**Public Comment:** None.

**Motion:** Supervisor Coursey moves to approve the Consent Calendar.

**Second:** Martha Cheever seconds the motion.

**Abstentions or Objections:** None.

**Motion passes.**

**2. Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) Reallocation Approval (00:00:01 – 00:10:23)**

- To maintain a quorum, recused members remained in the online meeting with cameras and microphones turned off, with no engagement in the meeting or discussion, as provided for in the Sonoma County Homeless Coalition Charter.

Martha Cheever, Jennielynn Holmes, Chris Cabral, and Dannielle Danforth were recused. Other members subject to recusal, Angelica Smith and Akash Kalia, were absent.

Vice-Chair Caroline Bañuelos presided over the meeting proceedings as Chair Holmes was recused.

Karissa White presented the informational background for the recommended action to approve the adjustment to the County of Sonoma's Homeless Management Information System (HMIS) Expansion proposal to the amount of \$204,387 for the 2025 Priority Listing.

**Public Comment: None.**

**Motion:** Councilmember Zollman moves to approve the reallocation.

**Second:** Jessica Wolfe seconds the motion.

**Roll Call Vote:** Yes - 8, No - 0

**Motion passes unanimously.**

Additional information is available in the staff report for Item #2, pgs. 3-4, in the packet of meeting materials.

**3. Public Comment on Items not on the Agenda: (00:10:25 – 00:11:00)**

- None

**Adjournment: (00:11:05 – 00:11:27)**



# Sonoma County Homeless Coalition Board

## Homeless Coalition Board Meeting Minutes

Wednesday, February 25, 2026

1:00 – 4:30 PM, Pacific Time – Meeting held via Zoom

Zoom Recording:

[https://sonomacounty.zoom.us/rec/share/biVj\\_RxdTPMmjjk8lk-Z2MbvdKj2Z6hcD1yacHZHXZTYzSjINIWYyr43gCqxVfP.7F3IbXWHiZj9TGis?startTime=1772053107000](https://sonomacounty.zoom.us/rec/share/biVj_RxdTPMmjjk8lk-Z2MbvdKj2Z6hcD1yacHZHXZTYzSjINIWYyr43gCqxVfP.7F3IbXWHiZj9TGis?startTime=1772053107000)

Passcode: &PDr#3aA

### Welcome and Roll Call Introductions (00:02:13 – 00:09:42)

Chair Jennielynn Holmes called the meeting to order at 1:00 PM, and explained the Zoom rules regarding public comment and the Brown Act guidelines.

Chair Holmes introduced new Homeless Coalition Board member Cotati Mayor Sylvia Lemus, representing the cities of Rohnert Park and Cotati. Roll call introductions were made for each board member.

**Present:** Jennielynn Holmes, Catholic Charities | Caroline Bañuelos, City of Santa Rosa | Karen Nau, City of Petaluma | Sean Hamlin, proxy for Chris Coursey, Sonoma County Board of Supervisors | Martha Cheever, Community Development Commission | Stephen Zollman, City of Sebastopol | Dannielle Danforth, West County Community Services | Margaret Sluyk, Reach For Home | Chessy Etheridge, Adult Lived Experience Seat | Chris Cabral, Committee on the Shelterless (COTS) | Akash Kalia, At-large Seat | Ron Wellander, City of Sonoma | Rosie Traversi, Licensed Healthcare Organization Seat | Jessica Wolfe, Lived Experience Seat | Maria Rico, BIPOC Led/Serving Organization Seat | Ash Culver, Transitional-aged Youth Seat | Sylvia Lemus, Cities of Cotati/Rohnert Park

**Absent:** Chris Coursey, Sonoma County Board of Supervisors (sent proxy) | Angelica Smith, Tribal Seat

A quorum was present.

### 1 - 4. Approval of Consent Calendar (00:09:44 – 00:10:58)

- Chair Holmes presented the following consent calendar items for approval:

1. 3/25/26 meeting agenda
2. 2/25/26 meeting minutes
3. Summary of Follow-ups from the Previous Meeting(s)
4. Reports for Standing Committee Updates

**Public Comment:** None.

**Motion:** Martha Cheever moves to approve the Consent Calendar.

**Second:** Karen Nau seconds the motion.

**Abstentions or Objections:** None.

**Motion passes.** The consent calendar is approved.

## **5. Reports from Lead Agency Staff (00:11:00 – 00:29:26)**

- **Department of Health Services (DHS) Director Updates:**
  - A study of the Department of Health Services conducted by consultant firm MRG has recently been completed. The resulting report includes a work plan for Homelessness Services which suggests direction and recommendations for the future. DHS Director Nolan Sullivan will present the findings of the study to the Sonoma County Board of Supervisors (BOS) in the near future. The report is also planned to be shared with the Homeless Coalition (HC) Board at their March 25, 2026 meeting.
  - DHS Director Nolan Sullivan and a group of elected officials, including some HC Board members, have been meeting occasionally in an effort to become acquainted and to enhance engagement between cities and county. This ongoing dialogue serves to fill a need for executive level discussions about homelessness, particularly in identifying opportunities and best practices for partnership between cities, county, and the Continuum of Care (CoC). Joint Power Authority (JPA) models from other counties, notably Yolo and perhaps Solano, are beginning to be explored in consideration of governance options to foster collaboration and efficiencies.
  - Interviews for a Behavioral Health Deputy Division Director will begin on March 17, 2026. This position will guide the current DHS Homelessness Services Division as the division's transformation to become a section of the DHS Behavioral Health Division is implemented, and thereafter.
  - Director Sullivan presented and reviewed a slide depicting the 2025 Measure O Notice of Funding Availability (NOFA) awards that were approved by the Sonoma County Board of Supervisors in February 2026.

- **Coordinated Entry Advisory (CEA) Committee Open Applications & Selection Membership Ad Hoc Committee Formation:**

Jynessa Lazzaroni reported that applications opened on February 9, 2026 for elections to fill three (3) vacant seats on the Coordinated Entry Advisory (CEA) Committee. The application period will remain open for three (3) weeks, ending on Monday, March 2, 2026.

Staff request volunteers from the HC Board to form a Selection Membership Ad hoc Committee to review applications and subsequently advise the HC Board of their recommendations for three new members to join the CEA Committee.

Councilmember Zollman, Chris Cabral, and Rosie Traversi have volunteered to comprise the Ad hoc committee for application review.

**Public Comment:** None.

Further description is included within the packet of meeting materials, Item #5, pg. 10.

**Informational item only; no action taken.**

## **6. Lead Agency Evaluation Update (00:29:27 – 00:36:31)**

- Jennielynn Holmes announced that the Lead Agency Evaluation Ad hoc Committee recently met with a United States Housing and Urban Development (HUD) technical assistant for guidance on finalizing a survey that has been in development. The purpose of the survey is to elicit public and stakeholder feedback for evaluation of the performance of Sonoma County as the Lead Agency. As there are no comparable endeavors within other Continuums of Care (CoC), Ad hoc members will be creating an original survey model that may subsequently also be utilized by other CoCs. There will be several components to the project, requiring a lengthier process than had been anticipated. The committee also plans to hold public input sessions with stakeholders. The original December 2025 draft timeline for completion of the evaluation has been necessarily delayed and is now proposed as June 2026. No dissent to the new timeline was expressed by board members.

**Public Comment:** None.

Further description is included within the packet of meeting materials, Item #6, pg. 12.

**Informational item only; no action taken.**

## **7. Rapid Rehousing (RRH) Hub and Spoke Consideration (00:36:38 – 01:12:15)**

- Thai Hilton presented an overview of the Rapid Rehousing (RRH) program, which provides rental assistance for individuals experiencing homelessness for a period of up to two years. As directed by the HC Board in December 2025, the focus of the presentation was an analysis of the conceivable impact of implementing a “Hub and Spoke” model for

RRH funding, including evaluation of the related benefits, disadvantages, and alternative options to such a model.

Staff concluded that the hub and spoke model would not benefit administrative efficiencies for RRH. Alternatively, a single operator model may offer greater benefits.

The staff recommendation is for the HC Board to define the ultimate goal of further analysis and provide direction to the working group.

Chair Holmes exited the meeting for a short period. Vice-Chair Caroline Bañuelos presided over the remaining proceedings for this item.

**Motion:** Mayor Lemus moves that staff return to the RRH hub and spoke model and consider streamlining to one or two organizations, also looking at the vulnerability aspect, with consideration to which model might be more successful.

**Second:** Councilmember Zollman

**Public Comment:** Gregory Fearon

**Objections/Abstentions:** None.

**Motion passes.**

A full analysis for this item is included within the packet of meeting materials, Item #7, pgs. 13 - 15.

Chair Holmes returned to preside over the remainder of the meeting at the conclusion of this item.

#### **8. 2026 Homeless Point in Time (PIT) Count Recap (01:12:17 – 01:15:21)**

- Michael Gause reported that the 2026 Point in Time Count took place on January 30, 2026, from 5:00-10:00 am. Over one hundred and fifty (150) volunteers took part in the event. Preliminary results will likely be available in May 2026, with the full report expected to be released by September 2026.

**Public Comment:** None.

**Informational item only, no action taken.**

The Staff Report for this item is included in the packet of meeting materials, pg. 16.

#### **9. 10-Minute Break: 2:15– 2:25 PM (01:15:26 – 01:27:08)**

#### 10. Word from the LEAP Board (01:27:09 – 01:42:55)

- Jessica Wolfe spoke about the vulnerabilities of individuals who are newly housed, and the importance of peer support in navigating housing successfully. Accessing CalAIM funding to increase peer support specialist certifications and positions within existing agencies may be a possibility.

**Public Comment:** Gregory Fearon

**Informational item only, no action taken.**

#### 11. Permanent Supportive Housing (PSH) Development Data (01:42:58– 01:47:46)

- At the request of the HC Board, Thai Hilton made inquiries regarding the type of data utilized by affordable housing developers when deciding to develop a PSH project, and whether Coordinated Entry (CE) data was a factor in those decisions.

The inquiries revealed that there is no single data set relied upon by non-profit affordable housing providers, but rather, the availability of funding, along with the regulatory requirements of those funding sources, appear to be the determining factors for developers in pursuing a PSH project. The Coordinated Entry (CE) system is not involved until completed units are available and ready for referral.

**Public Comment:** Gregory Fearon

A summary for item #11 is included in the meeting materials packet, pg. 17.

**Informational item only, no action taken.**

#### 12. Exploring In-Person Meeting Options (1:47:48 – 01:56:20)

- At the January 2026 HC Board meeting, members expressed interest in holding occasional in-person meetings, as well as in either adjusting the frequency of meetings to occur every other month, or retaining meetings on a monthly basis but to shorten the length of each to two (2) hours. For example, moving more items to the consent calendar could help to shorten the length of meetings.

The staff recommendation is to approve holding a minimum of two (2) in-person meetings per year, and to continue monthly meetings in a shortened, two-hour format. Ideally, a hybrid option to allow for virtual attendance would be offered for any in-person meetings, although technological challenges may arise that would need to be addressed. Additionally, staff would need to explore suitable locations for holding the in-person meetings.

**Public Comment:** None.

**Motion:** Rosie Traversie moves to have staff explore holding two (2) in-person meetings per year, continuing on a monthly basis but with a shortened two-hour format.

**Second:** Councilmember Zollman seconds the motion.

**Objections/Abstentions:** None.

**Motion passes.**

Additional information is available in the staff report for item #12, pgs. 18-19, in the packet of meeting materials.

**13. 2026 Continuum of Care (CoC) Program Eval. Workgroup Selection (01:56:23 – 02:01:48)**

- The US Department of Housing and Urban Development (HUD) is expected to release a CoC Program Notice of Funding Opportunity (NOFO) no later than June, 2026. In preparation for the release of the NOFO, staff recommends that the HC Board approve the formation of a CoC Program Evaluation Workgroup to conduct the review and evaluation of renewal and new project applications for the 2026 HUD CoC program competition. The workgroup would also provide their funding recommendations to the HC Board for final approval.

Councilmember Zollman and Jessica Wolfe volunteer to serve on such a committee.

**Public Comment:** None.

**Motion:** Councilman Zollman moves to approve the formation of a 2026 CoC Program Evaluation Workgroup.

**Second:** Martha Cheever seconds the motion.

**Objections/Abstentions:** None.

**Motion passes.**

Additional information regarding item #13 is available in the associated staff report, pgs. 20-21, in the packet of meeting materials.

**14. Review Agenda for March & Future Coalition Board Meetings (02:01:51 – 02:03:51)**

- Chair Holmes displayed the draft agenda for the March 25, 2026 HC Board meeting, and explained that this meeting may not conform to the the newly approved two-hour timeframe, due to the anticipated length of an agenda item for the review of the Homeless Services Report from the MRG consultant group.

Councilmember Zollman requests that DHS Director Sullivan provide the HC Board with a condensed version of his Measure O “Roadshow” presentation.

Councilmember Zollman requests an agenda item to address funding for peer support specialists.

**Public Comment:** None.

#### **15. Board Member Questions and Comments (02:03:56– 02:10:36)**

- Martha Cheever informed the HC Board of a new mixed-family status rule proposed by HUD in the Federal Register on February 20, 2026. There is a sixty-day public comment period.
- Michael Gause thanked Thai Hilton, Coordinated Entry Coordinator, and acknowledged his many accomplishments and countless contributions to DHS and the CoC. Thai will be taking a job with another County department, and will be leaving the Homelessness Services Division as of March 31, 2026.
- Chris Cabral mentioned that Medi-Cal rules for eligibility and maintaining enrollment will soon be changing and invites providers to join together to discuss developing a unified system for adapting to the upcoming changes.
- DHS Director Sullivan encourages the suggestion from Chris Cabral that providers get together in preparation for these changes. Some of the new Medi-Cal rules are ambiguous and haven't yet been clarified by the state or federal government. Medi-Cal and eligibility are administered through the Sonoma County Human Services Department (HSD) and their agency is also striving to navigate the eligibility rules.
  - Director Nolan plans to approach Partnership Health Plan (PHP) to request that funding or support be provided to create a community resource base for greater insight and clarification of the new rules.
  - An HR- 1 county work-study session will be presented in the near future to discuss the imminent impacts to programs such as Medi-Cal and Cal-Fresh. Director Nolan will provide the session date to the HC Board once it is determined.
- Maria Rico reports that there is funding available for Transitional Age Youth (TAY) for short-term rental assistance and wrap-around services for those registered with a federally recognized tribe.
- **Public Comment: None.**

#### **16. Public Comment on Items not on the Agenda (02:10:37 – 02:10:53)**

- None.

**Adjournment: 3:09 PM (02:10:54 – 02:11:14)**

## Sonoma County Homeless Coalition Follow-ups Staff Report

**Item No:** 3 (Consent Calendar)  
**Subject:** Summary of Follow-ups from the Previous Meeting(s)  
**Meeting Date:** March 25, 2026  
**Staff Contact:** Michael Gause, [Michael.Gause@sonomacounty.gov](mailto:Michael.Gause@sonomacounty.gov)

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### Summary

At the previous meeting, Coalition Board members and others asked for the Lead Agency staff to follow up on specific items. Staff summarized responses to present at the March Sonoma County Homeless Coalition Board meeting.

### Recommended Action(s)

Receive and file.

### Discussion

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

1. **Continuum of Care (CoC) Program Transfer:** On January 28, 2026, the Homeless Coalition Board approved the transfer of a HUD CoC funded project from the Sonoma County Community Development Commission to Face to Face. If needed for reference, please see the previous packet for agenda item 10, page 21:  
<https://sonomacounty.gov/Main%20County%20Site/Health%20and%20Human%20Services/Health%20Services/Documents/Homelessness%20Services/Homeless%20Coalition/Committees/Homeless%20Coalition%20Board%20Meeting/2026/January/01282026-HC-Board-Packet-Final.pdf>

**Update:** CoC Staff has submitted the three necessary letters to the U.S. Department of Housing and Urban Development (HUD) to start the award transfer process. We have been informed that the transfer process is currently on hold as HUD reviews the procedures for transfers. There is no timeline given, nor any information about whether transfers will be allowed in the future.

CoC Staff also met with the new HUD Representative assigned to our Continuum of Care. She explained that HUD is looking into the transfer process, especially how it

relates to the competitive nature of this funding stream. She asked if the CoC would be interested in reallocating the project from the competitive process. We stated that we do not believe the CoC would be interested, as the project has consistently performed well in the local competitive process over the years.

Next, CoC Staff will meet with the Community Development Commission staff to understand their stance on the project and check if they plan to continue its operation.

## Sonoma County Homeless Coalition Board Committees Staff Report

**Item No:** 4( Consent Calendar)  
**Subject:** Reports from the Coalition’s Standing Committees and the LEAP Board  
**Meeting Date:** March 25, 2026  
**Staff Contact:** Michael Gause, Michael.Gause@sonoma-county.org

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### Summary

This agenda item contains summaries of Standing Committees’ work in the recent month, as well as information from the Lived Experience Advisory Planning Board (LEAP). Committee Chairs were asked to prepare brief summaries for their respective Committee.

### Recommended Action(s)

### Discussion

#### 1. Coordinated Entry Advisory (CEA) Committee:

The Coordinated Entry Advisory Committee did not hold a meeting in March. Thai Hilton is departing from his role and will no longer serve as the staff lead for CEA. Andrew Akufo will serve as the new staff contact for the Coordinated Entry Advisory Committee moving forward.

#### 2. Lived Experience Advisory & Planning (LEAP) Board:

- Hosted annual LEAP Board elections in late February 2026 and elected 4 new and 3 returning board members to the LEAP Board
- Hosted a guest presentation about Behavioral Health. Will schedule a follow-up meeting in the near future. A candidate was recommended to potentially serve as a lived experience youth on the Behavioral Health Board. Also, opened discussion about potential lived experience advisory for the Behavioral Health Board
- Appointed two lived experience members to serve on the CoC Competition workgroup
- Opened discussion surrounding shelter deaths and protocol for addressing them. Will tie the discussion into resolutions for improving shelter standards in Sonoma County
- Elected new LEAP Board officers
- Analyzed and identified key shelter concerns. Currently working on solution recommendations
- Will host a presentation and participate in a focus group for transitional rent benefits led by Homebase
- Currently reviewing a proposal for an emergency stabilization sleeping pod pilot project

- Initiated workgroup meetings with community partners in support of services for transitional age youth in Sonoma County
- The application cycle for LEAP Board membership is ongoing. Contact [Andrew.Akufo@Sonoma-county.org](mailto:Andrew.Akufo@Sonoma-county.org) for application information
- Public email: [sonomacountyleap@gmail.com](mailto:sonomacountyleap@gmail.com)



Sonoma County Continuum of Care Board  
Staff Report

Item No: 5 (Consent Calendar)

Subject: Designate approval authority for 2026 Continuum of Care (CoC) Competition Consolidated Application submission

Meeting Date: March 25, 2026

Staff Contact: Karissa White, Continuum of Care Coordinator; [Karissa.White@sonomacounty.gov](mailto:Karissa.White@sonomacounty.gov)

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**SUMMARY:**

During the Homeless Coalition Board meeting on August 23, 2023, the board approved a motion to decide who should have the authority to approve the Continuum of Care (CoC) Competition Consolidated Application in March of each year a competition is held. In the 2023 NOFO, HUD provided guidance on examples of who could be appointed with authority to approve the submission, such as the Continuum of Care Board, a committee, or the Collaborative Applicant (Department of Health Services Staff).

During the FY 2023 CoC Competition for funding, HUD noted that the CoC must formally designate specific authority to approve and submit the application. Although this information was not included within the 2024 CoC Competition for funding, the Homeless Coalition has memorialized this process in its Governance Charter. Sonoma County CoC's Collaborative Applicant has historically held this authority and has always sent the application to the board and community for public review and met the required deadline, without a formal action item to "approve" the application prior to posting.

During the August meeting in 2023, it was decided that the Homeless Coalition Board would determine who had the authority to approve the application each year.

The Consolidated Application, project listing, ranking and review process takes an extraordinary amount of time, all within just 30 days; we may be looking at an even shorter timeline this year. If the Homeless Coalition Board designated the Collaborative Applicant as the submitting entity, this would ensure staff have enough time to do a thorough review prior to the submission deadline, do a complete review of all the projects for funding, and submit the most accurate application as possible.

**RECOMMENDED ACTION(S):**

Approve the Department of Health Services (DHS) staff, as the Collaborative Applicant, to have the authority to approve and submit the 2026 CoC Consolidated Application on behalf of the Homeless Coalition as the Continuum of Care.



Sonoma County Continuum of Care Board  
Staff Report

Item No: 6 (Consent Calendar)

Subject: April Homeless Coalition Quarterly Membership Meeting

Meeting Date: March 25, 2026

Staff Contact: Jynessa Lazzaroni, Community Development Program Specialist;  
[Jynessa.Lazzaroni@sonomacounty.gov](mailto:Jynessa.Lazzaroni@sonomacounty.gov)

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SUMMARY: The Homeless Coalition Quarterly Membership Meeting will be held on April 16, 2026, from 1:00 PM to 4:00 PM. The meeting will take place on the second floor of the Neotomas office, in the Santa Rosa Conference Room.

Each quarter, a variety of agencies are invited to provide training or presentations to Coalition members. The following presentations and/or trainings are scheduled for the April meeting agenda:

1. Sonoma County Human Service Department – Annual CalFresh Application Process for Homeless Shelter Providers
2. Committee on the Shelterless – Keeping People Housed Program
3. Department of Health Services – Committee Updates

RECOMMENDED ACTION(S):

Approval of the April Quarterly Membership Meeting Agenda



Sonoma County Continuum of Care Board  
Staff Report

Item No: 7 (Consent Calendar)

Subject: Coordinated Entry Advisory (CEA) Committee Member Approval

Meeting Date: March 25, 2026

Staff Contact: Jynessa Lazzaroni, Community Development Program Specialist;  
[Jynessa.Lazzaroni@sonomacounty.gov](mailto:Jynessa.Lazzaroni@sonomacounty.gov)

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**SUMMARY:** Following the Board elections, applications for standing committees were announced on February 12, 2026. This year, the CEA Committee was the only committee accepting applications to fill vacant seats. The application period remained open for three weeks, with the goal of filling three positions on the committee.

By the application deadline of March 2, 2026, a total of five applications had been received. The Membership Selection Committee, consisting of three Board members, met on March 12, 2026, to review the applications and make recommendations for the three new CEA Committee members. The recommendation for new members is as follows:

1. Annie Falandes – Angel Project
2. CJ Johnson – Individual and Family Support Network (IFSN)
3. Kim Halliday – The Living Room

**RECOMMENDED ACTION(S):**

Approval of the new CEA Committee members.



Sonoma County Continuum of Care Board  
Staff Report

Item No: 8 (Consent)

Subject: Homeless Coalition Governance Charter Ad Hoc Committee Update

Meeting Date: March 25, 2026

Staff Contact: Karissa White, [Karissa.white@sonomacounty.gov](mailto:Karissa.white@sonomacounty.gov)

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**SUMMARY:**

On March 11, 2026, the 2025 Homeless Coalition Governance Charter Ad Hoc Committee had its final meeting for revisions to the Homeless Coalition Governance Charter. The information included within the discussion of this report is being recommended for approval. Information includes revisions to the Lead Agency and Collaborative Applicant roles included within the Charter to reflect the recent revisions approved by this board, adjustments to the Chair and Vice Chair voting process, in person meeting dates, and slight adjustments to the Board Protocols section of the Charter for how agenda items are added to future meetings by Board members.

**RECOMMENDED ACTION(S):**

Approve the recommendations to the Homeless Coalition Governance Charter as recommended by the 2025 Homeless Coalition Governance Charter Ad Hoc Committee.

**DISCUSSION:**

The 2025 Homeless Coalition Governance Charter Ad Hoc Committee is wrapping up its time as an ad hoc and presenting the following information for approval during the March 25, 2026, Board meeting. Some of the changes reflected in the Charter had been previously approved by this Board but not included in the actual Charter version posted online. These recommendations are listed below:

1. Section: Board Officer and Terms (page 13): Removed item 2 which stated, “The Chair and Vice Chair Positions cannot both be held by homeless services providers.” Rationale: There were some excellent recommendations for Chair and Vice Chair during the latest election. Regardless if someone is a homeless services provider or not, the group strongly felt that if someone wanted to take on one of these positions, it should be available to them.

2. New Section: Chair and Vice Chair Annual Selection Procedure (page 14): The Charter previously did not include a formal process for conducting annual Officer elections. The ad hoc committee has developed a standardized procedure for Board consideration and approval. As part of this update, the committee also recommends moving the timing of elections from the January meeting to the March meeting. This change is intended to allow newly appointed Board members attend a meeting first to become familiar with the Board's work, before deciding whether to pursue an officer position. Section Added:

#### Chair and Vice Chair Annual Selection Procedure

- Call for Nominations: At the Board's regular February meeting, the Chair shall call for nominations for the positions of Chair and Vice Chair. Nominations may be made by any seated Board member, including self-nominations.
  - Nominee Confirmation: After all nominations have been received, each nominated individual shall be asked to confirm whether they accept the nomination. Nominees may decline at this time.
  - Candidate Statements: Nominees who accept the nomination may provide a brief statement regarding their qualifications and interest in serving in the officer role.
  - Finalization of Candidates: At the conclusion of the February meeting, the list of confirmed nominees for Chair and Vice Chair shall be finalized.
  - Election: The election shall occur during the Board's regular March meeting, which shall be held in person. Each seated Board member present shall receive a physical ballot and cast one vote for Chair and one vote for Vice Chair.
  - Vote Tabulation and Announcement: Coalition Staff shall collect and tally all ballots and announce the results during the meeting.
  - Term of Office: The Chair and Vice Chair shall serve a one-year term beginning at the conclusion of the March meeting at which the election occurs and ending at the conclusion of the following year's March meeting.
  - Recordkeeping: Ballots shall be scanned and retained by Coalition Staff for official recordkeeping purposes.
3. Section: Policy Committees (page 17): This information was previously approved by the Board but had not been included in the latest version of the Charter online. Standing Committees were having issues with quorum and often were not able to conduct needed business for multiple months, therefore, the Board approved a full quorum of the Committee is not needed to proceed with approvals on agenda items. Language added: Committees are not required to establish a quorum to conduct business or approve items for recommendation to the Homeless Coalition

Board. However, the Committee Chair retains the discretion to postpone a meeting if attendance is limited to one or two members.

4. Section: Policy Committees (page 18): This information was previously approved by the Board but had not been included in Charter revisions. This information includes how many seats are available for each current committee to reduce confusion. Language Added: HMIS Data Committee: 13 members and Coordinated Entry Advisory Committee: 15 members.
5. Section: Administrative Agencies (page 23-24). Section defines the scope of the Lead Agency and the Collaborative Applicant. Language Revised: Slightly adjusted language to match the revised MOUs for the Homeless Coalition, terms and dates of execution.
6. Section: Appendix B: Board Protocols, Section 7 (Page 32): This section has been revised to clarify the process for adding items to future meeting agendas. While the Charter previously noted that agenda items are determined based on staff capacity in consultation with the Chair and Vice Chair, the updated language further emphasizes that such requests are considered—but not guaranteed. This clarification reflects the need to ensure alignment with the Board’s scope of work and available staff capacity. Updated Language: Consideration of Future Agenda Items: Board members are required to consult with Coalition staff regarding their availability and the necessary background information when requesting to add agenda items. To ensure well-organized meetings, relevant agenda items within the scope of the board may be placed on future agendas at the discretion of the Chair, Vice Chair and Coalition Staff. Consideration will ensure adequate Coalition staffing to address the item appropriately, ensuring adequate time for each topic during the selected meeting, avoiding conflicts with other priorities for the Coalition staff.

If you wish to review the charter revisions in tracked changes, please use the following link: <https://share.sonoma-county.org/link/p2oPr1MCjaE/>

**Sonoma County Homeless Coalition Board  
Report From Lead Agency Staff**

**Item No:** 9  
**Subject:** Reports from the Lead Agency  
**Meeting Date:** March 25, 2026  
**Staff Contacts:** Michael Gause, [Michael.Gause@sonomacounty.gov](mailto:Michael.Gause@sonomacounty.gov)

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**1. Lived Experience Advisory & Planning (LEAP) Board:**

Behavioral Health intake concerns were shared during the “Word from the LEAP Board update” during the Homeless Coalition Board meeting on January 28, 2026. Lead staff agreed to provide a follow-up report about the status of Behavioral Health intakes in Sonoma County during a future board meeting.

**2. Fiscal Year 2026-2027 Local Homelessness Contracts:**

In December 2025, the Coalition Board directed staff to conduct extension of local homeless services projects for FY 26-27 at the highest possible funding level. This year, the Lead Agency has approximately \$300,00-600,000 less in funding for available contracts due to fluctuations in one-time funding streams and the winding down of one-time funding streams. Staff have exhausted funds for the Homelessness Housing Incentive Program (HHIP) in FY 26-27 renewals, and State Homelessness Housing Assistance and Prevention (HHAP) funds continue to decrease annually, with future funding uncertain.

This will mean a reduction of between 5%-9% in funding for all projects in the annual funding cycle, with the reduction anticipated to be closer to %5. Projects include street outreach, emergency shelter, rapid rehousing, permanent supportive housing, and “other” project types. This does not include projects funded by Measure O or Behavioral Health Service Act (BHSA) funds. With even more uncertainty over federal HUD funding in the coming year, staff will bring forward suggestions at a future Board meeting for addressing funding uncertainty in coming years.



**SONOMA COUNTY**  
**HOMELESS**  
**COALITION**

Sonoma County Continuum of Care Board  
Staff Report

Item No: 10

Subject: MRG Homeless Services Report

Meeting Date: March 25, 2026

Staff Contact: Michael Gause, Michael.Gause@sonomacounty.gov

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**SUMMARY:**

In 2025, MRG Consulting contracted with the Homeless Coalition Lead Agency, Sonoma County Department of Health Services (DHS), to produce a report with recommendations on the design and structure of the Homelessness Services Division at DHS. The report has now been finalized and will be presented to the Homeless Coalition Board by MRG staff in this item.

**RECOMMENDED ACTION(S):**

Receive the MRG Homeless Services Report from MRG staff.

**DISCUSSION:**

The Homeless Services Report from MRG Consulting is included in this item. MRG still will provide an overview of findings from the report and solicit feedback from Homeless Coalition Board members.

Attachments: Attachment 1, MRG Homeless Services Report



**FINAL**

**County of Sonoma**

**Department of Health Services (DHS)**

# **Organizational Assessment**

**Homeless Services Division & Sonoma County's Role as  
Lead Agency for the Continuum of Care**

**March 19, 2026**



*Prepared by MRG*

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## **Report Prepared by MRG**

Municipal Resource Group (MRG) is a management consulting firm that partners with cities, counties, and public agencies to strengthen leadership, improve organizational effectiveness, and support public service organizations.

- Lead Consultant - Susan Price
- Consultant – Rick Otto
- Project Director - Cathy Capriola

## EXECUTIVE SUMMARY

Sonoma County's homelessness response system is at an important inflection point. Over the past decade, extended leadership transitions, organization structure shifts, pandemic response demands, and evolving state and federal funding requirements have shaped the Department of Health Services (DHS) Homeless Services Division and the broader Continuum of Care (CoC). While significant investments and dedicated efforts have occurred across the County and its cities, the system has not operated as One System, as a fully integrated and coordinated homelessness response system.

At the same time, conditions are now aligned for meaningful improvements. New DHS leadership, post-COVID operational restructuring, significant city investments in homelessness infrastructure, major changes in state and federal funding frameworks, and strong interest in a regional approach create a unique opportunity to realign fragmented components into One System of Care.

This assessment outlines the structural, operational, funding, and governance changes necessary to strengthen leadership, rebuild trust, improve coordination, and position Sonoma County for long-term system performance and sustainability.

### Why Now

- ✓ **New Executive Leadership:** The appointment of a new DHS Director has created renewed openness, transparency, and engagement with cities and system partners. This transition provides an opportunity to reset relationships and stabilize strategic direction.
- ✓ **Post-COVID Organizational Rebuilding:** COVID-era emergency responses required rapid shelter expansion, encampment mitigation, and operational pivots. As the system constricts and emergency structures demobilize, the organization is restructuring and redefining its model for sustainability.
- ✓ **Substantial City Investments:** Cities across Sonoma County have invested significantly in outreach, shelter capacity, and local infrastructure. These investments now require stronger County alignment and regional coordination to ensure leveraging for sustainability and collective impact.
- ✓ **Major Funding Shifts Ahead:** The funding landscape is changing significantly. Federal COVID-era funding augmentations are sunsetting. State initiatives such as CalAIM, Proposition 1, SB 43, and evolving HUD policies are reshaping the business model, priorities, funding structures, and accountability requirements. Strategic alignment is essential to remain compliant and competitive.
- ✓ **High Interest in a Regional Model:** Stakeholders across the County—including cities, providers, and members of the CoC Board—express strong support for a coordinated regional framework that reduces duplication and improves system flow.

These converging conditions make system enhancements both necessary and achievable.

### System Strengths

Despite challenges, Sonoma County has substantial assets:

- Strong technical expertise within the Homeless Services Division;
- Committed DHS staff and experienced nonprofit providers;

- Subregional outreach partnerships are already operating effectively;
- Emerging regional shelter hubs;
- Cities are actively investing in homelessness infrastructure; and,
- A redesigned Coordinated Entry System grounded in equity and data informed decision making

These strengths provide a solid foundation for advancing a unified system.

## Core Challenges Identified

The assessment identified six interconnected challenges that have historically limited system performance.

### 1. Leadership Instability and Strategic Identity

Frequent leadership transitions and unclear governance structures have created inconsistent priorities, limited integration among CoC, HEART, and SOUL functions, and reduced confidence among partners. The Division’s identity as the CoC Lead Agency has not been fully operationalized.

### 2. Organizational Misalignment

Although the Ending Homelessness Unit was consolidated into DHS with HEART and SOUL, the units continue to function in silos. Coordination with Behavioral Health has been limited, despite a high proportion of individuals experiencing homelessness having behavioral health–eligible conditions.

### 3. Operational Fragmentation

County-operated shelters, outreach teams, and multidisciplinary programs often operate parallel to—rather than fully integrated with—the CoC framework. This results in inconsistent standards, duplication of effort, and barriers to coordinated system flow.

### 4. Strained Relationships and Eroded Trust

Cities and community-based organizations report inconsistent communication, delayed contracting and payments, and limited follow-through. These dynamics have weakened trust and hindered collaboration across the homeless services system.

### 5. Absence of a Unified Funding Strategy

The County lacks a comprehensive funding inventory and multi-year strategy aligning County and city investments. Rapidly shifting state and federal funding frameworks require stronger fiscal capacity, coordination, and long-term strategic planning.

### 6. Procurement and Administrative Constraints

Procurement timelines, contracting practices, and fiscal infrastructure are not fully aligned with the pace and complexity of modern homelessness funding requirements, creating instability for providers and operational gaps and inefficiencies.

## Strategic Direction: Building One System of Care

To address these challenges, the report recommends a comprehensive restructuring centered on collaborative governance, County integration, system regionalization, and transparency. The goal is to build “One System of Care” to reduce homelessness.

## **1. Stabilize Leadership and Clarify Governance**

- Maintain Homeless Services as a distinct division within DHS.
- Preserve a direct linkage to the DHS Director’s Office to ensure executive visibility and political alignment.
- Fill the Director of Homeless Services position with an experienced homelessness systems leader.
- Clarify the CoC Board’s strategic function and strengthen the Lead Agency role for operational coordination.

## **2. Operationalize “One System of Care”**

- Align all County-funded homelessness programs—including outreach, shelters, and multidisciplinary teams—with CoC standards, HMIS participation, and Coordinated Entry processes.
- Eliminate parallel service tracks and reinforce systemwide coordination.
- Align database utilization, funding sources and programs for seamless service delivery.

## **3. Regionalize Service Delivery**

- Establish four formal Service Planning Areas.
- Coordinate outreach, shelter access, and supportive services within regional ecosystems.
- Leverage City and County investments to reduce duplication and improve responsiveness.
- Conduct a comprehensive asset map of regional homelessness infrastructure, aligning service providers to clearly defined system components such as outreach, shelter, interim housing, behavioral health, and permanent housing.

## **4. Implement a Strategic Funding Framework**

- Develop a comprehensive funding matrix and asset inventory.
- Align funding decisions with regional priorities and system gaps.
- Move toward braided and blended funding approaches where feasible.
- Strengthen fiscal and administrative capacity for Statewide CalAIM, Proposition 1, HUD, and other emerging mandates.

## **5. Modernize Procurement and Administrative Infrastructure**

- Streamline contracting processes.
- Standardize administrative procedures.
- Improve payment timelines and fiscal oversight.
- Ensure transparent and equitable allocation of Measure O funds.

## **6. Strengthen Data Systems and Integration**

- Require universal HMIS participation for all homelessness programs.
- Clarify roles and seek integration of HMIS/CES, SmartCare, Access Sonoma, and CalAIM billing systems.
- Establish structured coordination pathways between Behavioral Health and Homeless Services.

## **7. Reorganize the Homeless Services Division**

- Restructure the Division into two complementary components: a Policy and Planning unit responsible for governance and funding alignment and a System Coordination unit focused on outreach, regional collaboration, and operational engagement across the System of Care. Move majority of SOUL (MDT staffing for high acuity clients) and AODS Counselors to Behavioral Health.

## Expected Outcomes

When implemented, these recommendations will:

- Promote collaborative governance and operational integration
- Rebuild trust with cities and providers
- Improve regional coordination and reduce duplication
- Increase fiscal transparency and sustainability
- Enhance system performance and housing outcomes
- Position Sonoma County for sustainability in a changing funding environment

## Conclusion

Sonoma County has the expertise, infrastructure, and community commitment necessary to build a cooperative and integrated homelessness response system. The conditions for system improvements are aligned: new leadership, post-pandemic restructuring, leveraging city investments, evolving funding which prompts new strategies, and broad interest in regional collaboration.

The opportunity now is to move from fragmented programs toward a unified regional framework grounded in transparency, accountability, and shared responsibility. By operationalizing One System of Care, Sonoma County can strengthen partnerships, steward public resources more effectively, and improve outcomes for residents experiencing homelessness across all communities.

# FINDINGS & RECOMMENDATIONS

## Introduction

The County has a strong foundation on which to build the future of homeless services. Sonoma County benefits from dedicated DHS staff, seasoned service providers, and City partners who have invested substantially to support local needs. Providers have organically formed regional hubs that function well operationally but would benefit from stronger formal alignment and sustained funding support. With the arrival of new DHS leadership and the Board of Supervisors' commitment to strengthening internal operations, the moment is right to shift from partially aligned efforts to a coordinated countywide System of Care.

This transition will require time, consistency, and partnership; however, stakeholders across the system are clear: the CoC can function effectively with stable, engaged, and strategic leadership. The following "Key Findings and Recommendations" section outlines the structural, operational, and cultural changes needed to strengthen the County's role as CoC Lead Agency, rebuild trust with community partners, and operationalize the vision of One System—a coordinated, equitable, and regionally aligned response to homelessness.

The recommendations are organized into seven major themes:

**A. CoC Lead Agency Identity and CoC Board Role and Scope**

Clarifying governance, roles, and expectations for the County as Lead Agency and for the CoC Board as a strategic planning and oversight body.

**B. One System: Aligning the County, DHS, and the CoC**

Integrating County-operated programs with the broader CoC to reduce duplication and ensure countywide access and alignment.

**C. Regionalization: Leveraging, Collaboration, and Improved Outcomes**

Building regional Service Planning Areas supported by regional HUBs, shared resources, and well-coordinated outreach and shelter systems.

**D. Funding Strategy: A Regional Approach to Service Delivery**

Shifting from fragmented funding awards to a regional, system-focused methodology that reduces competition and strengthens leveraging and collective outcomes.

**E. Data Systems (HMIS, Access Sonoma and Smart Care)**

Addressing fragmentation across HMIS, Access Sonoma, and SmartCare to support coordinated care and accurate systemwide reporting.

**F. Organizational Structure & Service Delivery**

Realigning HEART, SOUL, and the Ending Homelessness Units to strengthen administrative planning and policy, lead system design and coordination efforts, while improving capacity in Behavioral Health to facilitate integration across DHS divisions.

**G. Communication and Engagement Strategy**

Establishing consistent, transparent, and collaborative communication structures to rebuild trust, operationalize system improvements that promote service alignment across the System of Care.

## A - CoC Lead Agency Identity and CoC Board Role and Scope

The Sonoma County homelessness response operates within a regional System of Care that relies on clear governance, collaborative leadership, and alignment across County divisions, cities, and community providers. Central to this structure is the Continuum of Care (CoC), which functions both as a federal

funding mechanism and as the local governance framework guiding homelessness policy, system coordination, and equity. Established under the U.S. Department of Housing and Urban Development (HUD) through the HEARTH Act, the CoC carries fiscal and programmatic responsibilities and sets standards for systemwide performance.

The Sonoma County, Department of Health Services (DHS), serves as the CoC's Lead Agency responsible for grant administration, compliance, program coordination, and stewardship of the broader System of Care in partnership with regional stakeholders. In 2022, following a KPMG evaluation, the County consolidated the HEART and SOUL teams with the Ending Homelessness Unit forming the Homeless Services Division and created a Division Director position to unify leadership. That same year, the CoC Board adopted the 5-Year Strategic Plan to Prevent and End Homelessness (2023–2027), which outlined three goals: investing in housing and prevention, strengthening supportive services, and operating as one coordinated system. The plan also established early action steps and measurable targets, including expanding interim and permanent housing, improving subregional outreach coordination, strengthening discharge planning, and supporting the frontline workforce.

Despite strong staff capacity and a clear strategic roadmap, the Division has experienced extended leadership transitions, repeated evaluations, and organizational restructuring. These disruptions have contributed to operational inconsistency, role confusion, and parallel systems emerging among cities, providers, and County divisions, resulting in fragmented service delivery and uneven resource access.

The CoC Board's structure—comprised of elected officials, nonprofit leaders, subject matter experts, and individuals with lived experience—along with its five standing committees, reinforces the need for stable leadership and clear roles. State policy increasingly routes homelessness funding through CoCs as the designated local planning body, requiring coordinated management of complex federal, state, and local funding streams such as HHAP, HOMEKEY, and Encampment Resolution Funding (ERF). This additional responsibility has challenged the administrative capacity of CoCs statewide, including Sonoma County.

The composition of the CoC Board has shifted multiple times, including a period under a Leadership Cabinet structure that was ultimately deemed non-compliant with HUD requirements. With technical assistance from HUD (Abt Associates), the Cabinet was dissolved and merged into the general membership to reestablish a compliant CoC Board consistent with the HEARTH Act of 2009. Over time, CoC Board membership has experienced significant conflict, and the meetings have not always been viewed as providing a conducive environment for open idea-sharing. As a result, service providers formed an independent roundtable to discuss issues freely and present collective input without fear of repercussions. Historical concerns about governance overreach by the CoC Board led the County, as Lead Agency, to minimize the CoC Board's scope. Prolonged uncertainty around the Board's role, structure, and authority has also contributed to a bifurcated implementation of homelessness response efforts by the CoC and by the County, independently of each other.

The Lead Agency is intended to cultivate systemwide vision, coordination, strategy, and performance; however, its current work has largely centered on managing HUD CoC funding streams and meeting compliance obligations. The Sonoma County CoC Governance Charter requires a biennial Lead Agency evaluation, which was tabled in December 2024 and revisited in July 2025. Although a vote of no confidence was introduced, the timing was not conducive to making a leadership change. Moving forward, both the CoC Board and the County will need to prioritize resolving system issues, improving coordination, reducing duplication, and leveraging resources more effectively. Progress toward a functioning, unified system of care will depend on these entities committing to working together on solutions.

Within these environmental challenges, DHS staff continue to demonstrate strong technical expertise and commitment. The Ending Homelessness Unit has advanced key functions, including CES redesign and implementation of strategic plan initiatives, and regional HUBs have begun to emerge among providers, signaling improved collaboration. What remains needed is a stable, aligned organizational structure that enables DHS to fully meet its obligations as the CoC Lead Agency and to guide a coordinated, integrated System of Care.

Moving forward, Sonoma County must strengthen DHS leadership capacity, stabilize organizational structures, and clarify roles across the CoC governance framework. With consistent leadership, transparent communication, and sustained partnership across jurisdictions, the County is well-positioned to realize the vision of operating as One System.

Sonoma County Homeless Coalition Strategic Plan

The [Sonoma County Sonoma County 5 Year Strategic Plan to Prevent and End Homelessness](#) was prepared at the direction of the Sonoma County Homeless Coalition, a body of representatives from County government, cities, service providers, persons with lived experience in homelessness, the faith community, and others. Community and stakeholder input led to the development of three overarching goals, as approved by the Sonoma County CoC on December 14, 2022. This Plan is outlined to guide the direction of the homeless system of care in Sonoma County from 2023-2027. The overarching goals of the plan are to:

1. **Invest in more housing and prevention.** Reducing inflow into homelessness and expanding pathways to long-term housing stability will require increased investments in both homelessness prevention and housing solutions.
2. **Strengthen supportive services.** The current system is strained in meeting the complex needs of people experiencing homelessness, placing pressure on both clients and service providers. Strengthening supportive services capacity is essential to better meet needs and stabilize the system of care.
3. **Operate as one coordinated system.** With multiple jurisdictions, providers, and stakeholders involved, achieving functional zero will require shared priorities, aligned investments, coordinated service delivery, and equitable solutions across Sonoma County.

Collectively, significant progress has been made on many strategic planning objectives outlined in this plan. The one key goal to operate as one unified system still requires focus and more alignment as outlined later in this report.

A - CoC Lead Agency Identity and CoC Board Role and Scope	
RECOMMENDATIONS - INTERNAL	
A-1	<p><b>Align County Programs with the CoC System</b> Align all County-funded homelessness programs—including HEART street outreach and encampment response, Behavioral Health-aligned shelter programs, and other County-operated services – within a coordinated, countywide framework in alignment with CoC standards, HMIS use, CES participation, and the regional Service Planning Area model. The County DHS, as the Lead Agency, should fully integrate its homelessness response efforts into the CoC system.</p>
A-2	<p><b>Strengthen CoC Administrative &amp; Programmatic Leadership</b> Ensure the Homeless Services Division maintains a clear Administration arm (HMIS, planning, HUD compliance) and a System Coordination arm (outreach, encampment response, regionalize the coordination effort).</p>
A-3	<p><b>Integrate HEART Into the CoC Operational Model</b> Establish a clear role for the HEART Team: Participate in the Subregional outreach response teams, and facilitate encampment response, countywide, in partnership with Cities and other funded outreach organizations, shelters, and housing programs. Align with the CoC Standards of Care for Street Outreach, making any revisions necessary to ensure representation from all outreach projects.</p>
A-4	<p><b>Restructure HEART &amp; SOUL Functions to Improve Impact</b> Reorganize HEART and SOUL so case management, outreach, and TAY/hospital liaison roles move into the CoC’s new System Coordination unit, while clinical and Alcohol/Other Drug Counselors (AODS) staff transition to Behavioral Health to increase its staffing capacity for dually eligible clients. Facilitate coordination between Homeless Services and Behavioral Health for homeless clients in both systems.</p>
A-5	<p><b>Require HMIS Use Across All County-Funded Programs</b> Mandate full HMIS participation for every County-funded project serving people experiencing homelessness, ensuring consistent data quality and systemwide resource access for clients.</p>
RECOMMENDATIONS - EXTERNAL	

A-6	<p><b>Standardize CoC Board Orientation &amp; Governance</b> Provide every CoC Board member with an Orientation Binder including HEARTH Act requirements, governance roles, membership criteria, the MOU between the CoC and the Lead Agency and the Annual System Performance Measures and Outcome data by project.</p>
A-7	<p><b>Clarify Board Authority &amp; Coordinate Planning</b> Define the CoC Board’s governance authority specific to HUD CoC responsibilities while positioning the Board to participate proactively with the Lead Agency in countywide regional planning, gaps analysis, and coordination for the broader System of Care. This also includes local planning for other state funding (HHAP, ERF, Homekey) and Federal funding (CoC, ESG, Housing Choice Vouchers)</p>
A-8	<p><b>Operationalize the CoC Board as a Strategic Planning Body</b> Operationalize the CoC Board as a planning body, building consensus for the System of Care. Mobilize the CoC subcommittees (HMIS, CES, Governance, Funding, and Strategy) to work with the Homeless Services Division to design:</p> <ol style="list-style-type: none"> <li>1) Regional service planning areas for the county,</li> <li>2) Develop a strategy for addressing gaps for those regions,</li> <li>3) Adapt CoC Standards of Care so that all stakeholders can participate fully,</li> <li>4) Train all HMIS users to use uniform data entry standards,</li> <li>5) CES prioritization facilitates successful placements for all homeless populations.</li> </ol>
A-9	<p><b>Expand Systemwide Coordination Capacity</b> Expand the Strategy Subcommittee of the CoC Board to become a Technical Advisory Committee (TAC) subcommittee for the CoC Board, to build system capacity while incorporating subject matter experts and nontraditional partners, where applicable.</p>
A-10	<p><b>Strengthen and Diversify CoC Board Representation Through Strategic Membership Adjustments</b> The CoC Board has an experienced Chair who has been a member through multiple leadership transitions, which will be beneficial moving forward. Add a Behavioral Health Member Seat, a School District McKinney-Vento Liaison, and representation from Providence Hospital for healthcare/discharge planning expertise. Without increasing the total number of seats, consider revising current membership allocations to include these key system partners. The regional membership seats will remain beneficial for regionalized representation and coordination.</p>
A-11	<p><b>Strengthen City–County Coordination Beyond the CoC Board Structure</b> Cities should continue meeting independently of the CoC Board and regularly with DHS to coordinate on broader system of care matters to ensure alignment across the jurisdictions.</p>
A-12	<p><b>Align MRG Report with Sonoma County Homeless Coalition Strategic Plan</b> Staff will review this MRG report in related to the CoC Strategic Plan and partner with the CoC Board to ensure alignment and support in implementing the MRG recommendations.</p>

## B - One System: Aligning the County, DHS, and the CoC

Historical concerns within the County about the perceived governance role of the CoC Board have contributed to a long-standing split in how the homelessness System of Care operates. The CoC Board is responsible for setting standards of care for core system components—including prevention, street outreach, emergency shelter, CES, HMIS, and housing, but County DHS homeless programs, including the County-operated shelters and the HEART and SOUL units, have not been consistently aligned or coordinated within this CoC framework. At the same time, Cities and nonprofit service providers have operated within the CoC structure for many years without clear or consistent access to County shelter resources. The broader system continues to function in a bifurcated way—internally and externally—because County, City, and provider partners are using different funding sources, operational models, and database platforms. As a result, duplication of effort, missed coordination opportunities, and uneven service delivery persist across the countywide system—concerns frequently raised by CoC stakeholders.

## **INTERNAL FINDINGS**

The internal functioning of the Homeless Services Division remains fragmented and misaligned, despite previous structural changes intended to unify its core components. The Ending Homelessness Unit was relocated from CDC to join the HEART and SOUL units within DHS, but the three units have not been integrated into a cohesive administrative or programmatic structure. As a result, the Division has been limited in its ability to function as an effective leader of the Continuum of Care (CoC) system. Over time, HEART and SOUL developed overlapping service models—particularly in street outreach, case management, and multidisciplinary interventions—yet these services continue to operate in parallel rather than in coordination with the CoC. This fragmentation is compounded by the inconsistent use of CoC software and systems (HMIS and CES). Staff within HEART and SOUL do not reliably use the CoC required data systems, leading to gaps in the By-Name List, prioritization issues for housing, and reduced visibility of care coordination across the system.

Street outreach efforts mirror this fragmentation. HEART teams have operated independently from CoC-aligned regional outreach groups, especially during encampment response efforts, resulting in uneven coverage and misaligned deployment. Database practices remain siloed as well: SOUL's continued reliance on Access Sonoma which has an independent Release of Information, rather than the HMIS system and corresponding CoC Release of Information, limits cross-provider information sharing and reinforces operational isolation. County-operated shelters further exacerbate system fragmentation by maintaining a primarily closed referral approach, not consistently entering clients into HMIS or CES, and not aligning with countywide housing pathways. Shelter beds are sometimes prioritized for County-identified clients from encampment mitigation, creating duplication of effort and reinforcing the separation between County operations and the broader CoC.

These issues are intensified by misaligned funding strategies, inconsistent participation requirements, and a lack of countywide service expectations in County contracts. Behavioral Health services, though central to serving high-acuity clients, have not been consistently accessible or aligned with homeless services operations, leaving a significant gap in coordinated care. Finally, County programs' use of background checks—contrasted with contracted providers' commitment to serving the highest-risk individuals—has contributed to perceptions of inequity and limited shared decision making, undermining trust and limiting collaboration.

## **EXTERNAL FINDINGS**

Externally, Sonoma County's homelessness response system reflects years of uneven development and inconsistent coordination across jurisdictions. Many cities have invested heavily in building their own homeless response infrastructure—shelters, outreach teams, navigation services, and local funding streams—but these systems are not financially or operationally sustainable without stronger partnership and integration with the County. Although the 2023–2027 Strategic Plan has advanced several system improvements, the foundational goal of operating as *One System of Care* remains unfulfilled due to persistent structural, operational, and governance divides.

Collaboration is further strained by jurisdictional boundaries and differing local priorities, with ongoing uncertainty about “whose client is whose” and tension between County and city expectations. These dynamics inhibit shared problem-solving and reduce opportunities to leverage collective resources. In addition, the nonprofit landscape is highly uneven: numerous providers operate components of homeless services—prevention, outreach, shelter, housing—reducing opportunities to collaborate and leverage resources. This creates competition rather than collaboration in the service delivery model.

Finally, the CoC Board's limited oversight authority creates significant system blind spots. While the CoC Board governs HUD CoC projects and local planning for the State HHAP funding, it has little influence over County-funded programs or independently funded nonprofit activities. As a result, major components of the homelessness response system operate outside of a coordinated structure. This contributes to inconsistent standards, reporting gaps, and siloed service delivery that weaken the effectiveness of the System of Care.

## B - One System: Aligning the County, DHS, and CoC

### RECOMMENDATIONS

B-1	<p><b>Strengthen Lead Agency’s Operational Coordination</b></p> <p>Strengthen the Lead Agency’s role in coordinating operations across the homelessness system of care, ensuring all CoC programs are aligned, reducing systemic barriers, and more fully integrating County services into the broader CoC System of Care for improved countywide outcomes.</p>
B-2	<p><b>Require Full Participation in HMIS and CES</b></p> <p>Require all County- and City-funded homeless programs to participate in HMIS and CES to ensure consistent data quality, coordinated care, and equitable, systemwide housing prioritization and placement access.</p>
B-3	<p><b>Include HMIS/CES Participation Requirements into all funding contracts</b></p> <p>Require every funding partner—County, Cities, CoC, and participating agencies—to include language mandating active participation in the System of Care, including HMIS, CES, and coordination within established regional partnerships.</p>
B-4	<p><b>Standardize Systemwide Forms for Coordination</b></p> <p>Develop and implement standardized countywide forms—including a Homeless Verification Form and an HMIS Release of Information—and establish a shared process to connect clients with Behavioral Health services, reducing barriers and streamlining referrals between DHS programs.</p>
B-5	<p><b>Formalize Regional Service Planning Areas</b></p> <p>Transform the six informal outreach regions into four formal Service Planning Areas aligned with regional shelters and coordinated outreach structures to strengthen regionalized service delivery.</p>
B-6	<p><b>Inventory, Align, and Consolidate Funding for Regional Service Delivery</b></p> <p>Review and inventory all prevention, outreach, and rapid rehousing funding streams and consolidate City and County awards to support coordinated, regionally delivered services rather than fragmented, agency-specific programs.</p>
B-7	<p><b>Integrate County Shelters by entering program clients into CES</b></p> <p>Operationalize the County’s three shelter programs and ensure all Permanent Supportive Housing exits utilize CES to maintain system flow, ensure equitable access, and strengthen coordination between Behavioral Health and Homeless Services.</p>
B-8	<p><b>Clarify and Coordinate County Roles That Support the System of Care</b></p> <p>Clarify and coordinate the County’s broader roles that intersect with the homelessness System of Care—such as emergency response, winter shelter activation, cooling/warming centers, social services and public benefits access, adult and child protective services, justice-involved reentry programs, and immigration/consulate coordination— align these functions with improved access for CoC partners.</p>
B-9	<p><b>Leverage Advocacy Platforms for Systemwide Impact</b></p> <p>Use coordinated advocacy platforms—including the County Legislative Agenda, city priorities, and CoC-affiliated advocacy organizations (e.g., National Alliance to End Homelessness) to influence policy, increase resources, and strengthen regional alignment across the system of care.</p>

## C - Regionalization: Leveraging, Collaboration, Improved Outcomes

Homelessness does not adhere to jurisdictional borders, and the Continuum of Care (CoC) functions as a countywide system designed to connect individuals to appropriate resources, starting from their current circumstances and building on their strengths to support lasting exits from homelessness. In a geographically large region like Sonoma County, gaps in service access can occur, underscoring the need for a System of Care that is both responsive and efficient. Regionalizing the front end of the system will improve access, streamline coordination, and improve outcomes. The County and the CoC, as Lead Agency and system planning body, share the objective of developing a coordinated service model that organizes local efforts into smaller geographic

ecosystems for prevention, street outreach, shelter access, benefits enrollment, and healthcare—with countywide housing options located near transit and other essential amenities.

A unified, regionalized approach—grounded in shared information, leveraged resources, and collective responsibility across cities and the County—offers a strong pathway toward a coordinated and integrated System of Care. Sonoma County has already begun to develop this model organically. Subregional areas have emerged for street outreach coordination, and four regional shelters currently anchor the system: Catholic Charities (Santa Rosa), COTS (Petaluma), Reach for Home (North County), and West County Community Services (Guerneville/Sebastopol). Additional asset mapping of access centers, Homekey sites, and scattered site or interim programs should be incorporated into this regional coordination framework.

### Areas for Consideration when implementing a Regional Service Delivery System

- **Geography versus jurisdiction:** The Service Planning Areas must be regionalized by geography to serve clients across borders that are the unincorporated county and city limits. Four areas can be established, so that street outreach (BNL), sheltering, and services are accessible and coordinated within each regional ecosystem of the broader system of care.
- **Shared responsibility and flexibility:** Operating a regionally coordinated service delivery model requires that the Cities and the County, along with the service providers, target resources to the populations within their region; however, also be willing to work with the other regions in a flexible manner. Regionalizing service delivery models will foster a visible reduction in homelessness.
- **Regional resource alignment:** Competition for funding and territoriality around client populations creates duplication of effort and undermines shared outcomes. Regional ecosystems improve partnerships, leverage limited resources, and increase capacity. Collective impact will improve outcomes.
- **Trust and communication:** Trust, partnership, and consistent communication are necessary to support sustained collaboration, within and between Service Planning Areas.
- **Coordinated Entry access points:** There are 31 CES access points, but their distribution and utility require mapping to determine effectiveness within a regional model. Strategic points of entry must be geographically accessible and actively maintained.
- **Behavioral Health integration:** Behavioral Health services currently operate primarily in Santa Rosa and have capacity limitations to have a presence countywide, potentially creating operational gaps for clients requiring both Behavioral Health and Homeless Services. Build capacity within the County satellite offices to integrate resource access points within each regional Service Planning Area.

<b>C - Regionalization: Leveraging, Collaboration, and Improved Outcomes</b>	
<b>RECOMMENDATIONS</b>	
C-1	<p><b>Strengthen Regional Collaboration to Leverage Resources</b> Leverage investments across the County and in cities by advancing a coordinated regional approach that aligns efforts, reduces duplication, and enables a more integrated homelessness response across jurisdictional boundaries.</p>
C-2	<p><b>Conduct a Comprehensive Asset Mapping of the System of Care</b> Map all key assets—including Access Centers, emergency individual and family shelters, interim units, Homekey programs, and PSH—across regions to guide coordination, planning, funding, and service deployment.</p>
C-3	<p><b>Establish Four Formal Service Planning Areas</b> Create four formal Service Planning Areas (Central, North, South, and West—with an additional East subregion in Sonoma Valley as needed) to replace the current six informal regions, ensuring each area has balanced access to prevention, outreach, shelter, and support services.</p>

C-4	<p><b>Ensure Regional Access to Core Services in Every Area</b></p> <p>Ensure that each region has equitable access to prevention, street outreach, food banks, Access Centers, CES access points, shelter options, housing retention resources, and County satellite services to support consistent service delivery countywide.</p>
C-5	<p><b>Aggregate Emergency Shelters and Distribute Permanent Supportive Housing</b></p> <p>Organize emergency shelter capacity into regional HUBs while distributing Permanent Supportive Housing (PSH) units countywide, ensuring equitable access to housing options across all communities and aligning CES housing placements with client choice.</p>
C-6	<p><b>Improve Regional Access at County Satellite Offices</b></p> <p>Assign County resources for each region—leveraging existing BH satellite offices in Cloverdale, Sonoma, Guerneville, and Petaluma/Rohnert Park/Cotati—to improve cross-system coordination and reduce access barriers for County resources.</p>
C-7	<p><b>Strengthen Subregional Street Outreach Coordination</b></p> <p>Strengthen and formalize subregional street outreach by coordinating all existing outreach resources into a unified, regionally aligned model. This includes:</p> <ul style="list-style-type: none"> <li>• Identify and enhance coordination with all existing City and County outreach teams <ul style="list-style-type: none"> <li>○ County HEART team</li> <li>○ Nonprofit outreach providers</li> <li>○ Behavioral Health and Substance Use (MH/SUD) counselors</li> <li>○ CalAIM-funded Street Medicine teams</li> </ul> </li> <li>• Designate Lead Agency staffing to oversee regional outreach operations <ul style="list-style-type: none"> <li>○ Assign HEART to lead subregional outreach coordination</li> <li>○ Oversee the By-Name List, PIT Count, and system flow activities</li> <li>○ Coordinate closely with the HMIS Administrator and CES Coordinator</li> </ul> </li> <li>• Align HEART staffing with regional operational needs: <ul style="list-style-type: none"> <li>○ 2 FTE dedicated to the Joe Rodota Trail for proactive response</li> <li>○ 1 FTE liaison each for Sonoma and Sebastopol Police Departments</li> </ul> </li> <li>• Expand and regionalize multidisciplinary members to enhance outreach teams <ul style="list-style-type: none"> <li>○ Evaluate how the two BH teams can be integrated into the regional model</li> <li>○ Add CalAIM-funded Street Medicine providers to strengthen medical engagement</li> </ul> </li> </ul>
C-8	<p><b>Expand System Navigation and Housing Retention Supports</b></p> <p>Provide regional system navigation and housing retention services (ideally for a 6-month timeframe from placement to stabilization)—drawing on available capacity from County, City, and provider networks to reduce returns to homelessness. (i.e. Behavioral Health, Public Health Nurses, Social Services, Veterans Services, DV counselors, faith partners, nonprofits, and peer mentors, etc.)</p>
C-9	<p><b>Coordinate Seasonal and Emergency Shelter Activation by Region</b></p> <p>Implement regional coordination for winter shelter activation, cooling/warming centers, and emergency response to ensure consistency and rapid deployment of shelter and safety resources across all communities.</p>
C-10	<p><b>Convene Quarterly Regional Coordination Meetings</b></p> <p>Host quarterly regional Service Planning Area meetings—including street outreach teams, shelters, CoC staff, healthcare providers, Behavioral Health, schools, Cities, and County partners—to strengthen collaboration, support information sharing, and align regional strategies.</p>

## D - Funding Strategy: A Regional Approach to Service Delivery

The funding landscape for homelessness services in Sonoma County is complex, consisting of numerous federal, state, county, city, and philanthropic sources—each with distinct eligible activities, target populations, reporting requirements, and expenditure timelines. Building a sustainable and coordinated System of Care requires years of investment in building safety-net capacity, integrating service providers with broader countywide resources, and fostering strong partnerships with cities. Historically, however, Sonoma County’s funding practices have created fragmented, individualized approaches, resulting in parallel systems operated by cities, the County, and individual nonprofit agencies that attempt to cover every component of the system on their own.

A coherent funding strategy must shift from supporting individual programs to investing in a regionalized, interconnected System of Care. Clearly defining provider roles, aligning resources across jurisdictions, and funding service delivery at a regional level would reduce duplication, strengthen collaboration, and improve outcomes. Given the duplicative efforts currently in place, such a strategy may also yield cost savings.

A regional funding approach can enhance efficiency, reduce duplication, and foster stronger partnerships through open, transparent planning processes. Aligning funding streams with shared priorities can also inspire innovation across the system of care.

### **Problem Areas:**

#### **1. Funding Sources Are Shifting**

- *Limited direct CDBG entitlement entities:* Only two entitlement jurisdictions (Petaluma and Santa Rosa) receive direct CDBG allocations, limiting direct federal funding access for other cities and increasing reliance on competitive grants.
- *Major funding sources are expiring or changing:* COVID-era augmentations—including ARPA, HOME-ARP, HHAP cycles, and Homekey capital/operating funds—are ending, reducing resources and increasing fiscal pressure on providers.
- *CalAIM, HHIP, and Proposition 1 are reshaping service delivery:* These initiatives tie funding more directly to Medi-Cal billing and shift responsibilities to medical model service delivery, behavioral health, and outpatient supportive services systems.
- *Most nonprofits lack Medi-Cal billing capacity:* Only COTS and Catholic Charities have the administrative and technical infrastructure to bill Medi-Cal, creating inequitable access to new funding models across the system of care.
- *Uncertain federal and HUD policy environment:* Potential CoC/HUD policy changes (potential for funding delays due to legal challenges) could impact PSH operations, prioritization rules, and Housing Authority voucher administration.
- *Volatile funding climate increases risk:* Shifting eligibility rules, federal appropriations uncertainty, and changes in Permanent Supportive Housing (PSH) or voucher policy create operational instability across the System of Care.

#### **2. Competition for Limited Funding Reduces Collaboration**

- Providers report “competition for a piece of the pie,” driving resistance to sharing resources even when duplication exists.
- Agencies hesitate to relinquish funds or roles, even when consolidation could strengthen system performance.
- Territorial dynamics result in duplicative service models in outreach, housing navigation, rapid rehousing, and case management.
- Competition reinforces siloed approaches and undermines regional coordination.

### **3. Procurement and Contracting Challenges**

#### **RFP and Funding Decision Issues**

- RFP processes are not strategically aligned with system needs.
- Funding decisions frequently repeat historical allocations rather than assessing emerging gaps or rewarding project performance.
- Some allocations rely on a “divide-by-five” district method or across-the-board cuts rather than precise decisions based on regional need or performance/outcomes.

#### **Contracting, Timelines, and Invoicing Problems**

- RFP release schedules, contracting timelines, and invoicing requirements are not aligned across City/County/CoC systems.
- Providers report significant delays in contract execution and overly prescriptive invoice review scrutiny that does not reflect programmatic or operational realities.
- Administrative workflows are not streamlined, creating barriers to timely implementation.

#### **Bundled Funding Creates Compliance Burdens**

- County RFPs often combine two or three funding sources within a single contract, each with different match requirements, reporting standards, eligible activities, and client eligibility criteria. This structure can create significant compliance challenges for providers attempting to manage multiple federal and state requirements within a single contractual framework.

### **4. Funding Inefficiencies and System Fragmentation**

- Agencies recently experienced a 17.4% across-the-board funding cut, without consideration for qualifiers based on program performance or community need.
- DHS issued a \$10 million Measure O RFP to backfill these cuts and received 56 applications totaling \$36 million, revealing profound unmet need. The methodology for funding awards must be strategic, regionalized, and data driven.
- Providers report that individualized proposals—not system priorities—drive funding requests, reinforcing systemic fragmentation and competition.
- Cities and nonprofits express frustration that County-operated outreach teams duplicate services that nonprofits can deliver more cost-effectively.
- Multiple providers in the same region are funded to conduct the same functions (e.g., outreach, RRH), fostering territorialism and inconsistent service delivery.
- City–County friction persists due to misaligned priorities, County funding its own system responses in unincorporated areas, and limited transparency into homeless program spending priorities.

## D – Funding Strategy: A Regional Approach to Service Delivery

### RECOMMENDATIONS

D-1	<p><b>Develop a Comprehensive Funding Matrix to Guide Systemwide Investment</b>            Create a complete inventory of all homelessness-related funding sources across the County and Cities—including eligible activities, expenditure timelines, match requirements, and performance obligations. Match this funding to the asset mapping to identify regional gaps, reduce duplication, and shift toward RFP processes that fund system needs rather than individual agency proposals. Over time, this approach will reduce competition and role confusion while strengthening regional collaboration and seamless service delivery.</p>
D-2	<p><b>Create an Asset Map to Sustain Critical System Infrastructure</b>            Conduct a full inventory of system infrastructure—including access centers, shelters, interim housing, Homekey sites, and permanent housing—and commit priority funding to sustain the sites identified as regional HUBs.</p>
D-3	<p><b>Align Funding to Regional System Gaps and Designated Provider Roles</b>            Use the funding inventory to build a coordinated regional investment strategy:</p> <ul style="list-style-type: none"> <li>• Prioritize funding for identified regional system gaps rather than solely awarding grants based on the individual proposal scores.</li> <li>• Designate regional roles for providers based on their strengths (e.g., one provider leads regional outreach, another operates shelter or housing navigation).</li> <li>• Leverage City funding alongside County funding to support interconnected system components.</li> <li>• Remove duplication of activities within each region and consolidate resources by funding fewer providers at higher, more sustainable levels.</li> <li>• Incorporate regional priorities into proposal scoring, including bonus points for leveraging partnerships, MOUs, and letters of support from regional partners.</li> <li>• Align RFP timelines across funders to reduce administrative burden and improve provider capacity to respond.</li> <li>• Require HMIS and CES participation for all funded programs</li> <li>• Include transportation support (e.g., bus passes or mobility assistance) as an eligible line item in contracts to support equitable access for clients using the services delivery system to become self-sufficient.</li> </ul>
D-4	<p><b>Establish a Strategic Funding Framework to Sustain Infrastructure and Leverage Partnerships</b>            Implement a long-term, coordinated approach to sustain core system infrastructure:</p> <ul style="list-style-type: none"> <li>• Strategically deploy HHAP funding (once appropriated) to mitigate expected HUD funding reductions over the next 2–4 years and stabilize essential services.</li> <li>• Use regional analysis to prioritize the sustainability of shelters, interim housing, access centers, outreach, and housing programs.</li> <li>• Create a Funders Roundtable to increase discretionary funding, coordinate public/philanthropic investments, and identify opportunities to leverage private resources to fill system gaps.</li> <li>• Encourage braided and blended funding to maximize impact, expand service capacity, and ensure continuity through legislative priority shifts in federal and state programs.</li> </ul>

## E - Data Systems (HMIS, Access Sonoma, and Smart Care)

Sonoma County’s homelessness and behavioral health systems currently rely on three separate, siloed data systems—HMIS, SmartCare, and Access Sonoma—each designed for different purposes, governed by different regulations, and maintained by different divisions. This fragmentation limits coordination, creates

access barriers for clients, and contributes to duplicative work across service providers and County departments. Addressing this bifurcation is essential for improving service integration, strengthening system performance, and supporting coordinated care across the Continuum of Care (CoC) and for successful Behavioral Health integration.

## **HMIS – Homeless Management Information System (CoC Requirement)**

### **System Description**

The Homeless Management Information System (HMIS) is a federally required data system used by every Continuum of Care (CoC) to document client services, enroll individuals into the Coordinated Entry System, and generate annual performance reports for HUD. In Sonoma County, HMIS is contracted and administered by the CoC Lead Agency, which currently employs two full-time system administrators funded through the HUD CoC HMIS project budget.

Because HMIS data is highly standardized and does not include HIPAA-protected information, it is structured to support agency-level, CoC-level, and national reporting that is publicly released each year. Only a limited number of software vendors remain compliant with HUD’s specific data standards; Sonoma County currently uses Bonterra (formerly Social Solutions) and previously utilized Wellsky Service Point (formerly Bowman Systems). Given that approximately 60% of California CoCs now use Bitfocus Clarity—widely regarded as more stable, interoperable, and user-friendly—the Sonoma County CoC will likely need to plan for a future transition to Bitfocus Clarity to ensure long-term system performance and alignment with CoC best practices.

### **HMIS Issue Areas**

- The Sonoma County HMIS was set up to be project-based rather than client-centered, resulting in fragmented records across multiple funding streams and limiting systemwide coordination for client service delivery.
- HMIS enrollment does not automatically enroll clients into CES, leading to inconsistent access to Coordinated Entry and incomplete prioritization data.
- County HEART and SOUL teams have not consistently used HMIS, preventing client inclusion in CES, By-Name Lists, or system-level performance monitoring. This has created further fragmentation in coordination between County programs and CoC-participating agencies.
- The system lacks visibility into CES referral status, preventing providers from easily tracking referral progress and outcomes within HMIS.
- Two FTE support HMIS administration Countywide, responsible for user management, training, compliance, system configuration, reporting, and troubleshooting. Additional IT capacity will likely be needed to transition HMIS software vendors.
- The HMIS front-end interface is not user-friendly, and limited administrative capacity restricts the ability to create custom workflows or improve navigation for end users.

## **Coordinated Entry System (CES) (Part of the HMIS Software)**

### **System Description**

The Coordinated Entry System (CES) is a core functionality embedded within the HMIS software and serves as the required access point for housing placements within the Continuum of Care. Providers must use HMIS to enroll clients into CES; without HMIS participation, clients cannot be prioritized for or matched to available housing resources. CES uses a standardized, data-driven prioritization process designed to ensure equitable access to housing opportunities, reduce duplication, and coordinate placements across shelters, outreach teams, and housing programs.

In Sonoma County, only HUD CoC–funded agencies (e.g., Catholic Charities, COTS) and providers receiving State HHAP funds are currently required to use CES. County-operated programs are not required to participate in CES, for funding outside of the federal and state requirements. As a result, many County clients— including those residing in County-funded shelters—are not enrolled in CES and therefore may be missing opportunities for permanent housing opportunities such as PSH or RRH.

This is not merely a data problem; it reflects a *foundational systems breakdown* rooted in governance and system alignment challenges. The shift of the County’s three shelter assets (Eliza’s Village, Mickey Zane, and Arrowwood) into Behavioral Health Redesign adds further urgency, as clients require full CES integration to ensure successful housing placements and retention.

A recent CES redesign, developed collaboratively by the Ending Homelessness Unit, the CES Coordinator, and multiple community partners, moves away from exclusive reliance on a standardized vulnerability assessment tool. The new process is more comprehensive, data-driven, and equity-focused—and is widely expected to improve fairness and system flow when all providers fully participate.

### **CES Issue Areas**

- Rapid Rehousing (RRH) referral challenges: RRH is most effective for individuals or families with current income and the capacity to increase earnings; it is not well-suited for the most vulnerable clients without monthly income. RRH may be more successful when focused on families and lower acuity individuals with increased income/earning potential.
- Need to address side doors to CES: Stakeholders emphasize the need to diversify funding, so they do not rely solely on CES for housing placements, noting that “side doors are necessary” for flexibility.
- Limited client access to the system: CES has 31 provider-operated access points, but clients cannot self-check in, leading to disenrollment for lack of contact.
- CES is not fully represented Countywide: Some homeless service providers, including County-operated programs, do not use HMIS, which means their clients are not entered into CES. Because CES is embedded within HMIS, this results in incomplete systemwide data and inequitable access to housing resources.
- Misalignment between By-Name List and HMIS: The communitywide By-Name List (BNL) includes 1,813 people, which aligns remarkably well with the 2025 PIT Count identified 1,952 individuals. While this is great progress for the BNL endeavor in Sonoma County, it was determined that many individuals included on the BNL are not in HMIS, meaning they would not be prioritized via the CES for housing opportunities. Aligning these systems is essential to ensure full inclusion and accurate prioritization. Achieving One System will alleviate these anomalies.
- Failed placements for high-acuity individuals: Vulnerable clients are sometimes placed into PSH units without adequate supportive services funding, resulting in unsuccessful housing placements.

## **SmartCare – Behavioral Health Electronic Health Record (EHR)**

### **System Description**

SmartCare is an electronic health record (EHR) and billing system used by DHS Behavioral Health to document clinical services, manage treatment records, and support Medi-Cal billing. Because it contains HIPAA-protected information, SmartCare operates under strict confidentiality, consent requirements, and security protocols. This clinical design ensures compliance with healthcare regulations and protects client privacy, but it also limits the system’s ability to interface or exchange data with homelessness service providers or other components of the broader System of Care.

### **SmartCare Issue Areas**

- SmartCare cannot share data with homelessness providers due to HIPAA restrictions, preventing integrated case management across behavioral health and homeless services.
- Clients receiving both homelessness and behavioral health services experience fragmented care, with no shared platform to coordinate treatment or housing navigation.
- The system’s design—appropriate for clinical and billable services—makes cross-system interoperability nearly impossible.
- Lack of integration contributes to delays, duplicative assessments and data entry, missed service connections, and limited visibility into client progress across systems.

### **Access Sonoma – IBM-Based Multisystem Data Repository**

#### **System Description**

Access Sonoma was developed as an IBM-based data repository designed to support the Interdisciplinary Multidisciplinary Team (IMDT) by integrating information from multiple County systems and enabling coordinated care for high utilizers. Launched with the intent of facilitating cross-department collaboration, the platform was envisioned as a centralized tool for sharing information, improving service coordination, and strengthening outcomes for clients enrolled in two or more County systems. Ideally, the Access Sonoma initiative sought to bridge the service coordination barriers for a shared cohort of high acuity clients that were experiencing homelessness, were eligible for behavioral health services, social service public benefits and connected to the criminal justice system.

#### **Access Sonoma Issue Areas**

- Usage of Access Sonoma has declined significantly between 2016 and 2025; today, the platform is used primarily by SOUL staff for case notes, with minimal participation from other County divisions or providers.
- The system is underutilized and currently provides limited functional value to the operational coordination across homelessness, behavioral health, healthcare, probation or social services.

### **Urgent Need for a Unified Data Strategy**

To support coordinated, equitable service delivery, Sonoma County must address this data bifurcation through:

- A clear department-wide policy governing data usage and cross-system coordination;
- A plan to modernize HMIS and Access Sonoma;
- Improved alignment between Behavioral Health and Homeless Services to reduce client barriers and streamline access to needed resources.

By resolving these longstanding database challenges, the County can significantly improve operational efficiency, enhance system performance, and better support individuals navigating the homelessness and behavioral health systems.

## E – Database Systems (HMIS, CES, Access Sonoma, Smart Care)

### RECOMMENDATIONS - HMIS

E-1	<p><b>Maintain HMIS administration within the CoC Lead Agency</b></p> <p>The HMIS administrators must remain housed in the CoC team, as the two FTE are essential to supporting more than 350 end users, managing CES functionality, overseeing compliance, and ensuring data quality across the homelessness response system. Maintaining this function within the Homeless Services Division preserves compliance, oversight and system accountability</p>
E-2	<p><b>Require universal HMIS participation for all homeless services</b></p> <p>Mandate HMIS use across every County- and City-funded homeless program to ensure consistent service coordination, reliable data, and equitable access to housing resources within the jurisdiction.</p>
E-3	<p><b>Plan for a near-term HMIS vendor transition</b></p> <p>Begin preparing for a change in HMIS software, including hiring or contracting an IT specialist to support the system transition, vendor selection, data migration, and user training. Ensure appropriate staffing capacity to support the current system while planning and implementing a new system.</p>
E-4	<p><b>Standardize HMIS data-entry methodology; Provide training for all HMIS users</b></p> <p>Develop countywide guidance that shifts data entry toward streamlined, client-centered coordination, improving usability and reducing administrative burden.</p>
E-5	<p><b>Publish HUD System Performance Measures and community dashboards semi-annually</b></p> <p>Increase transparency and support continuous improvement by releasing consolidated HUD system performance metrics and community dashboards to the CoC Board and the public.</p>

### RECOMMENDATIONS - CES

E-6	<p><b>Identify and address “side doors” to strengthen the CES framework</b></p> <p>Conduct a full review of alternative referral pathways (“side doors”) to understand why they exist and determine how to incorporate changes to CES policies. The goal is to create a seamless, integrated system of care that supports access to housing opportunities for <i>all</i> people experiencing homelessness.</p>
E-7	<p><b>Ensure that no individual is excluded from housing due to being “low acuity.”</b></p> <p>Revise CES and local policy expectations so that all homeless people, not only the most vulnerable or those who meet Chronic Homelessness criteria, can be provided a housing solution. CES must prioritize equitable access across the full spectrum of needs.</p>
E-8	<p><b>Clearly identify and designate target populations for new housing projects</b></p> <p>New developments should clearly identify whether they are designed for individuals or families, recognizing that service models differ significantly between chronically homeless adults and families with children. Align CES referral pathways accordingly.</p>
E-9	<p><b>Target Rapid Rehousing (RRH) to households with income and growth potential</b></p> <p>RRH should be focused on households that have a stable monthly income source and realistic potential to increase earnings—conditions necessary for long-term success in the traditional RRH model.</p>
E-10	<p><b>Preserve flexibility to act on unique opportunities</b></p> <p>Maintain policy flexibility to accommodate exceptions when circumstances align—ensuring the CES Policy Framework does not prevent the system from capitalizing on time-sensitive or high-impact housing opportunities.</p>

### RECOMMENDATIONS – SMART CARE

E-11	<b>Implement structured communication pathways between BH and the Homelessness System of Care</b> Because SmartCare cannot interface with HMIS, create standardized workflows—such as warm handoffs, shared staffing, and cross-system case conferencing—to ensure clients receive coordinated housing and clinical services.
E-12	<b>Cross-train BH and Homelessness Services staff to ensure dual-system access for clients</b> Provide training for staff so they understand how to navigate SmartCare (for clinical activities) and HMIS/CES (for housing coordination). This reduces missed opportunities for clients who require both housing and behavioral health supports.
E-13	<b>Create a SmartCare-to-HMIS coordination protocol for high-acuity clients</b> Develop a standardized process for ensuring that individuals receiving services at BH Redesign programs (Eliza’s Village, Mickey Zane Place, Arrowwood) are also entered into HMIS and CES for housing prioritization. This prevents clients from being stabilized clinically but excluded from CES housing pathways.
E-14	<b>Establish a BH–Homelessness Integration Workgroup</b> Form a joint team that includes Behavioral Health and the Homeless Services Division to monitor referral processes, troubleshoot coordination barriers, and support seamless transitions from BH stabilization to housing.
<b>RECOMMENDATIONS – ACCESS SONOMA</b>	
E-15	<b>Conduct a cross-department assessment of Access Sonoma usage and functionality</b> Sonoma County should work with current and past system users—including SOUL staff and other County Departments—to evaluate how Access Sonoma is currently being used, what operational needs it continues to support, and where gaps or limitations exist. This evaluation should identify opportunities to improve system utilization, reduce duplicative data entry, and better align the platform with evolving program needs.
<b>RECOMMENDATIONS – GENERAL DATA</b>	
E-16	<b>Explore options for system alignment or consolidation to support coordinated care</b> Based on the findings of the assessment, Sonoma County should explore whether greater alignment or consolidation among existing systems—including Access Sonoma, HMIS, and SmartCare—could improve cross-system coordination and support the work of interdisciplinary teams serving high-acuity clients.
E-17	<b>Add IT capacity to support Departmental IT system customization and vendor transitions.</b> Hire or contract for dedicated IT support to assist with adapting the existing HMIS to meet operational needs until a new software can be established and seek opportunities to bridge software integration and communication between behavioral health and homeless services.
E-18	<b>Align future data-system planning with CoC needs, regionalization goals, and Behavioral Health integration efforts</b> Ensure that any new or modernized system (e.g., HMIS upgrade) is designed to support regional coordination, CES participation, case management workflows, and cross-department client care coordination tracking that is consistent with legal requirements.
E-19	<b>Use the correct systems for the correct functions—and cross-train staff accordingly</b> Require HMIS for all homelessness service coordination, CES enrollment, and housing placements. Use SmartCare solely for Behavioral Health services and Medi-Cal billing compliance. If double data entry is necessary, train staff to ensure clients receive both housing prioritization and billable behavioral health services.
E-20	<b>Evaluate whether to conduct the PIT Count annually</b> Although HUD requires the PIT Count every two years, stakeholders value annual results; however, reporting delays may diminish usefulness. The CoC should revisit whether annual PITs remain necessary or whether alternate data sources can meet stakeholders’ needs more effectively.

## F – Organizational Structure and Service Delivery

HEART and SOUL were originally designed with distinct functions, but internal and external feedback indicate significant duplication of effort and unclear roles. Neither unit has been fully integrated with the Ending Homelessness (CoC) Unit, leading to frustration because the clients they serve are also part of the CoC system of care. Data fragmentation further complicates coordination: HEART has only recently begun using HMIS, while SOUL relies primarily on the Access Sonoma IBM platform and has view-only access to HMIS, limiting systemwide coordination for high acuity clients.

These challenges reflect a broader issue: the current structure of the Homeless Services Division has evolved through incremental adjustments rather than a deliberate, system-wide design. Core functions—including outreach, housing navigation, clinical services, Coordinated Entry System, and administrative oversight—are dispersed across the CoC Unit, HEART, and SOUL without clear alignment or unified operational frameworks. As a result, responsibilities overlap, data systems remain siloed, and teams operate with inconsistent coordination, limiting the Division’s effectiveness as the CoC Lead Agency and weakening the countywide System of Care.

A reorganized service delivery structure presents an opportunity to realign staffing, clarify functions, and strengthen coordination across all units. By stabilizing leadership roles, integrating data and operational workflows, and leveraging the strengths of each team, the County can build a more streamlined and effective homelessness response system. The following recommendations outline the structural, operational, and functional changes needed to advance this realignment and support the County’s goal of operating as One System.

Below is a description of the current state of the DHS Homeless Services and staffing.

### **Ending Homelessness Unit (CoC) – 10 FTE**

The Ending Homelessness Unit retains legacy CDC job classifications and is responsible for leading and coordinating the Continuum of Care. Core functions include administrative and program oversight, strategic planning, system performance management, and coordination with cities, service providers, healthcare partners, law enforcement, housing developers, and social service agencies.

### **HEART – 13 FTE**

HEART was originally created to provide outreach and supportive services; however, its current functions overlap significantly with SOUL and the CoC unit. Current HEART staffing includes:

- **ERF Grant (3 FTE):** Two positions vacant; 1 FTE can transition to a vacancy when the grant ends in June 2026.
- **Homekey Program (4 FTE):** Two AODS Counselors II and two Senior Client Support Specialists.
- **HEART Cohort (5 FTE):** Two AODS Counselors II, one Senior Client Support Specialist, one BH Clinician Intern, and one Senior Office Assistant.

### **SOUL – 11 FTE (6 DHS / 5 non-DHS)**

SOUL operates as a multidisciplinary team serving high acuity homeless persons across the County system. In addition, there are some specialized positions. The HUD CoC requires discharge coordination from Healthcare, Jails, and Foster Youth Systems. Soul has a Transitional Age Youth (TAY) coordinator, a Hospital Liaison, and a Housing Navigator. These positions should remain within the Homeless Services Division (3 FTE).

The remaining SOUL team members are well-positioned to move over to the Behavioral Health Division with an emphasis on promoting operational integration between the Homeless Services and Behavioral Health Systems.

### **Behavioral Health Redesign**

County-operated shelters—Eliza’s Village, Mickey Zane, and Arrowood— have historically been used exclusively for the Joe Rodota Trail and other encampment mitigations, COVID pandemic response, and other county specific purposes. Under new leadership at DHS, these three sites are proposed to

become the Behavioral Health Redesign programs, which are intended to function as a pathway for Behavioral Health–eligible homeless clients, providing treatment interventions that prepare individuals to transition successfully into community-based Permanent Supportive Housing (PSH). This portfolio may offer a parallel pathway for eligible clients from both the CoC and Behavioral Health systems, with CES alignment for PSH referrals to promote consistent system flow.

#### **Eliza’s Village – 90 Beds (Campus-Style Setting)**

Eliza’s Village consists of two fully renovated dormitory buildings providing 90 beds for individuals requiring intensive stabilization and support. The site was restored in partnership with Sonoma County Public Infrastructure at a cost of \$3.2 million. Following the demobilization of the Emergency Shelter Site on the County campus, remaining clients were transferred here, solidifying Eliza’s Village as the County’s primary high-acuity stabilization resource.

#### **Mickey Zane Place – 44 Interim Units (Downtown Santa Rosa)**

Mickey Zane Place is a 44-room interim shelter dedicated to medically fragile homeless individuals. Since its creation during emergency operations, it has become a core asset for clients who need close monitoring, on-site support, and structured pathways into longer-term care.

#### **Arrowwood – Single-Room Occupancy (Individualized Units)**

Arrowwood provides individual SRO-style units with on-site supportive services, serving as a step-down program for clients leaving higher levels of care such as Eliza’s Village. This setting prepares individuals for community-based permanent supportive housing.

#### **Integration of DHS Divisions: Behavioral Health and Homeless Services**

Collectively, these three sites are proposed to represent the County’s Behavioral Health and Homeless Services integrated effort—a structured progression for approximately 400 high-acuity Behavioral Health clients who require stabilization prior to PSH placement. The three programs will offer:

- Clinical stabilization;
- Intensive case management and behavioral health support;
- Step-down transitions between levels of care; and,
- Linkages to CES for PSH prioritization and housing exits.

These assets strengthen the County’s ability to serve individuals with co-occurring behavioral health and homelessness challenges and reduce reliance on emergency rooms, jails, and crisis services. This approach advances three critical goals:

1. Stabilize Behavioral Health operations so the division can effectively manage high-acuity clients at scale.
2. Operationalize regional CoC alignment, ensuring coordinated system flow between outreach, stabilization programs, and housing placements.
3. Support HMIS modernization, cross-team collaboration, and future service integration.

#### **Open Referral System**

The DHS Director has proposed implementing an open referral system for the BH Redesign Programs, enabling Countywide access from subregional outreach teams, Behavioral Health clinicians, and CoC partners. This would streamline pathways for high acuity homeless clients into stabilization settings, promote care coordination, and increase successful placements and retention in permanent housing. Integration with regionalized street outreach teams and emergency shelter programs operated by the CoC service providers will benefit from referral access, field-based intervention and support from behavioral health resources Countywide. Interventions may prevent evictions in permanent supportive housing programs due to behavioral health challenges. This service component has been identified as a need in the CoC for meeting housing retention goals and reducing returns to homelessness. Given the current capacity limitations of the Behavioral Health system, it is understood that these may be stretch goals initially.

### **Incremental Process to Integrate Behavioral Health and Homeless Services Divisions**

To promote stability within DHS, the Behavioral Health Division and the Homeless Services Division should continue to operate independently in the near term to improve departmental capacity, stabilize administrative work units, reinforce teaming across Divisions, and reinvigorate CoC system efforts. Undertaking another major merger involving the Ending Homelessness Unit (CoC) could stall momentum at a critical time for implementing recommendations that improve the CoC operationally. Integration of division efforts remains a priority due to the overlap in target populations served by both divisions. For this reason, the recommended approach includes reassigning selected personnel from the HEART and SOUL units into Behavioral Health initially, while the Homeless Services Division consolidation provides both an administrative Policy and Planning Unit and a programmatic System Coordination Unit to facilitate regionalization, a corresponding funding strategy, HMIS software vendor upgrade, and other CoC system enhancements outlined herein. Thirteen FTE are recommended to integrate with the Behavioral Health Division, primarily AODS Counselors, in an effort to strengthen the capacity of Behavioral Health Division and promote integration with the consolidated Homeless Services Division. It is recommended that the Homeless Services Division continues to report to the DHS Director, given the significant role of this division's work with the broader Sonoma County stakeholders.

### **New Organizational Structure Proposed**

The proposed changes to the organizational structure of the current Homeless Services Division contained herein are intended to address historical challenges while creating the needed synergy to operationalize the CoC, improve coordination and empower the CoC Lead Agency to fulfill its role and functions.

Together, these initiatives will strengthen partnerships and improve outcomes for those experiencing homelessness in Sonoma County.

- ✓ Operationalize a system coordination unit within the Homeless Services Division to implement a system of care that is regionalized and represents partnerships between the Cities, the County and the service providers.
- ✓ Ensure the County aligns its homelessness related policies and programs within the System of Care to improve reliability, reducing barriers, contributing resources and working in partnership for One System of Care.
- ✓ Upgrade the HMIS software system and cross train some Smart Care users to also use the HMIS system to ensure continuity of care for all homeless clients in the County.
- ✓ Improve access to Behavioral Health and Cal Aim programs and funding within the homelessness system of care, Countywide.

### **Homeless Services Division: New Roles and Functions**

The CoC Lead agency has an administrative, strategic and coordination role for the System of Care, to ensure all the component parts are working together in alignment towards the goals set by the jurisdiction. The CoC is the nucleus which provides the foundation for a dynamic and systemic response system. The system must be cultivated over time into a seamless and targeted approach that effectively addresses homelessness. It is a robust structure with many partners, both internal and external to the County organization, for which only one backbone organization exists to lead the efforts. The County of Sonoma Department of Health Services is the most appropriate agency to lead this charge on behalf of the System of Care. Collectively, the responsibility represents a shared systemic commitment to align, leverage and perform together. The CoC Board provides stewardship for the System of Care, because it is representative of the diverse stakeholders that are committed to leveraging and integrating resources that prevent and end homelessness in the County. This is how the work is best exemplified.

**Ending Homelessness (CoC) Unit:** Historically, this unit has operated in a limited administrative and facilitative role for the required functions of the HUD CoC, while the broader system developed organically over time. HEART and SOUL provide programmatic support to homeless populations, however, they were never integrated within the CoC and continued to operate County Programs independently. The CoC Board had some overreach during this time, in the absence of a strong lead agency, which caused some friction and unmet expectations from its membership. The recommendations herein provide the reset opportunity that will be necessary and beneficial for all parties to begin to work together collaboratively

going forward. The new role and function for the Homeless Services Division will continue the CoC administrative work under the Planning and Policy unit, while the new System Coordination unit provides programmatic coordination and integration in the new regionalized structure. Regionalization promotes better resource targeting and collaboration, while the asset mapping informs a funding strategy to support the development of a coordinated and systemic response to homelessness. These recommended approaches require that the Homeless Services Division consist of a new programmatic team, comprised of the selected personnel from existing HEART and SOUL units.

**HEART:** Heart was created as an encampment response team for the Joe Rodota Trail. This was a flashpoint event for Sonoma County, with stakeholders seeking to hold the County accountable for homelessness response in this area. While the HEART street outreach team cleared the trail and provided support to the County shelters used for the displaced homeless populations, the unit remained insular from the CoC system and focused its role on County homelessness priorities. Future encampment removals in unincorporated areas of the County are proposed to be deployed regionally, to prevent displacements that impact nearby Cities. The new System Coordination team will be well coordinated with other CoC funded outreach teams under the new proposal.

The HEART street outreach personnel have recently been deployed to sustain maintenance of the Joe Rodota Trail (2 FTE), and to the cities of Sebastopol and Sonoma / Sonoma Valley (1 FTE each). These are examples of how the County can integrate its homelessness resources with the cities and coordinate street outreach regionally to meet needs across the broader system of care. The regionalized efforts have already been initiated, promoting partnerships that will improve collaboration, trust and improved outcomes.

Aligned with the above strategy, the HEART manager, Senior Office Assistant and the 4 FTE street outreach staff should remain within the Homeless Services Division, to lead and coordinate street outreach priorities for the County, in partnership with regionalized outreach teams identified and operating within Cities. The intended strategy for geographic areas in the regional approach erases jurisdictional lines and the associated impacts that result from uncoordinated encampment response/displacement efforts.

The remaining 5 FTE in the HEART unit consist of one Behavioral Health Clinician Intern and 4 Alcohol and Drug Counselors. During feedback sessions hosted by DHS regarding the BH Redesign efforts, AODS Counselors expressed an eagerness to apply their specialized training, which could be more applicable within the Behavioral Health Division. During field-based street outreach encounters, some felt that their skills were not as applicable in those contacts. For these reasons, the referenced personnel are recommended to transition over to the Behavioral Health Division, to better support the BH Redesign programs, which are sheltering higher acuity homeless persons that meet the eligibility criteria for behavioral health programs and services. The intention for this move is two-fold: to increase the capacity of the Behavioral Health Division to serve eligible clients of that system and utilize their expertise and familiarity with the homeless services system to promote better integration between both service systems for shared clients.

**SOUL:** SOUL was established as the multi-disciplinary team (MDT) to serve the highest acuity homeless clients identified by utilization in three or more County Departmental systems: DHS-Behavioral Health, Social Services, Probation, and homelessness. The Access Sonoma database was intended to be the data sharing portal for this MDT, yet has been reported as underutilized. Over the years, through personnel and leadership changes and operational atrophy, HEART and SOUL programs seemed to lose their functional differentiation. The SOUL unit is well positioned to serve homeless clients within the Behavioral Health Division. This is fundamentally the high acuity populations this unit has been historically serving and because the unit has not been using the CoC HMIS system, it would be a seamless nexus to integrate SOUL with the Smart Care software system in the Behavioral Health Division. It is proposed that 3 FTE be transitioned to the System Coordination unit: Transitional Age Youth (TAY) Counselor, Hospital/Jail discharge Planning liaison and the Housing Navigator. These three positions would augment the homeless services system of care while meeting HUD requirements for CoC jurisdictions.

### **Funding and Data Bifurcation Challenges**

The Cal Aim Medi-Cal waiver program in Sonoma County is led by a Managed Care organization called “Partnership”. There are three programs that provide an important nexus to the homeless services System of Care, including: Enhanced Care Management (ECM), Community Supports (CS) and Housing & Homelessness Incentive Program (HHIP). These programs provide significant resources to Medi-Cal eligible populations, including homeless populations by income eligibility, in most cases. The challenge is that most homeless serving agencies lack the administrative capacity to meet billing and documentation requirements for the Cal Aim funded programs. There are at least two CoC agencies in Sonoma County that have met the standards to operate the Cal Aim programs: Catholic Charities and COTS. Both organizations have the expertise to serve as regional HUBS for the homeless system of care, with supportive services funded by Cal Aim. Operationally, this may be significant in the identification of the sub regions, the development of the funding strategy and in evaluating opportunities to build future capacity with other CoC agencies to administer Cal Aim funded programs.

The County of Sonoma has operationalized the Cal Aim programs and services within the DHS Department, using the Smart Care software system. The Smart Care system serves also as the Electronic Healthcare Record in the Behavioral Health Division, and therefore has strict confidentiality pertaining to HIPAA, which requires staff to be certified to use it, under a cloak of information sharing prohibitions. These information sharing restrictions are difficult to overcome and may necessitate identifying certain staff to double-enter client data into Smart Care and into HMIS systems to ensure care coordination.

Moving some of the personnel from the Homeless Services Division into Behavioral Health Division will have both benefits and challenges. While it is important to improve access for homeless populations to the cadre of behavioral health programs and services, staff from Behavioral Health have been unable to share care coordination information with the homeless services system, internally or externally within the County. This is the primary reason why it is imperative not to move the current Homeless Services Division under the Behavioral Health Division. Doing so would restrict the lead agency from coordinating client services with external CoC service providers, Cities etc., in the coordination of the System of Care. Smart Care and HMIS software systems are unlikely to be integrated due to legally prescribed limitations of data/information sharing. Double entering data into both data systems will likely be necessary for homeless clients served by the behavioral health system.

As proposed, some identified personnel from the HEART unit and Soul unit are recommended to transition over to Behavioral Health Division to increase its capacity to serve the eligible populations, while working to identify and implement efforts to overcome data sharing barriers to a fully responsive and integrated system of care. The newly proposed and operational structure for the Homeless Services Division must remain independent from Behavioral Health Division specifically, to ensure it is able to perform its functional responsibilities. Other County Departmental and DHS Division options were not evaluated as part of this Assessment.

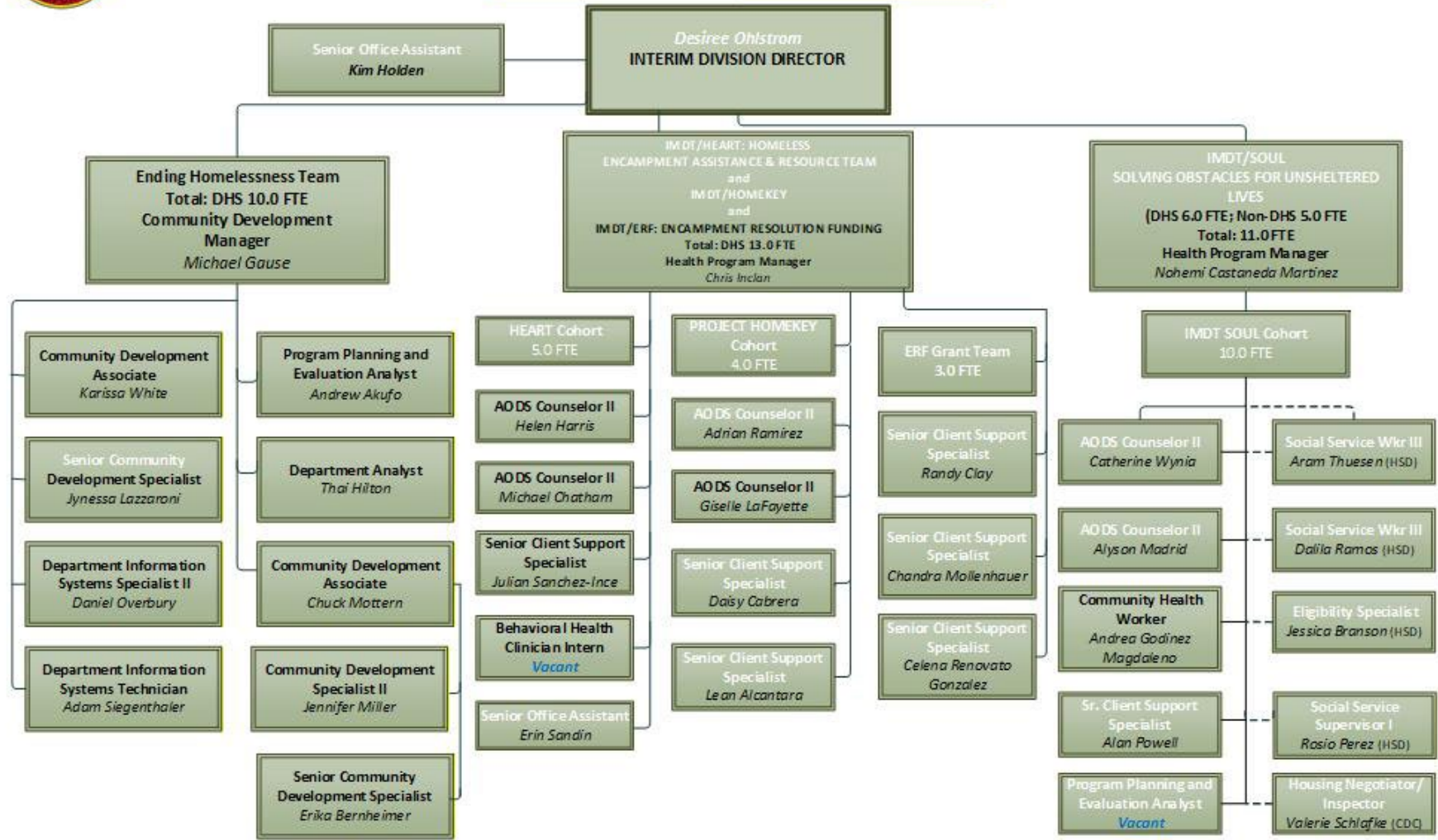
### **Current and Proposed Organizational Charts**

The Organizational Charts contained herein represent the current structure and a proposed structure that is intended to provide the necessary staffing complement for implementing the recommendations contained within this assessment of the Homeless Services Division in Sonoma County. The proposed structure is intentionally more visionary than precise; therefore, it does not address Human Resources or position funding considerations.

# CURRENT ORGANIZATIONAL CHART



## HOMELESSNESS SERVICES DIVISION



Solid line: Direct Report Dashed line: Collaboration

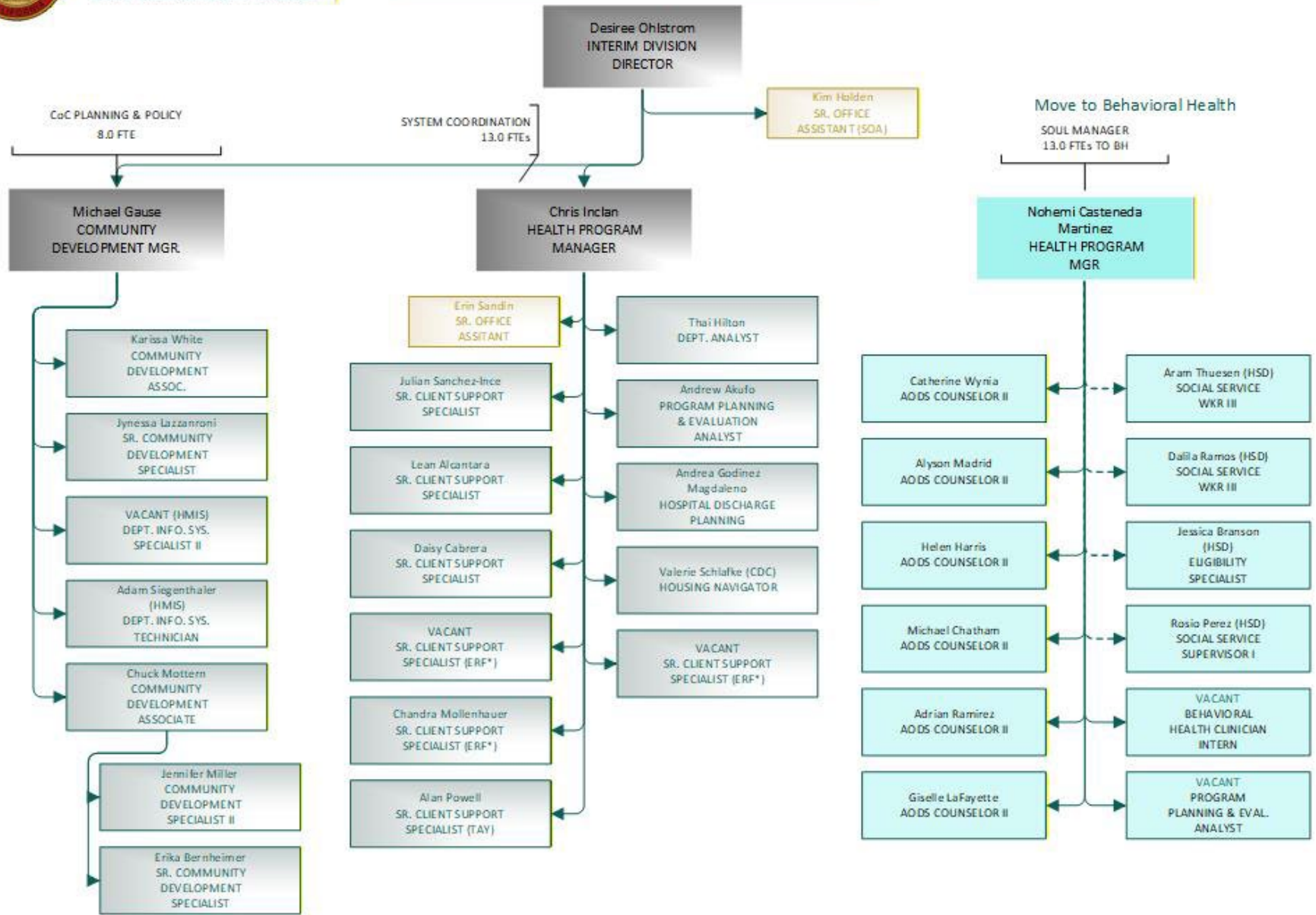
\*CST: Civil Service Title

# PROPOSED ORGANIZATIONAL CHART



**sonomacounty**  
DEPARTMENT OF HEALTH SERVICES

## HOMELESSNESS SERVICES DIVISION



\*ERF ends 6/30/26

## F – Organizational Structure & Service Delivery

### RECOMMENDATIONS

F-1	<p><b>Realign HEART Staffing to Promote Regionalized Street Outreach</b></p> <p>Realign HEART staffing to improve front end system coordination and support regional outreach by implementing the following changes:</p> <p>Transfer Positions to the new System Coordination Unit (6 FTE)</p> <ul style="list-style-type: none"> <li>• Designate the HEART Manager to lead the System Coordination unit within the Homeless Services Division (1 FTE).</li> <li>• Shift 4 Senior Client Support Specialists to the System Coordination Unit to support regionalized outreach, encampment response efforts, shelter placement, and Homekey support.</li> <li>• Shift 1 Senior Office Assistant to support outreach teams and program administration for the System Coordination unit.</li> </ul> <p>Transfer Positions to Behavioral Health (5 FTE)</p> <ul style="list-style-type: none"> <li>• Move 4 AODS Counselors II</li> <li>• Move 1 Behavioral Health Clinician Intern</li> <li>• These positions will support the BH Redesign effort (Eliza’s Village, Mickey Zane Place, Arrowwood).</li> </ul> <p>Resulting FTE distribution:</p> <ul style="list-style-type: none"> <li>• 6 FTE → Homeless Services Division, System Coordination Unit</li> <li>• 5 FTE → Behavioral Health Division</li> </ul>
F-2	<p><b>Transition SOUL to Behavioral Health While Retaining Key CoC Functions</b></p> <p>Transition SOUL’s multidisciplinary clinical functions to Behavioral Health while preserving key CoC system-facing roles in the Homeless Services Division, System Coordination Unit:</p> <ul style="list-style-type: none"> <li>• Retain 3 FTE within the System Coordination Unit for HUD system-critical responsibilities: <ul style="list-style-type: none"> <li>○ Transitional Age Youth (TAY) Coordinator</li> <li>○ Hospital Liaison</li> <li>○ Housing Navigator</li> </ul> </li> <li>• Transition the SOUL Manager, all AODS Counselors, and clinical staff to Behavioral Health to operate within the SmartCare system and support the BH Redesign effort.</li> </ul> <p><b>Resulting FTE distribution:</b></p> <ul style="list-style-type: none"> <li>• 3 FTE → Homeless Services Division, System Coordination Unit 3 DHS + 5 non-DHS FTE → Behavioral Health Division</li> </ul>
F-3	<p><b>Realign the Homeless Services Division to Strengthen CoC Leadership and System Coordination</b></p> <p>Refocus the Ending Homelessness Unit (currently 10 FTE with legacy CDC classifications) to support administrative functions, and HEART/SOUL FTE remain in the Homeless Services Division for operational coordination of the Continuum of Care (CoC). This realignment will clarify the Homeless Services Division’s role as the CoC Lead Agency administrative roles with planning and policy, while improving operational system coordination. The consolidated Homeless Services Division will emerge with greater focus on system design, regionalization, coordination, and integration to improve alignment across the system of care.</p>
F-4	<p><b>Organize the Homeless Services Division into Two Coordinated Components</b></p> <p>Following the restructuring, organize the Homeless Services Division into two aligned components to strengthen system leadership and improve coordination across the System of Care:</p> <ul style="list-style-type: none"> <li>• <b>Policy and Planning Unit (Administrative Section)</b> <ul style="list-style-type: none"> <li>○ Governance</li> <li>○ Compliance</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Contracting and procurement</li> <li>○ Funding inventory and alignment</li> <li>○ Data reporting and HMIS coordination</li> <li>○ System performance oversight</li> <li>● <b>System Coordination Unit (Programmatic Section)</b> <ul style="list-style-type: none"> <li>○ System flow and CES coordination</li> <li>○ Regional engagement and interjurisdictional partnerships</li> <li>○ Outreach coordination</li> <li>○ Encampment response</li> <li>○ Access to CoC resources</li> <li>○ Coordination with cities, providers, and system partners</li> </ul> </li> </ul> <p>This structure positions the County to lead a unified, regionalized System of Care grounded in clear roles, coordinated service delivery, and aligned funding.</p>
F-5	<p><b>Rename and Reorganize the Homeless Services Division to Reflect Systemwide Leadership and Coordination</b></p> <p>Rename the “Ending Homelessness Unit” to better reflect its true role as the operational hub for Continuum of Care core functions, system coordination, and countywide homelessness response. A new name should emphasize system leadership, collaboration, and accountability—rather than implying that a single unit is responsible for “ending” homelessness. Renaming the unit will also improve stakeholder understanding, external communication, and align County roles for Policy, Planning, and System Coordination.</p> <p>Homeless Services Division -- Recommended name options include:</p> <ul style="list-style-type: none"> <li>● Office of Homeless Services</li> <li>● Office of Homeless Solutions</li> <li>● Office of Homeless Programs &amp; Policy</li> </ul> <p>Rename Ending homelessness unit: Policy and Planning Unit  Rename HEART/SOUL FTE group: System Coordination Unit</p> <p>Selecting a name that clearly communicates the unit’s purpose will help reinforce the County’s commitment to operating as One System and strengthen understanding of its lead role for the County of Sonoma System of Care.</p>

## G - Communication and Engagement Strategy

Building an effective homelessness System of Care requires sustained, transparent communication and consistent forums for meaningful dialogue. Trust and collaboration—particularly across diverse and nontraditional partners—take years to cultivate, and many stakeholders expressed both optimism and measured caution as DHS begins a new chapter of leadership under its new Director. Feedback gathered for this report reflects a clear desire to move toward a more regionalized, coordinated approach in which Cities and the County work together to support shared infrastructure, regional hubs, and an aligned funding strategy. Stakeholders emphasized that homelessness cannot be solved by any single entity and that individualized, siloed efforts have yielded limited systemwide impact. This moment presents an opportunity for intentional integration of the System of Care into a more unified framework, ensuring that limited resources are leveraged, system performance is strengthened, and relationships are rebuilt to enable true collective impact.

## G – Communication and Engagement Strategy

### RECOMMENDATIONS - DHS LEAD AGENCY

G-1	<p><b>Establish regular leadership-to-leadership coordination with Cities.</b> Ensure consistent participation by the County CEO, DHS Director, and key DHS leaders in standing meetings with City Managers and elected officials to strengthen alignment, transparency, and regional coordination.</p>
G-2	<p><b>Convene ongoing System Design and Integration Forums.</b> Create structured, recurring forums, both internal to DHS and external with CoC partners, to support systemwide planning, troubleshoot operational issues, and monitor progress toward an integrated System of Care.</p>
G-3	<p><b>Promote cross-division training within DHS.</b> Encourage DHS divisions to train one another on shared practice principles such as harm reduction, strengths-based approaches, trauma-informed care, and conflict resolution to improve consistency across programs.</p>

### RECOMMENDATIONS – CoC FOCUS

G-4	<p><b>Support the provider-led communication forum.</b> Affirm and utilize the provider-established forum designed to facilitate open, unified communication with the CoC Board; encourage them to propose regionalized structures that highlight and leverage organizational strengths.</p>
G-5	<p><b>Hold semi-annual CoC General Membership convenings.</b> Host in-person, countywide membership meetings twice per year to align stakeholders, promote networking, and coordinate regional and systemwide initiatives.</p>
G-6	<p><b>Conduct monthly coordination meetings within each regional ecosystem.</b> Convene monthly regional meetings—including healthcare partners, outreach teams, shelters, Cities, County leads, law enforcement, and service providers—to support ongoing coordination within the four subregional Service Planning Areas.</p>

### RECOMMENDATIONS – COMMUNITY FOCUS

G-7	<p><b>Provide fact sheets and talking points for public leaders.</b> Equip CoC Board members and City/County elected officials with clear communication materials so they can accurately represent system goals, activities, and progress to their constituents.</p>
G-8	<p><b>Educate the broader community through transparency and shared outcomes.</b> Strengthen public understanding by sharing system goals, dashboards, funding information, and measurable outcomes—building trust, alignment, and community support for the regional System of Care.</p>
G-9	<p><b>Develop a public-facing data hub on homelessness.</b> Create an easily accessible website that provides up-to-date information on homelessness numbers, program impacts, investments, regional outcomes, and System of Care activities. This public data platform should serve as a transparent, user-friendly resource demonstrating progress, explaining how funds are used, and showcasing the work occurring across the County and with its partners.</p>

# APPENDIX

## BACKGROUND INFORMATION

### 5 Year Strategic Plan

A comprehensive Strategic Plan was adopted by the Sonoma County CoC Board on December 14, 2022 [Sonoma County 5 Year Strategic Plan to Prevent and End Homelessness 2023 – 2027]. The Strategic Plan was facilitated and drafted by Homebase, a non-profit homeless services advocacy group. Community and stakeholder input led to the development of three overarching goals, which will guide the direction of the homeless system of care in Sonoma County for the next five years:

1. **Invest in more housing and prevention.** It is imperative to reduce the inflow of people into homelessness and create more pathways to long-term housing stability. Doing so will require investment in both homelessness prevention and housing solutions.
2. **Strengthen supportive services.** The current system of care strains to meet the complex and diverse supportive services needs of people in the community who are experiencing the crisis of homelessness. That strain is felt not only by people experiencing homelessness, but also by homeless service providers, who are overtaxed and under-resourced. Building supportive services capacity is critical to ease this strain and better meet the needs of those in a housing crisis.
3. **Operate as one coordinated system.** Sonoma is a large county with many local governments and a broad array of service providers and other stakeholders whose work directly or indirectly impacts homelessness. To achieve functional zero, partners across the county must work to develop shared priorities, align investments, build seamless coordination, and invest in equitable solutions to the crisis of homelessness.

The Strategic Plan outlines community-identified strategies, supported by evidence-based best practices, to advance the three goals. It includes detailed ‘Early Action Steps’ intended to help the CoC move from plan to action. Below is a list of what was envisioned by the Strategic Plan.

- Creating more than 500 interim and non-congregate shelter beds (2023-2025).
- Creating more than 1,000 permanent housing units or beds over the next five years, with 200 beds added per year (2023-2028).
- Establishing a sub-regionalized approach to street outreach, so that no one is left behind, and all outreach teams meet baseline performance standards.
- Implementing more effective approaches to coordinated entry that allow the system to target specific solutions to meet an individual’s specific needs.
- Building systems to better coordinate with institutional actors, such as jails or hospitals, to ensure that people exiting those settings do not immediately become homeless.
- Improving compensation, benefits, and caseload ratios for frontline homeless services workers to avoid burnout, limit turnover, and provide better care for clients; and
- Providing the public and decision-makers with specific data to evaluate how the system is functioning and improve accountability and system performance on an ongoing basis.

Based on the Strategic Plan, the Ending Homelessness Unit continues to make progress on the following strategic issues:

- Regionalized Street Outreach Teams -- The 5-year Strategic Plan calls for regionalized Street Outreach Teams to mitigate encampments with formalized protocols and mobilized interdepartmental teams. Subregional street outreach has been operationalized.
- Data and Metrics -- Data and performance metrics are captured, reviewed, analyzed, and used in decision-making. The CES redesign is a good example of data-informed decision-making.
- Better Grant Funding Management -- Plan for the grant periods, build strategic plans for funding opportunities, and build confidence and capacity of the system wide service providers. Prevent program disruptions when a grant ends by planning for sustainability. Creation of a funding matrix and inventory of system assets will be needed to streamline funding sources to meet system needs and gaps.
- Encampment Resolution Grant Programs -- Regionalized street outreach, shelter, and housing model would work well to coordinate these Encampment Resolution Grant Program awards. Regionalized street outreach teams may reduce duplication of effort and funding while improving outcomes.

## **Continuum of Care 101 – Roles and Vision**

It is important to understand that the Continuum of Care (CoC) represents both an annual federal competitive grant program and a defined network of resources that are foundational for the system of care. Specifically, the CoC is a Federal HUD construct, which establishes the CoC Board as a diverse group of community stakeholders to steward the development of the homeless services system. This Board sets local written standards for the CoC jurisdiction it represents. (Federal Hearth Act outlines the fundamentals of the CoC Governance Structure, roles, and responsibilities for the CoC System.)

**Lead Agency** -- The Lead agency, in concert with diverse community-wide engagement, ensures implementation of the primary strategy, and typically is the fiscal agent and programmatic coordinator of the system of care. In the case of Sonoma County, the CoC jurisdiction covers the entire County and therefore has the administrative and fiduciary capacity to operate the CoC System of Care, with support from the diverse City/County partners represented on the CoC Board. The Department of Health Services in Sonoma County is the Lead Agency. The Governance Charter in Sonoma County outlines an opportunity to review and change the determination of the lead agency every two years, if desired. There have been regular conversations regarding the “where” and “who” has the capacity to manage the CoC System of Care. Stabilizing the lead agency for the CoC is a central priority for improving system functionality and performance.

Below are the key responsibilities of the CoC Governance Structure: The Lead Agency of the CoC, working in collaboration with the CoC Board.

- **Convening and Governance Support**
  - Provide administrative and logistic support for CoC governance: organize meetings of the full CoC and its decision-making board, set agendas, coordinate committees or workgroups.
  - Oversee the structure and function of working committees (e.g. housing development, data/HMIS, outcomes/evaluation, veteran services, mental health/substance use services) that inform and support CoC-wide planning and priorities.
- **Funding Applications & Grant Management**
  - As the “Collaborative Applicant,” compile and submit required CoC registration, consolidated application, priority listings, and HUD grant applications on behalf of the CoC jurisdiction.
  - Manage CoC planning funds and support the allocation of funding to CoC-funded housing and service providers (e.g. shelters, rapid rehousing, permanent supportive housing, outreach, case management) in alignment with CoC priorities.

- **System Coordination: CES & HMIS Oversight**
  - Administer or coordinate the Coordinated Entry System (CES) for the county — ensuring fair, efficient, and equitable access to services and housing for individuals and families experiencing homelessness. This includes executing and managing contracts/agreements with participating providers under CES.
  - Oversee the Homeless Management Information System (HMIS). This data infrastructure is used by the CoC to collect, manage, and report data on clients, services, outcomes, and system-level performance. This data supports planning, funding decisions, tracking needs, and compliance with state and federal reporting requirements.
- **Planning, Strategy & System Design**
  - Lead development of community-wide plans, strategies, and policies for homelessness prevention, shelter, rapid rehousing, permanent housing, and supportive services tailored to the needs of the population served.
  - Promote coordination among multiple stakeholders — nonprofit service providers, local and city governments, public health/behavioral health, housing developers, social services, advocates — to ensure a unified, system-wide response.
  - Monitor system-level performance: track how well the CoC is doing in housing exits, stability, preventing returns to homelessness, and adjust programs as needed.
- **Compliance & Reporting**
  - Ensure compliance with federal HUD regulations governing CoC programs (e.g., funding rules, data reporting) and state requirements (if applicable).
  - Execute and maintain contractual agreements with service providers under CES and HMIS, including setting performance expectations and ensuring timely reporting of outcomes.

**CoC Board** -- The CoC Board has the purpose to locally set written standards for system components. The diversity of membership is outlined in the HEARTH Act of 2009. There should be members representing youth, veterans, Domestic Violence (DV), Housing Authority/Development, Behavioral Health, Cities, faith-based, lived experience, etc. For the annual HUD CoC Collaborative Application, HUD is the fiscal agent. For other homeless services funding, the County Board of Supervisors, through DHS, is the fiscal agent for State and Local funding sources. Sonoma County CoC Board consists of local elected officials, nonprofit representatives, subject matter experts, and individuals with lived homeless experience.

**State of California** -- The State of California has aligned with HUD to pass through all homelessness funding to the CoC Board to allocate, coordinate, and implement according to a locally adopted homelessness strategic plan. The fiscal agent will then contract and manage the funding and provide oversight for programmatic accountability. Managing State funding sources (HHAP, HOMEKEY, ERF) in addition to Federal CoC funding and all other unfunded mandates has been a capacity challenge in many CoC jurisdictions. There are 44 Continuum of Care jurisdictions within the State of California; seventy-five percent of the lead agencies are City or County government entities. This structure is often beneficial to leverage and integrate broader resources to improve the effectiveness of the homeless system of care.

The Sonoma County CoC Board has the following committees, which are fundamental to managing HUD CoC system requirements:

- **Coordinated Entry Advisory Committee** ensures the 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.

- **Funding and Evaluation Committee** is responsible for the oversight of funding and evaluation of projects for the CoC. Its duties also include reviewing funding applications for new and renewal projects as part of the U.S. Department of Housing and Urban Development’s annual CoC funding competition.
- **Governance Charter Policy Review Committee** is responsible for making recommendations to the CoC Board for any revisions or updates to the CoC’s Governance Charter, bylaws, and policies.
- **HMIS Data Committee (staffed by the HMIS Lead Agency)** is responsible for advising the CoC Board on issues regarding Sonoma County’s web-based Homeless Management Information System (HMIS), developing and maintaining the dashboard of metrics to achieve the vision of functional zero homelessness, and alerting the CoC Board of providers whose data compromises the overall system performance.
- **Strategic Planning Committee** oversees the strategic planning activities of the CoC to ensure that the homeless system of care operates effectively and efficiently in achieving CoC system performance objectives.

## RESOURCE -- ACRONYMS

AODS – Alcohol and Other Drug Services.

APS – Adult Protective Services.

BH – Behavioral Health.

BNL – By-Name List.

BOS – Board of Supervisors.

CalAIM – California Advancing and Innovating Medi-Cal.

CBID – Community-Based Intervention & Diversion (Sonoma County).

CDC – Community Development Commission.

CES – Coordinated Entry System.

CoC – Continuum of Care.

COTS – Committee on the Shelterless (Petaluma).

DHS – Department of Health Services (Sonoma County).

DV – Domestic Violence.

ECM – Enhanced Care Management (under CalAIM).

ERF – Encampment Resolution Funding.

ESG – Emergency Solutions Grant.

HEAP – Homeless Emergency Aid Program.

HEARTH Act – Homeless Emergency Assistance and Rapid Transition to Housing Act.

HEART – Homeless Encampment Assistance & Resource Team.

HHAP – Homeless Housing, Assistance, and Prevention Program.

HHIP – Housing and Homelessness Incentive Program.

HMIS – Homeless Management Information System.

HOME-ARP – HOME Investment Partnerships – American Rescue Plan.

HOST – Homeless Outreach Services Team (Santa Rosa).

HUD – U.S. Department of Housing and Urban Development.

IMDT – Interdisciplinary Multidisciplinary Team.

LEAP – Lived Experience Advisory Panel.

MOU – Memorandum of Understanding.

NOFA – Notice of Funding Availability.

PIT Count – Point-in-Time Count.

PSH – Permanent Supportive Housing.

RRH – Rapid Rehousing.

ROI – Release of Information.

SOAR – SSI/SSDI Outreach, Access, and Recovery.

SOUL – Solutions Oriented Unified Leadership (Sonoma County IMDT team).

SRO – Single Room Occupancy.

TAC – Technical Advisory Committee.

TAY – Transitional Age Youth.

**Sonoma County Homeless Coalition Board  
Agenda Report**

**Item No:**

**Subject:** April 22, 2026, Sonoma County Homeless Coalition Board Meeting Agenda

**Meeting Date:** April 22, 2026

**Staff Contact:** Araceli Rivera, [Araceli.Rivera@Sonomacounty.gov](mailto:Araceli.Rivera@Sonomacounty.gov)

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**SUMMARY**

This staff report presents the Draft April 22, 2026, Sonoma County Homeless Coalition Board Meeting proposed agenda. The agenda contains all proposed items that will be discussed by the Board. The proposed agenda is attached as Attachment A.

**RECOMMENDED ACTION(S)**

Approve Draft April 22, 2026, agenda.



**Sonoma County Homeless Coalition**

**Board Meeting Agenda**

**DRAFT April 22, 2026**

**1:00pm-3:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/92759747120?pwd=Cuw1daWSoPM5s8CIAWgPrJ8wYLeBgp.1>

**Phone: +16694449171 Webinar ID: 927 5974 7120 Passcode: 589476**

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
	<b><i>Note: Items 1-4 below are proposed for adoption via one motion as the Consent Calendar.</i></b>	N/A		
1.	3/25/2026 Agenda (Consent Calendar)	Draft Agenda	Staff	
2.	Minutes from 03/25/2026 (Consent Calendar)	Draft Minutes	Staff	
3.	Summary of Follow-ups from the Previous Meeting(s) (Consent Calendar)	Summary of Follow-ups	Staff	
4.	Reports for Standing Committee Updates (Consent Calendar) <ul style="list-style-type: none"> <li>• CEA Committee</li> <li>• Lived Experience Advisory &amp; Planning Board (LEAP)</li> </ul>	Staff Report for Standing Committees	Staff	

5.	Reports from Lead Agency Staff <ul style="list-style-type: none"> <li>• Department of Health Services (DHS) Director updates</li> <li>• Strategic Planning Update</li> </ul> Potential ACTION ITEM	Staff Report	Staff	
6.	Continuum of Care (CoC) Competition Overview Potential ACTION ITEM	Staff Report		
7.	10-minute break			
8.	Word from the LEAP Board Potential ACTION ITEM		LEAP Board Chair	
9.	Board Member Questions & Comments Potential ACTION ITEM		Board Chair	
10.	Public Comment on Items not on the Agenda		Board Chair	

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting.*

*To submit an emailed public comment to the Homeless Coalition Board, submit your responses via the website at [Homeless Coalition Board Comment Form >>](#). Please label the written notice as public comment referencing the Homeless Coalition Board, provide your name, the agenda number(s) on which you wish to speak, and your comment.*

*Public comment during the meeting can be made live by joining the Zoom meeting using the above provided login information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers. If you need technical assistance with submitting a public comment, please contact Jynessa Lazzaroni at [jynessa.lazzaroni@sonomacounty.gov](mailto:jynessa.lazzaroni@sonomacounty.gov)*

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

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

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

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

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

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