From: Gillian Morshedi
To: Frawley,Heather
Cc: Melissa Kopf; Scott Abbott
Subject: [EXTERNAL] Re: TA Opportunity: 2024 HUD Community Workshops, 2/13 Deadline to Sign-up
Date: Thursday, January 18, 2024 10:01:01 AM
Attachments: Partnering with People with Lived Experience CW Syllabus.pdf
System Modeling with Stella M Syllabus.pdf
CE Prioritization and Assessment CW Syllabus.pdf
Building Coalitions CW Syllabus.pdf
Equity Data Analysis CW Syllabus.pdf

Hi Heather,

Glad you're interested!

I do want to clarify that each topic is its own 3-month workshop and each community is limited to one workshop per semester, as they're quite time intensive (participating communities are intended to do work/make planning and implementation progress between their biweekly workshop sessions).

I've attached the syllabus for each of the workshops being offered this time around so you and Joseph can take a look at the details of each and discuss between yourselves and also others in the CoC which might be the best fit and who else you might want to try to get to join your team depending on the workshops you're most interested in.

If it would be useful to schedule a quick call to discuss the specific workshops you all are considering once you've had a chance to review, I'm happy to do that! I believe Melissa was part of the Lake County team that participated in a Community Workshop a few years ago so she could also tell you a bit about what to expect.

Gillian

On Thu, Jan 18, 2024 at 9:26 AM Frawley,Heather <FrawleHJ@ah.org> wrote:

> Hi Gillian,
>
> I'd like to register myself and Joseph Taylor for the workshops.
>
> *Cheers,*
>
> *Heather*
>
> Heather Frawley, MHA
>
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From: Gillian Morshedi <gillian@homebaseccc.org>
Sent: Wednesday, January 17, 2024 3:51 PM
To: Melissa Kopf <Melissa.Kopf@lakecountyca.gov>; Frawley,Heather <FrawleHJ@ah.org>; Scott Abbott <Scott.Abbott@lakecountyca.gov>
Subject: TA Opportunity: 2024 HUD Community Workshops, 2/13 Deadline to Sign-up

Hi all,

I know you're in the midst of PIT count prep among other things, but I wanted to let you know that HUD has opened registration for its 2024 Community Workshops. This round will run from March to June (including a 3-week Equity pre-requisite workshop) and HUD is offering 5 workshops this semester, including one new one:

- Coordinated Entry: Prioritization and Assessment
- Building Coalitions for Racial Equity, Social Justice, and Ending Homelessness
- Equity and Data Analysis
- Partnering with People with Lived Experience of Homelessness
- System Modeling with Stella M **(Brand New!)**

Please see the attached letter from HUD SNAPS Director Norm Suchar and "Community Workshops at a Glance" document for more information. As before, each community is limited to one workshop per semester and participation will require community participants to attend 5-6 group sessions and engage in one-on-one assistance with their facilitator, as well as work in the community, between sessions. The level of engagement, appropriate participants, and any other pre-requisite capacity varies by workshop topic. I have a brief syllabus for each topic that contains more detail - happy to send those along for any workshops of interest.

If Lake Co. CoC is interested, you'd register through me as your Regional TA Point of Contact. **The registration deadline is February 13**, so you have some time to consider. Happy to discuss any specific workshop or the workshops generally in greater detail with you or anyone else.

Thanks,

Gillian

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Advancing Solutions to Homelessness
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Authentic Stakeholder Engagement
Three-month Community Workshops Syllabus

Course Goal: This workshop will cover the importance of building inclusive decision making bodies, provide tangible strategies to connect with culturally responsive grassroots and community-based organizations as well as people with lived expertise (PLE), and begin to equip communities with the tools needed to amplify the voices of and empower those most impacted so our systems reflect the communities we serve.

Intended Audience: This workshop is intended for communities who have a desire to develop an authentic and shared power leadership structure. The leadership of persons with lived expertise, grassroots community-based organization stakeholders, and individuals representative of communities most impacted by homelessness across race, ethnicity, ability, and identity should be prioritized in the identifying of community team members to join homeless system administrators and stakeholders in participation in this workshop. Participants should have previously participated in the Equity Foundational Workshop and be prepared to attend not only the workshop sessions but also work with their fellow participants in between sessions to complete necessary activities and engage in ongoing discussion.

Timeline	**Topics Covered and Learning Activities**	**Objectives**
Before Session 1	● Equity – Standard pre-work ● Review materials on inclusive stakeholder engagement and spectrum of public involvement ● Identify community stakeholders and persons with lived expertise to participate in the community workshop together	Participants will identify a diverse group of community members to participate in the workshop.
Session 1 (week 1)	**Session 1: Community Reflection, Landscape Assessment and What's Baked In** ● Understanding HUD requirements for community engagement ● Current roles of persons with lived experience in your homelessness system ● Current methods for soliciting consumer feedback	Participants will understand the required elements of stakeholder engagement, best practices and define their current community practices.
Between Sessions 1 & 2	● Continue your community conversation about current dynamics with stakeholders, including persons with lived expertise ● Review and explore the use of the Social Change Ecosystem resource as a facilitation tool ● Review materials on engagement with persons with lived expertise	
Session 2 (week 2)	**Session 2: Authentic Engagement: Relabeling, Redefining and Reimagining Leadership** ● Engaging people with lived expertise and grassroots leadership ● Authentic engagement strategies ● Unique characteristics of engaging young people	Participants will understand techniques for engaging with stakeholders and persons with lived experience in a transformational way
Between Sessions 2 & 3	● Use the content from the first two sessions to identify and invite additional community participants for the remainder of the workshop ● Onboard new participants	

	● Complete the Racial Equity Organization Self-Assessment ● Seek support from facilitator office hours if needed	
Session 3 (week 7)	**Session 3: Capacity Building** ● Revisit authentic engagement strategies ● Setting up persons with lived experience for success ● Logistics for support stakeholders' group and consumer advisory boards ● Training for stakeholders	Participants will understand the policies and practices necessary to support persons with lived experience and other stakeholders successfully.
Between Sessions 3 & 4	● Review materials on hiring, supervision and training ● Review materials on developing strong community leaders	
Session 4 (week 8)	**Session 4: Accountability and Sustainability** ● Shifting power to those most impacted by homelessness ● Ensuring accountability to community ● Decision making processes	Participants will understand how to ensure their engagement supports accountability to persons most impacted by homelessness.
Between Sessions 4 & 5	● Review Equity Based Decision Making tool ● Complete the System Accountability Assessment	
Session 5 (week 10)	**Session 5: Rethinking Your Community Theory of Change or** ● Plan to develop a community theory of change to guide stakeholder engagement ● Imagining homelessness systems without racial gaps and disparities	Participants will begin to develop a plan for stakeholder engagement.
Between Sessions 5 & 6	● Meet with your community to develop the community action plan for stakeholder engagement	
Session 6 (week 12)	**Session 5: Community Report Out** ● Present your community plan based on your theory of change, including goals, action steps and accountability measures	Participants will have a comprehensive plan to move forward with authentic community engagement.

System Modeling with Stella M

Three-Month Community Workshop Curriculum Syllabus

Course Goal:

This workshop will support communities in the people-centered, data-informed, strategic planning process of system modeling to guide resource investment decisions. The workshop will briefly address engaging key partners in the system modeling process and will wrap up with a discussion of implementation planning. However, the bulk of the workshop will focus on developing data-informed assumptions and building a model using the Stella Modeling (or Stella M) module in HDX 2.0

The workshop leverages the existing System Modeling Toolkit along with light-touch technical assistance and facilitated peer learning to support this goal. The focus of the workshop will be supporting communities through the steps of building a model, including identifying data sources, developing assumptions, and using Stella Modeling (Stella M) to build a model.

- **Participating Communities that have a system modeling workgroup in place and are ready to begin the system modeling process** will have support through the process and will be able to build a model based on community inputs and assumptions. Communities actively engaged in a system modeling process will also be able to troubleshoot with peers and workshop facilitators as challenges arise in the system modeling process, such as challenges with data analysis, facilitation, key partner engagement, entering assumptions into Stella M, or building buy-in from leadership.
- **Communities that are in the planning stages of system modeling** will be able to practice the steps of creating a system model and will leave the workshop with tools and knowledge to conduct system modeling in their community. They can also complete a practice model in the Stella M sandbox.

Intended Audience:

Target Communities: CoCs that have identified a need for a data-informed planning effort to guide system investments and improvements. To get the most out of the workshop, communities would have:

- Identified and engaged key partners for system modeling
- Determined initial roles and responsibilities
- Identified target population and/or geography for the model, and
- Developed (or be in the process of developing) at least one of the following core groups needed for system modeling: Planning Group, Workgroup, Leadership Group.

See **Planning Steps** in the System Modeling Facilitation Guide.

Target Participants: (2-4 per community)

Individual(s) who will be planning and facilitating the system modeling process. Individual(s) who will be supporting the data needs of the system modeling process.

Timeline	Topics Covered	Objectives
Community Pre-Work and	• Background reading and access to HDX 2.0 and Stella M Sandbox • Roles of workshop participants and whether additional participants should be included	Workshop participants set up in Stella M and familiar with the purpose of system modeling

System Modeling with Stella M

Three-Month Community Workshop Curriculum Syllabus

Timeline	Topics Covered	Objectives
Workshop Orientation (Week 1)	in workshop ● Where community is at in system modeling process/preparedness and goals for workshop	and workshop expectations.
Session 1 (Week 2)	**Group Session 1: System Modeling Overview** ● System modeling overview ● Case study of completed models and examples of how communities have used the modeling results (system modeling scenarios) ● Introduction of Stella for System Modeling	Participants understand system modeling key concepts and process steps and are familiar with how to access resources in the System Modeling Toolkit as well as who needs to be involved in the system modeling process.
Between Sessions 1 & 2 (Week 3)	*Community work & Office Hours* ● Watch Stella M Site Overview video (8 minutes) ● Read Facilitation Guide (9 pages) ● Discuss community goals for system modeling: What do you want to have happen in your community once you have a completed model?	
Session 2 (Week 4)	**Group Session 2: Envisioning an Ideal Homeless Response System** ● Developing a vision for ideal system ● Foundational Principles ● Stella M Demo: Setting up a model in Stella M	Participants understand foundational principles of designing an ideal homeless response system, including data-informed assumptions and equity considerations. Participants know how to set up a model in Stella M.
Week 5: Community work and office hours	*Community work & Office Hours* ● Develop System Modeling Mission and Core Values ● Determine inputs for setting up a model in Stella M: household type, target group, geography, model type (single-year/multi-year), target year	
Session 3 (Week 6)	**Group Session 3: Modeling Building Blocks: Developing Project Types.** ● Project types as building blocks of system modeling & using data to inform project type development ● Estimating Cost and Establishing Baseline Inventory ● Documenting data sources and assumptions ● Stella M Demo: Setting up project types, project cost, baseline inventory	Participants understand the key concepts related to developing project types and setting up project types in Stella M. Participants familiar with the process and purpose of setting up project cost and baseline inventory in Stella M.
Between Sessions 3 & 4 (Week 7)	*Community work & Office Hours* ● Complete the Project Type Matrix (either with a system modeling workgroup or just the workshop participants) ● Build project types in Stella M	
Session 4	**Group Session 4: Modeling Building Blocks: Developing Pathways** ● Pathways key concepts & using data to inform pathway development	Participants understand key concepts of developing pathways in system modeling,

System Modeling with Stella M

Three-Month Community Workshop Curriculum Syllabus

Timeline	Topics Covered	Objectives
(Week 8)	• Strategies to facilitate pathway development (cohorts, system map) • Stella M Demo: Setting up pathways in Stella M & results preview	strategies to facilitate pathway development with a system modeling workgroup. Participants know how to set up pathways in Stella M.
Between Sessions 4 & 5	*Community work & Office Hours* • Complete Pathways Matrix and Pathways Worksheet • Create pathways in Stella M	
Session 5 (Week 10)	**Group Session 5: Modeling Building Blocks: Estimating the Number of Households** • Households key concepts & using data to develop households estimates • Stella M Demo: Entering households estimates, household projections in multi-year model, default values	Participants understand the key concepts of estimating the number of households in a single year or multi-year model. Participants familiar with potential data sources to inform households estimates.
Between Sessions 5 & 6 (Week 11)	*Community work & Office Hours* • Discuss local data sources to estimate households • Enter households in Stella M • Review published system modeling reports • Review Stella M results	
Session 6 (Week 12)	**Group Session 6: Finalizing the Model & Implementation Planning** • Understand, communicating, and finalizing Stella M Results • Implementation planning • Stella M Demo: Results pages, exporting data • Workshop wrap-up	Participants are familiar with Stella M results, strategies to communicate results, and opportunities to use system modeling results in their community: strategic planning, inform funding decisions, advocate for additional resources, set performance targets, etc.

Coordinated Entry Prioritization & Assessment
Three-month Community Workshop Syllabus

Course Goal: This Workshop[1] will support communities as they make system adjustments to ensure their community's Coordinated Entry (CE) systems identify and prioritize the most vulnerable households experiencing homelessness for available housing and services. Each participating community will develop and implement refinements to their CE prioritization scheme(s) and assessment process(es) to achieve three goals: (1) Use data to identify and prioritize the most vulnerable households experiencing homelessness for available housing and services; (2) Ensure prioritization and assessment processes promote equity and reduce disparities within the community; and (3) Develop a replicable, iterative evaluation and refinement process to enable future modifications to the community's prioritization scheme(s) and assessment process(es), when necessary or desired.

Intended Audience: Each community should select three participants for this Workshop, including: a leader holding a position of authority within the CoC related to CE (e.g., CoC Lead, CE Lead, CE Committee chair, etc.); a representative of the ESG recipient most familiar with CE; and an additional partner with a good understanding of the CE system who brings a different perspective to the team (consider including a person with lived experience, if appropriate). Communities that are a good fit for this Workshop will have, at a minimum, the following traits:

- A CE leadership team committed to meeting regularly throughout the three-month Workshop to review current data/processes and develop/implement appropriate modifications and refinements;
- A CE system willing to test modifications to its prioritization scheme and assessment process to address system performance issues; and
- The ability to access Stella P and complete the Racial Equity Analysis Tool for their CoC.

Timeline	**Topics Covered and Learning Activities**	**Objectives**
Before Session 1	● Review Course Materials and Identify Participants ● Review Community Data ● Complete Racial Equity Pre-Work ● 30-60 minute introduction call with facilitators	
Session 1 (Week 1)	**Session 1: Introductions & Prerequisites to Change** ● Necessary Structures, Processes, and Characteristics to Drive Effective Change Process: Equity, Leadership and Vision, and Data	1. Introduce participants and facilitators to the Community Workshop process and each other 2. Understand and implement, if necessary, the prerequisites to change to enable system change

[1] This is one of two workshops focused on CE being offered in 2021. This workshop is being offered during the first 2021 semester. The other CE workshop, which will be offered during the second 2021 semester, will support communities as they make system refinement to ensure those prioritized for CE move quickly through the referral process to permanent housing. This workshop is not a prerequisite for the second one. Communities can request to participate in both, or to focus on one part of their CE process

Between Sessions 1 & 2	● Review Prerequisites to Change and identify/address areas for improvement ● Review existing CE prioritization scheme ● Participate in Additional TA Opportunities (office hours and/or 1-on-1s with facilitators) [Note: This is an expectation between all sessions]	
Session 2 (Week 3)	**Session 2: Prioritization I** ● Independent Work Discussion: Action Plan Review and Feedback ● Prioritization: (1) Introduction and (2) Assessing existing prioritization schemes	1. Understand the purpose of prioritization and how existing prioritization scheme(s) are intended to function and their actual results
Between Sessions 2 & 3	● Complete review of existing CE prioritization scheme and performance data ● Identify new or different priorities and begin developing new prioritization scheme(s)	
Session 3 (Week 5)	**Session 3: Prioritization II** ● Independent Work Discussion: Areas for improvement in existing prioritization scheme(s) and new priorities ● New Prioritization Schemes: (1) Necessary changes and (2) Development process	1. Understand challenges and opportunities related to existing prioritization scheme(s) and the relevant factors to consider when developing new prioritization scheme(s)
Between Sessions 3 & 4	● Finish developing new prioritization scheme(s) and develop and begin implementing action plan for incorporating new prioritization scheme(s) ● Consider relationship between new prioritization scheme(s) and assessment	
Session 4 (Week 8)	**Session 4: Assessment I** ● Independent Work Report Out: New prioritization scheme(s) and implementation process ● Ongoing Monitoring of Prioritization ● Introduction to Prioritization-Focused Assessment	1. Understand the relevant factors to consider when implementing new prioritization scheme(s) 2. Have an implementation plan in place for new prioritization scheme(s) 3. Understand the purpose of assessment and of ongoing monitoring, evaluation, and refinement for assessment process(es)
Between Sessions 4 & 5	● Continuing implementing prioritization scheme(s)/action plan ● Review existing assessment processes and tools and identify new or different priorities	
Session 5 (Week 10)	**Session 5: Assessment II** ● Independent Work Discussion: Existing Assessment Process, Areas for Improvement, and New Priorities ● New Assessment Process: (1) Necessary Changes and (2) Development Process	1. Understand how existing assessment process(es) are intended to function and their actual results; challenges and opportunities related to existing assessment process(es); and the relevant factors to consider when developing new assessment process(es)
Between Sessions 5 & 6	● Continuing implementing prioritization scheme(s)/action plan ● Develop and implement action plan to incorporate new assessment process	
Session 6 (Week 12)	**Session 6: Assessment III** ● Independent Work Discussion: New assessment processes and implementation process ● Ongoing Monitoring of Assessment Processes	1. Have an implementation plan in place for new assessment process(es)

Building Coalitions for Racial Equity, Social Justice and Ending Homelessness

Three-month Community Workshop Syllabus

Course Goal: This course will assist CoCs in breaking down the barriers that keep them from working effectively across systems and communities.

Throughout the course,CoC leadership will learn how to build stronger relationships, trust, and alignment so they can have a bigger impact on ending and preventing homelessness and reducing racial and social disparities.

Course participants will be introduced to strategies they can use to transform their CoC into ones that center the voices of the people who are most impacted by homelessness and give them the power to implement solutions. They will learn how to move from transactional to transformational relationships, map power structures in their communities, use data to heal and repair relationships, and use continuous quality improvement to focus on equity. These practices will help CoC Leadership build coalitions in their communities that can dismantle institutional barriers and uplift the power of the people.

Target Audience: This course is for CoC leaders who work with our unsheltered neighbors, no matter where they are in their journey to build coalitions to end homelessness and reduce racial and social disparities. If you are just starting out, you will learn how to partner with other organizations and engage the people who are most impacted by homelessness. If you have already started building a coalition you will learn how to make it even stronger and more effective. .

Course Logistics: The course will meet weekly, alternating between a workshop format and practice labs. The workshops will be facilitated by subject matter experts who will guide program participants through various topics that will serve as building blocks for understanding how to transform your CoC into a coaltion. The practice labs are designed to be a working group space for each community to connect 1:1 with a facilitator of the course to identify and address local specifics that impact the community in developing a coalition to address and end homelessness efficiently, effectively, and equitably. Throughout the course, each community will work on their toolkit with guidance from the facilitators.

Timeline	**Topics Covered and Learning Activities**
Week 1 **Introduction and workshop prep**	Facilitators will connect with each community in advance of the initial workshop session to provide an introduction to the course and the **Racial and Social Equity Toolkit - Community Action Plan Template**.
Week 2 **Workshop** Session 1	**Introduction to Coalition Building and Community Organizing Principles: Moving from Transactional to Transformational Relationships** ● Overview of transactional vs. transformational relationships ● Benefits of Transformational Relationships ● Understanding the role of trust, respect, and communication in building transformational relationships

Week 3 **Practice Lab with facilitators**	● Communities meet with facilitator(s) 1-on-1 or via office hours to continue processing and exploring: Moving from Transactional to Transformational Relationships
Week 4 **Workshop** Session 2	The Role of an Effective Community Organizer in Building Multiracial-Multicultural-Cross-Sector Coalitions ● Learn the five essential principles of community organizing to build powerful coalitions. ● Understand the roles, skills and functions of effective community organizers at all levels. ● Apply racial and social equity and continuous quality improvement to minimize harm and maximize benefit for marginalized groups overrepresented in homelessness. ○
Week 5 **Practice Lab with facilitators**	● Communities meet with facilitator(s) 1-on-1 or via office hours to continue processing and exploring: The Role of an Effective Community Organizer in Building Multiracial- Multicultural- Cross-Sector Coalitions
Week 6 **Workshop** Session 3	Creating Liberated Spaces: Setting the Table and Inviting Diverse Co-Creators- guest speaker ● Prioritizing different value systems in shared spaces ● Exploring culture-based value systems as a way to build affirming, inclusive tables and spaces together
Week 7 **Practice Lab with facilitators**	● Communities meet with facilitator(s) 1-on-1 or via office hours to continue processing and exploring CoC-based best practices around culturally-based conflict resolution. ● Communities meet with facilitator(s) 1-on-1 or via office hours to continue processing and exploring culture-based value sets that have been exploited and minimized and how to hold and honor different value systems than the one we've been forced to participate in.
Week 8 **Workshop** Session 4	The Power of Storytelling: **Data Work as a Pathway to Healing and Repair** ● Implementing a Qualitative Approach ● Holding and honoring culture-based values in community participatory research ○ Community-based focus groups to begin to address healing ○ Needs and gaps analysis to assess for repairs ○ Data Equity to deepen connections Who can/will cultivate change and meaningful relationships?
Week 9 **Practice Lab with facilitators**	● Communities meet with facilitator(s) 1-on-1 or via office hours to continue processing and exploring Dreams and Barriers: Identifying dreams/ideals and what stands in the way of achieving those dreams
Week 10 **Workshop** Session 5	**Group Session 5: Strategic Communication Part 2: Building Coalition across Differences through the Use of Data: : Part II** ● Asking for and leveraging data to achieve systems change ● Analyzing power in your community

	● Key data points and strategies to consider for developing community-wide commitment and persuading decision-makers
Week 11 **Practice Lab with facilitators**	Looking at your community's data: ● Examining at the people in charge and how that reflects who is getting served ● Examining the people who are not getting served and whether those identifies are reflected in CoC leadership
Week 12 **Workshop** Session 6	A Framework for moving forward **Using Equity-centered Community Design in your Continuous Quality Improvement** ● Setting communities up for successful implementation, analysis, and action through CQI: Plan, Do, Study, Act ● Plan: History & Healing; Acknowledging & Dismantling Power Constructs; Inviting Diverse Co-Creators; Building Humility & Empathy; and Defining & Assessing Topic & Community Needs ● Do: Ideating Approaches and Rapid Prototyping ● Study: Testing & Learning; Using your data to identify the greatest disparities and looking at the story behind your data to identify the factors contributing to the disparities and inequities your data is showing ● Act: Developing strategies (policies, programs, practices) to address and mitigate those disparate factors
Week 13 **Practice Lab with facilitators**	**Moving forward:** Getting started on your plan to build your community's coalition!

Equity and Data Analysis
Three-month Community Workshop Syllabus

Course Goal: Participants will deepen their understanding of the steps involved in conducting an effective and equity-driven data analysis, develop a framework to conduct and operationalize an equity-driven analysis in their communities, and be equipped to make changes to address inequities in their homeless services systems.

Intended Audience: Participants for this course should include the HMIS Lead/System Administrator staff with a foundational understanding of the principles of managing HMIS, and participation/collaboration from the CoC and other key stakeholders. Sessions will be interactive, problem-solving opportunities for communities to work together to analyze their data for disparities and utilize it to make changes grounded in equity.

Where possible, communities are strongly encouraged to be intentional in selecting diverse representation from the participant categories below. Each community should select three participants for this Workshop, including:

- A leader holding a position of authority within the CoC with the ability to coordinate partners and launch efforts to implement changes (e.g., CoC Lead, Data Lead, Coordinated Entry Lead, etc.),
- HMIS staff familiar with data analysis, and
- An additional partner with a foundational understanding of operationalizing equity who brings a different perspective to the team (consider including a person with lived experience and expertise, if appropriate).

Participants should anticipate working with a diverse array of stakeholders from their communities (including housing/service providers and persons with lived experience) between sessions to examine their data and work an action plan to implement changes.

Timeline	**Topics Covered and Learning Activities**	**Objectives**
Before Session 1	• Equity pre-work – Recommended background reading and materials • Compile required data reporting – See checklist for details and instructions	Participants will be equipped to acquire and begin examining their data and will be prepared with questions for discussion in the first session.
Session 1 (week 2)	**Session 1: Introduction and course framing** • Introductions and learning expectations • Pre-work checks, Q&A • Course structure and overview of key concepts/activities	Participants will be prepared to discuss their local data. Participants will bring at least two questions for discussion specific to analyzing their data for disparities.

Timeline	**Topics Covered and Learning Activities**	**Objectives**
Between Sessions 1 & 2	● Facilitators will connect 1:1 with participants to review and address in-depth any questions and challenges from the previous session. ● Participants will review the CoC Analysis tool, making and noting any observations for the community, and will be prepared to bring observations and insights to session 2.	
Session 2 (week 4)	**Session 2: Community Level Data and Data Sharing** ● Census data as starting point for disparity analysis ● Cycling through systems and data sharing ● Community-level data analysis and systems planning	Participants will be prepared to discuss their observations and questions from the CoC Analysis Tool and will comprehensively understand how to identify and contextualize disparities and disproportionalities.
Between Sessions 2 & 3	● Facilitators will connect 1:1 with participants to review and address in-depth any questions and challenges from the previous session. ● Participants will review Stella P extracts, with a focus on System map and demographics and will be prepared to bring observations and questions for discussion to Session 3.	
Session 3 (week 6)	**Session 3: System Level Data** ● Stella P walkthrough and use cases: Building a narrative ● System Performance Measures and community-specific goals ● Integrating continuous quality improvement (CQI) practices at a systems level	Participants will be prepared to discuss their observations and questions from their Stella P extracts and will comprehensively understand how to develop and refine community specific goals for System Performance Measures utilizing CQI practices.
Between Sessions 3 & 4	● Facilitators will connect 1:1 with participants to review and address in-depth any questions and challenges from the previous session. ● Participants will review APRs and will be prepared to bring observations and questions for discussion to Session 4.	
Session 4 (week 8)	**Session 4: Program Level Data** ● Performance on a programs level and connecting to systems level performance (SPMs) ● Program evaluation: Monitoring programs for equity, performance, and data quality ● CoC-wide implications	Participants will be prepared to discuss their observations and questions from their APRs and will comprehensively understand how to analyze performance on both a programs level and systems level utilizing an equity lens.
Between Sessions 4 & 5	● Facilitators will connect 1:1 with participants to review and address in-depth any questions and challenges from the previous session. ● Participants will consider the governance structure of community and will be prepared to bring observations and ideas around	

Timeline	**Topics Covered and Learning Activities**	**Objectives**
	contextualizing data to community for discussion to Session 5.	
Session 5 (week 10)	**Session 5: Community Engagement** ● Qualitative data collection strategies ● Mixed-methods approaches: qualitative and quantitative data strategies and inform and influence each other ● Engagement of persons with lived experience / expertise in decision-making structures	Participants will be prepared to discuss their ideas around contextualizing data to the community and will comprehensively understand qualitative and quantitative data collection strategies, including incorporating PLEE into decision-making structures.
Between Sessions 5 & 6	● Facilitators will connect 1:1 with participants to review and address in-depth any questions and challenges from the previous session. ● Participants will consider the governance structure of community and will be prepared to bring observations and ideas around contextualizing data to community for discussion to Session 5.	
Session 6 (week 12)	**Session 6: Action Planning, Review, and Wrap-Up** ● Transactional vs transformative change ● Intro to system modeling and Stella M ● With peers, develop community action planning first and next steps	Participants will be prepared to discuss their ideas around engage PLEE and other groups in building more holistic and equitable data analysis processes and will comprehensively understand transactional vs. transformative change. Participants will gain foundational knowledge around Stella M.

Lake County Continuum of Care Financial Policies and Procedures for Procurement, Processing Requests for Funds, Support Documentation Standards, and Addressing Improper Payments for ESG-CV/ESG

These Financial Policies and Procedures are in effect for ESG-CV and ESG annual projects funded by California HCD, with Lake County Behavioral Health Services, the Administrative Entity for the Lake County Continuum of Care (LAKE COUNTY), as its subrecipients. This policy is specific to ESG-CV and ESG and is an extension of Section Seven of Lake County Government Policy, Financial.

Procurement

The County shall facilitate compliance with all procurement requirements associated with the ESG-CV program including, but not limited to, those in 2 CFR 200.318 – 200.327. Compliance with these procurement standards shall also be required of subrecipients receiving ESG-CV funds from the County.

I. Procurement Standards

When buying goods and/or services with ESG-CV funds, the County and its subrecipients will follow these standards:

a) Conflict of Interest: Identify and avoid conflicts of interest in the procurement process. Officers, employees, or agents must disclose any potential conflicts and refrain from participating in decisions where a conflict exists.
b) No Gifts: Officers, employees, or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
c) Smart Purchases: Review proposed purchases to avoid unnecessary or duplicative items. Consider combining or splitting purchases for better deals. Analyze leasing versus buying for cost-effective decisions.
d) Local Cooperation: Explore intergovernmental agreements with local entities for shared procurement or use of common goods and services.
e) Use Existing Resources: Prioritize using federal surplus property instead of buying new when feasible.
f) Cost Reduction: Encourage cost-cutting measures in construction contracts through techniques like value engineering.
g) Award to Competent Contractors: Contracts will be awarded to capable contractors with a good track record.
h) Detailed Records: Maintain detailed records of procurement history, including reasons for the chosen method, contractor selection or rejection, and contract pricing.
i) Time and Material Contracts: Use time and material contracts only when necessary, with a specified ceiling price.

j) Responsibility for Issues: Be responsible for resolving contractual and administrative issues arising from procurements.
k) Protest Procedures: Establish protest procedures to handle and resolve disputes and disclose protest information to the awarding agency. Exhaust administrative remedies before pursuing a protest with the Federal agency.

II. Implementation Procedures

To ensure full and open competition, the County and its subrecipients shall utilize one of the following procurement methods when purchasing goods and/or services with ESG-CV funds:

a) Micro-purchases: For purchases under $10,000. To the extent practicable, the County and its subrecipients shall distribute micro-purchases equitably among qualified vendors.
b) Small purchases: For purchases under $250,000. Must obtain a minimum of three (3) quotes from qualified vendors.
c) Sealed bids: For purchases exceeding $250,000. Must publicly solicit bids. Must obtain a minimum of two (2) bids from responsible bidders. A firm, fixed price contract is awarded to the lowest, responsive, responsible bidder.
d) Competitive proposals: For conditions not suitable for sealed bids (i.e., professional services). Utilize this method when price is not the sole determining factor in the contract award. Additional evaluation criteria must be determined in advance and included in the solicitation for competitive proposals.

III. Documentation Standards:

To document compliance with the procurement requirements, the County and its subrecipients shall maintain records containing:

a) Procurement Details: Description and rationale for the procurement method.
b) Vendor Information: Qualification statements, RFPs, and proposals received.
c) Contract Type Rationale: Explanation for selecting the contract type.
d) Contractor Selection: Basis for selecting or rejecting a contractor.
e) Cost Estimate: Contractor's written cost estimate used to determine cost reasonableness.
f) Cost or Price Basis: Basis for the awarded cost or price.
g) Contract: A copy of the awarded contract.
h) Amendments: Copies and rational for any contract amendments.
i) Notice to Proceed: Copy of the Notice to Proceed.
j) Payment Records: Records of payments and supporting documentation.

Processing Requests For Funding (RFFs):

The County operates on a reimbursement basis for its ESG-CV programs in accordance with 2 CFR 200.305(b)(3). This policy governs the submission and processing of [requests for funds/reimbursement requests/claims] from Lake County Behavioral Health Services on behalf of the Lake County Continuum of Care and its sub-subrecipients to ensure compliance with the grant regulations. Sub-subrecipients are required to submit their request for

funds/reimbursement request/claim along with supporting documentation on a monthly basis. All submissions must adhere to the specified deadlines outlined in agreements between the County and sub-subrecipients. The County processes each request to verify that all expenditures charged to the grant and specific activity component are necessary, reasonable, allowable, and allocable. This evaluation is based on the funding source requirements as well as the terms and conditions of the agreement/contract. If additional information is needed, the County will contact the sub-subrecipient for clarification or corrected information. Prompt responses to these requests are essential to ensure the timely processing of payments.

Improper Payments

In the event an improper payment was issued, the County will notify the sub-subrecipient of the unallowable cost. The notification will include details of the total amount of funds that must be repaid with non-federal funds.

Documentation Standards:

The County and its sub-subrecipients are required to maintain adequate supporting documentation for all costs charged to the ESG-CV grant.

Specific documentation standards for personnel and non-personnel costs are outlined below:

I. Personnel Costs
   a) Timesheets:
      i. Must specify the period (date range) and align with the employee's corresponding paycheck for that pay period
      ii. Must account for all hours worked during the period, regardless of funding source
      iii. Must identify the number of hours worked directly on each activity, categorized by funding source
      iv. Must be signed and dated by both the employee and their supervisor
      v. Payroll Records:
      vi. Must detail the employee's hourly rate of pay, including fringe benefits
      vii. Must indicate the number of hours worked on ESG-CV activities for each employee, multiplied by their loaded hourly rate, resulting in the requested amount
   b) Proof of payment
      i. Copy of the cancelled check, or
      ii. Bank statement confirming the disbursement of funds for personnel costs
      iii. General ledger:
      iv. Must verify the personnel expenditures by activity and funding source
      v. Should present a clear and concise overview, allowing for easy verification of the alignment between the documented personnel costs and the corresponding activities and funding sources.

II. Non-Personnel Costs
   a) Procurement Records

    i. Procurement certification attesting that the goods or services were procured in accordance with 2 CFR 200 prior to purchase
    ii. Contract and/or purchase order that matches with invoices and accounting records
b) Invoice or Receipt
    i. Must specify the date of purchase or the period of performance for services
    ii. Must itemize the goods or services purchased, including the cost per unit, quantity, and total amount
    iii. Must reflect the total cost, net applicable credits or discounts
c) Proof of payment
    i. Copy of the cancelled check, or
    ii. Bank statement confirming the disbursement of funds for non-personnel costs
d) General ledger:
    i. Must verify the non-personnel expenditures by activity and funding source
    ii. Should present a clear and concise overview, allowing for easy verification of the alignment between the documented non-personnel costs and the corresponding activities and funding sources.

Lake County Performance Review Committee Compilation
Project Performance Evaluation for: Sunrise Special Services Foundation

(This page is for information gathered from the Annual Performance Report and the Consolidated Annual Performance and Evaluation Report)

General Evaluation Information							Subpopulation Breakdowns								Data Quality and Performance Matrices							Other Notes and Learning (by contract holder)
Name of Grant	Contract ID	Contract Dates	Evaluation Date Range	Project Type (ES/TH/PSH/ RRH/SO	Non-Profit status	Provider Provided Housing First Policy	Age Range	Total Per Household Type	Chronically Homeless Served	Domestic Violence History/ Fleeing	TAY 18-24	Adults over 62 Served	Veterans Served	Ethnicity	Data Quality Factor(s) goal not to exceed 5% data errors	Timeliness of Data	Performance Metrics Contract Language	Total Clients Served	Successful Clients Exited	Expenditure Reports Compliance	Average Funding Per Client	***Contract Performance Metric Met***	Narrative Provided by HMIS Administrator and Contract Holder if applicable
FY 2021 CoC Competition DV Bonus	NA	7/1/2022-12/31/2023	7/1/2022 - 7/31/2023	RRH	Good Standings	TBD	Under 5: 5-12: 13-17: 18-24: 25-34: 9 35-44: 4 45-54: 55-61: 62+: 3	W/O Children: 16 W Children: Only Children:	2	History: 16 Fleeing: 16	0	2	0	White: 8 Black: Native American: 2 Asian: Pacific Islander: Hispanic/LatinX: 1 Multiple Race: Data not collected:	PII: 31% UDE: 6 % I/HD: 12%	0 Days - 3% (Entry) 1-3 Days - 4-6 days - 7-10 days - 2% (Exits) 11+ days - 10 % (Entry)	Eligible Participants have a history of DV Transitional Housing/Rapid Rehousing for Domestic Violence, Dating Violence, Sexual Assault, Stalking and/or Human Trafficking	16	9	NA	$2,851	TBD	Provider updated HMIS. Missing 5 eligibility documents.

10/18/2023 HMIS Details vs SSSF Documents

Client Personal ID	Client_DOB	SSN Given by Sunrise	Notes Given by Sunrise	Melissa's Findings for HMIS Project Participants	Enrollment Start Date	Enrollment Exit Date	DV Status in HMIS
14374	12/8/1985			No signed affidavit for this participant.	9/8/2022		Y
28932	4/20/1996	3252	DV Funded	DOB does not match signed affidavit. No exit assessment	10/29/2022	10/30/2022	N
30231	12/28/1988	8411	DV Funded	Signed affidavit states received housing assistance.	9/28/2022		N
30235	10/1/1958		LFRC Funded	No signed affidavit for this participant. No assessments Enrollment is incomplete	9/22/2023		N
30364	9/5/1989			No signed affidavit for this participant.	10/26/2022		Y
30462	8/12/1982	5239		Signed affidavit states received housing assistance.	11/10/2022	1/1/2023	N
30467	10/8/1955	2697		SSN in record is 3826 SSN is not on the signed affidavits. DOB from HMIS matches affidavit. Affidavit states received Support services	10/26/2022	8/21/2023	N
31048	7/15/1980			No record of SSN. DOB does not match signed affidavits	1/27/2023		N
	3/27/1992	9068	DV Funded	Signed affidavit. In HMIS. Affidavit states received housing assistance and support services. Record ID 28737. Not in SSSF - DV			
	3/16/1995	1930	DV Funded	Signed affidavit. Not in HMIS. Affidavit states received housing assistance and support services.			
	5/15/1989	5311	DV Funded	Signed affidavit. Possibly 27190 in HMIS. Affidavit states received housing assistance and support services.			
	11/17/1980	4876	DV Funded	Signed afidavid. Not in HMIS. Affidavit states received housing assistance			
	2/20/1992	4802	DV Funded	Signed affidavit. In HMIS. No enrollment for SSSF - DV Affidavit states received housing assistance			
	6/20/1996	3252		SSN matches ID# 28932. DOB on affidavit does not match. Not in HMIS. Affidavit stated received housing assistance and support services.			

		8/9/1995	6731	DV Funded	Signed affidavit. Not in HMIS. Affidavit states received housing assistance and support services.			

	Final Review Information	*Living situation for SSSF DV project at exit*	*Current Living Situation per HMIS projects*
14374	No signed affidavit for this participant. Entry	1/2023 Temporary Housing Situation	1/2023 Literally Homeless SSSF ES
27190	No SSN, in HMIS. DOB same as a signed a	7/2023 Rental by clients with ongoing subsidy	9/2023 CES Project entry. The assessment states literally homeless.
28341	SSN doesn't match the signed affidavit provi	2/2023 Rental by clients with ongoing subsidy	2/2023 Housed through SSSF DV Project
28737	Signed affidavit. In HMIS.	11/2023 Rental by clients with ongoing subsidy	9/2023 CES Project entry. The assessment states literally homeless.
28932	DV Funded $2500.	12/2023 Rental by client with ongoing subsidy	12/2023 Housed through SSSF DV Project
30230	Not listed above. No Signed Affidavit. Show	10/2022 Institutional Situation	
30231	DV Funded 9/28/22	10/2022 Rental by client with no ongoing subsidy	
30235	LFRC Funded No signed	09/2022 Referred to LFRC	
30364	d affidavit for this pa	7/2023 Temporary Housing Situation.	
30462	Entry data stated DV history. Exit data state	1/2023 Temporary Housing Situation	10/2023 CES Project Entry Temporary Housing Situation
30467	No information provided	8/2023 Temporary Housing Situation	
31048	No record of SSN. DOB does not match sig	12/2023 Institutional Situation	
36095	Signed affidavit states received housing assi	5/2023 Rental by client with no ongoing subsidy	
36107	Signed affidavit states received housing assi	12/2023 Temporary Housing Situation	
36123	No signed affidavit. Entered into the project	12/2023 Permanent Housing Situation, no detains on subsidies	
36237	Signed affidavit states received	12/2023 Rental by client with ongoing subsidy	

Still Missing

Lease Agreements
VAWA Protections
Housing Stability Plan
Client Intake
Duplication of Benefits
Lead Paint Requirements
AMI Eligibility
5 DV eligibility documentation

Data Quality Calculations

This Sheet is for the Data Quality from the APR

Total Served

Notes from Gillian: Add compliance here e.g. Housing First

Timeleyness

Q6 Data Quality Errors: Q6a Error %
Q6a - Name
Q6a - Social Security Number
Q6a - Date of Birth
Q6a - Race
Q6a - Ethnicity
Q6a - Gender
Q6b - Veterans Status Q6b Error %
Q6b - Project Start Date
Q6b - Relationship to Head of Household
Q6b - Client Location
Q6b - Disabling Condition
Q6c - Destination Q6c Error %
Q6c - Income and Sources at Start
Q6c - Income and Sources at Annual Assessment
Q6c - Income and Sources at Exit
Q6d - Chronic Homelessness - ES, SH, Street Outreach Q6d Error %
Q6d - Chronic Homelessness - TH
Q6d - Chronic Homelessness - PH
Q6e - Timeliness Q6e Non-Compliance %
Q6e - 0 days
Q6e - 1-3 days
Q6e - 4-6 days
Q6e - 7-10 days
Q6e - 11+ days

Key Data Elements:
Q14a - DV
Q25a - Veterans
Q5a - Chronically Homeless
Q5a - Youth Under 25

Exit Destinations Leavers:
Permanent Destinations
Temporary Destinations
Institutional Destinations
Other or Data Not Completed
Housing First Compliance Y/N

With Disabling Conditions

Q7b PIT Beds:
January
April
July
October

Equity Questions for Program	Provider Notes/Answer
How will you define the project's efforts to promote culturally-inclusive services, including underserved Lake County populations?	
What are the barriers to underserved populations' participation, particularity those over-represented in the homeless population?	
What are your outreach action plan components that will ensure ethnic cultural communication in Lake County?	
What monthly tracking system will you use to evaluate and ensure all community segments are receiving service under this Grant?	
What are your outreach action plan strategies to serve chronically homeless groups, including current minority service gaps?	
What are your % target populations served, and % for each severity needs groups?	
Who and how is your staff bilingual or available to support major Lake County languages and cultures?	
What accessibility accommodations does your agency have?	

This section is a guide to all sections with definitions on each section	
Name of Grant	The name of the original grant/Funding Source determined by State/HUD
Contract ID	The assigned number from contract holder
Contract Dates	Dates of the total contract
Evaluation Date Range	Date range that is being evaluated
Project Type (ES/TH/PSH/RRH/SO	Type of Project based on HUD Definition
	ES - Emergency Shelter TH - Transitional Shelter PSH - Permanent Supportive Housing RRH - Rapid ReHousing SO - Services Only
Monitored adherence to Housing First and State CA Welfare Code	Housing First Definition PDF
Age Range	Identified Age Range of Client
Household Type	The total number served per household type. The household is adults only, at least 1 adult and 1 child or children only
Chronically Homeless Served	A ‘‘chronically homeless’’ individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.
Domestic Violence History/ Fleeing	Data on persons with a history and/or fleeing
TAY 18-24	Transition Aged Youth Age Range 18 - 24
Adults over 62 Served	Adults over the age 62
Veterans Served	Total number of Veterans
Ethnicity	Ethnicity Totals
Race	Race Totals
Data Quality Factor(s) goal not to exceed 5% data errors	In the CAPERS Report from HMIS, it gives total data errors and percentage for each section below.
	PII is Personally Identified Information *examples: SSN, DOB, Race, Ethnicity and Gender* UDE is Universal Data Elements *examples: Veteran Status, Project Start Date, Relationship to Head of Household, Client Location and Disabling Condition* I/HD is Income and Housing Data Quality *examples Destination, Income and Sources at Start, Income and Sources at Annual Assessment and Income and Sources at Exit*
Performance Metrics Contract Language	All performance measures per contract
Total Clients Served	The Total number of clients that have been served per grant funding source
Successful Clients Exited	Total number of successful exits into permanent housing situation
Expenditure Reports Compliance	
Average Funding Per Client	
Contract Performance Metrics Met	Breakdown of performance metrics that have been met and performance metrics that have been missed
Narrative Provided by Contract Holder	This section is for the contract holder to enter any noted about successes and obstacles for each grant funding stream that the contract holder would like to inform the CoC of

Lake County Continuum of Care

United States Department of Housing and Urban Development (HUD) Designation CA-529

Strategic Plan
2024-2026

Vision Statement

The Lake County Continuum of Care is a coordinating group that aligns resources to facilitate solutions to end homelessness in our community.

Our Objective

Our objective is to align programs and resources to facilitate solutions to end homelessness in our community. Through cross-sectional partnerships and shared resources, our team of dedicated organizations and individuals has a bold goal: to end homelessness in Lake County.

Adopted XX
Revision History:
11/20/2020 2020-2023 Plan Adopted
12/20/2022 2024-2026 First Rough draft approved by Executive Committee
01/05/2023 Goals presented to General Membership
01/17/2023 Draft Plan with recommended edits sent to Executive Committee
XXXXXX Revised Draft approved by the Strategic Planning Committee

CONTENTS

SUMMARY

This is a very exciting time in Lake County for aligning resources. The 2024-2026 Strategic Plan will cover a time of considerable growth for the Lake County Continuum of Care. Lake County residents experiencing homelessness have expanded services and access points utilizing the Hope Center Shelter, Xamitin Haven Emergency Shelter, Lake County Community HUB Pathways project, and Lake County Behavioral Health Services (LCBHS) Peer Support Centers. These projects optimize outreach and referral efforts and are building strong connections with people experiencing homelessness.

The Lake County Continuum of Care Strategic Plan hopes to build a strong continuum of housing services for those at risk of losing their homes and for people experiencing homelessness through community collaboration. This plan will cover a range of housing services, from prevention services to finding permanent housing solutions.

Lake County has solid resources to identify and connect with people who are experiencing homelessness. Lake County Behavioral Health Services Peer Support Centers, Lake County Community HUB, and Pathways HUB are the foundation for reliable engagement. The LCBHS Peer Centers are drop-in sites for people experiencing homelessness, offering services and Coordinated Entry System (CES) access. The centers have been established for a few years and have built trust and rapport with clients. The Lake County Community HUB Pathways project is Administered by Adventist Health and supported by the CoC and LCBHS. It launched Coordinated Entry System access in April 2023. The Pathway HUB helps share vital information with collaborating agency case managers, who work alongside clients, creating streamlined healthcare and housing action plans.

The Homeless Management Information System (HMIS), the Coordinated Entry System (CES) and Pathways HUB data entry will be very beneficial in identifying clients and their needs. These informational systems will expedite appropriate referrals to services and prioritize clients for housing services.

Lake County is fortunate to have shelter options. The Hope Center offers transition housing in the City of Clearlake; Restoration House is a transitional housing and respite facility for medically vulnerable community members; the Lake Family Resource Center Domestic Violence shelter houses victims of domestic violence; the Nest is a fifteen-month transitional residential living program for pregnant transition-aged youth, and the new Xamitin Haven Emergency Shelter in the City of Lakeport. The Lake County Continuum of Care (LCCoC) and the County of Lake joined resources to support the Redwood Community Services (RCS) Xamitin Haven Emergency Shelter, which opened on December 1st, 2023. Xamitin Haven is a 24-hour shelter serving 35 guests on the County of Lake property in Lakeport. Providing Shelter support is a goal listed in the LCCoC Strategic Plan.

Commented [1]: I added the City of Lakeport for grammatical consistency

The Lake County Continuum of Care ensures equity in all housing projects. The Executive Committee will oversee the integrity of funded projects and regularly evaluate data for equity service delivery with this plan.

This strategic plan will build a stronger CoC, which will network with the community to work more cohesively with Lake County residents experiencing homelessness. To strengthen the CoC organization, recruiting a wide range of diverse members and expanding communication throughout the County is vital. With a more robust framework, the CoC can work towards various housing solutions for the County. The strategic goals will center on communication, collaboration, networking, prevention, equitable housing opportunities, maintaining shelter beds, expanding temporary housing solutions, and establishing permanent housing.

LAKE COUNTY CONTINUUM OF CARE ORGANIZATION

Leadership

The leadership of the Lake County Continuum of Care is the Executive Committee. The Executive Committee is comprised of committee chairs and agreed-upon community representatives. All are members of the LCCoC and are nominated and elected, except for the Lead Agency Representative and the Executive Committee Secretary. Members include:

- Executive Committee Chair
- Vice Chair
- Person with Lived Experience Representative
- Lake County Government Representatives
- Point-in-Time Committee Chair
- Homeless Management Information System (HMIS) and Coordinated Entry Committee Chair
- Strategic Planning Committee Chair
- Performance Review Committee Chair
- Faith-Based Committee Chair
- Administrative Agency Representative – Non-voting
- Executive Committee Secretary – Non-voting

The LCCoC Executive Committee is representative of the relevant organizations, agencies and projects serving homeless subpopulations required by HUD, which are chronic substance abusers, chronically homeless individuals, chronically homeless families, persons with HIV/AIDS, seriously mentally ill, veterans, veterans-females, victims of domestic violence, unaccompanied youth under age 18 and youth aged 18-24.

Membership

The Lake County Continuum of Care is a voluntary organization with two membership types. Members can apply under an agency membership or as an individual membership. Membership applications are posted on the LCCoC Website, and the membership type is specified. Membership allows agencies and individuals the right to vote on LCCoC Agenda Items. Voting Members include:

Adventist Health, American Red Cross, Board of Supervisors, Community at Large Members, City of Lakeport, Department of Social Services, Employment Development Department, Hope Center, Lake County Behavioral Health Services, Lake County Office of Education, Nation Finest, North Coast Opportunities, Project Restoration, Redwood Community Services, Scotts Valley Band of Pomo Indians, Sunrise Special Services, Veterans Affairs and Woodland Community College

Administrative Entity

While the LCCoC consists of multiple agencies that serve as the organization's primary decision makers, the LCCoC Administrative Entity's role is to meet reporting requirements and provide financial oversight, as set forth by the US Department of Housing and Urban Development (HUD).

The Administrative Entity, aka the Collaborative Applicant and Lead Agency, is Lake County Behavioral Health Services. As the Collaborative Applicant, Lake County Behavioral Health Services provides staffing to support the LCCoC and its members and to implement HUD-related programs, services, and data collection, such as the Homeless Management Information System (HMIS), Coordinated Entry System (CES) and the annual Point-in-Time Count.

Lake County CoC Committees

LCCoC members are encouraged to participate in committees. Committees form the foundation of the Lake County Continuum of Care. Each Committee has a chairperson elected by the general membership who becomes a member of the Executive Committee. The LCCoC Committees include:

Executive Committee
Strategic Planning Committee
Homeless Management Information System Committee & Coordinated Entry
Point-in-Time Committee
Performance Review Committee
Interfaith Committee

All committees meet monthly at a minimum to work on organizational goals. Committees working on policies, procedures and reporting will often meet weekly to fulfil their

obligations to the LCCoC. Each committee and working group are detailed in our Governing By-Laws and essential for the operation of our LCCoC.

Purpose
The LCCoC serves as the Housing Urban Development (HUD) designated primary decision-making group, whose primary purpose and scope is to implement the Continuum of Care program, which is authorized by Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act (42 USC 11381-11389).

The Lake County Continuum of Care comprises public and private agencies, community members and previous and current residents experiencing homelessness. The CoC assists families and individuals at risk of homeless and individuals and families by assessing their needs in the community and providing housing services. The specific purpose of the LCCoC is:

1.) Promote community-wide commitment to the goal of ending homelessness.
2.) Develop and implement a Continuum of Care Strategic Plan.
3.) Assist individuals and families who are homeless, at risk for homelessness, and very low or low to moderate income to attain and maintain safe, decent, affordable housing and supportive services.
4.) Promote access to and effective utilization of mainstream programs by/and for homeless individuals and families.
5.) Optimize self-sufficiency among individuals and families experiencing homelessness.
6.) Coordinate the census of homeless persons in the Lake County geographic areas required by HUD or the Point in Time (PIT) Count.

LAKE COUNTY HOMELESSNESS

Homeless Definition

Understanding the definition of homelessness is essential in assessing the community needs related to homelessness. There are varying elements when determining housing.

HUD Definition

The Federal definition of "homelessness" originated with the McKinney-Vento Homeless Assistance Act of 1987, codified in 42 USC section 11371 et seq., the Public Health and Welfare Code. Although the various federal and state-funded programs can specify narrowed eligibility depending on the program's intent or targeted population, the definition of "homeless" as imposed by the US Department of Housing and Urban Development (HUD) and detailed in the Code of Federal Regulations (24 CFR section 578.3) provides for four categories of individuals and households:

Category 1-

Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following:

- *Place not meant for human habitation*
- *Living in a shelter (emergency shelter, hotel/motel paid by government or charitable organization)*
- *Exiting an institution (where they resided for 90 days and less AND were residing in an emergency shelter or place not meant for human habitation immediately before entering the institution)*

Category 2-

Individuals and families who will imminently (within 14 days) lose their primary nighttime residence, which includes all of the following:

- *Have no subsequent residence identified, AND*
- *Lack the resources or support networks needed to obtain other permanent housing*

Category 3-

Unaccompanied youth (under 25 years of age) or families with children/youth who meet the homeless definition under another federal stature and includes all of the following:

- *Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the last 60 days*
- *Have experienced two or more moves during the previous 60 days*
- *Can be expected to continue in such status for an extended period because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, OR histories of domestic violence or childhood abuse (including neglect) OR presence of a child or youth with a disability, OR two or more barriers to employment*

Category 4-

Individuals/families fleeing or attempting to escape domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and include the following:

- *Have no identified residence, resources, or support networks*
- *Lack the resources and support networks needed to obtain other permanent housing*

State of California Definition

The state's Homeless Housing Assistance Program (HHAP) has adopted the federal

homelessness definition for its eligible service population. It currently uses the local Continuum of Care's 2019 Point in Time (PIT) count to determine local needs for the HHAP and other program allocations. However, the PIT count is restricted to using a HUD definition of “unsheltered.” That definition is defined in the PIT Count section below.

The California state legislature is considering the adoption of an official definition of the homeless. One such recent definition was contained initially in 2019's AB 67:
An individual or family who lacks a fixed, regular, and adequate nighttime residence or an individual who resided in a shelter or place not meant for human habitation is exiting an institution where the individual temporarily resided.

The HHAP homelessness definition, as specified by the CA Health and Safety Code, is defined in Section 578.3 of Title 24 of the Code of Federal Regulations. The section incorporates the federal McKinney-Vento Homeless Assistance Act (as amended) by reference. It further includes a definition for those at risk of homelessness:

(1) An individual or family who:

(i) Has an annual income below 30 percent of the median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of financial hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there live more than 1.5 people per room, as defined by the US Census Bureau;

(F) Is exiting a publicly funded institution or system of care (such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution) or

(G) Otherwise, lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Consolidated Plan;

(2) A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 USC 5732a(3)), section 637(11) of the Head Start Act (42 USC 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 USC 14043e- 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 USC 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 USC 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 USC 1786(b)(15)); or

(3) A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 USC 11434a(2)) and the parent(s) or guardian(s) of that child or youth if living with her or him.

This code section further defines those chronically homeless:

(1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 USC 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness. Still, such stays are included in the 12-month total as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CA Health and Safety Code section 50216(k) defines homeless youth as an unaccompanied youth between 12 and 24 years of age, inclusive, who is experiencing homelessness. The term "homeless children and youth for the HHAP program is defined as:

(A) This means individuals who lack a fixed, regular, and adequate nighttime residence and

(B) includes —

(i) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

(ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

(iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) Migratory children who qualify as homeless.

Local budgeting of the HHAP allocation must designate a minimum of 10 percent for uses benefiting unaccompanied youth through age 24.

Students Experiencing Homelessness

Public schools, by federal regulation, collect data on homeless students. In this instance, the McKinney-Vento Homeless Assistance Act provides a more inclusive definition of homelessness for students and their families than what is permitted by CoCs when conducting PIT counts for unsheltered individuals. For this particular population, the term "homeless children and youths."

(A) This means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes--

*(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; **

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

HUD CoC PIT and HIC Counts; Sheltered and Unsheltered Homeless

Since 2003, the US Department of Housing and Urban Development (HUD) has required each Continuum of Care to conduct a Point Time (PIT) count. It is a local count done on a chosen January day (exemptions may be granted for specific emergencies) each unevenly numbered year. Since COVID-19, exceptions have altered CoC's count years. Lake County's CoC, established in 2014, conducted its first PIT count in 2015 and has since opted to conduct a PIT count annually. HUD also requires that each CoC work an annual Housing Inventory Count (or HIC), which is a point-in-time inventory of provider programs providing beds and units dedicated to people experiencing homelessness (including permanent housing projects where residents were homeless at entry). Please see Appendix Two for the HIC Report. Provider programs are categorized into five types: Emergency Shelter, Transitional Housing, Rapid Rehousing, Safe Haven, and Permanent Supportive Housing.

The PIT count was established by HUD to estimate the number of chronically homeless individuals who, for whatever reason, did not use designated emergency shelters. HUD specifies that the definition of "unsheltered homeless" for purposes of the local PIT count is as specified in 24 CFR 578.3 paragraph (1)(i):

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

This definition excludes those doubled-up or couch surfers or those residing in institutions at the time of the PIT count. However, they otherwise would qualify under the broader HUD homelessness definition. The definition, however, does include those living in tents or recreational vehicles since those shelters are not defined by code as meant for regular human habitation.

Summary on Homeless Definition

Reporting homelessness is specific to the PIT Count, schools and in determining Coordinated Entry status. In summary, therefore, a homeless individual (or household) is defined as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets or in the fields, be staying in a shelter, mission, single-room occupancy facilities, abandoned building or vehicle, or be in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is “doubled up” or “couch surfing,” terms that refer to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Migrant workers and their families who are temporarily without adequate housing are also considered homeless during that displaced period. Recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness.

To receive LCCoC-funded services, defining homelessness is a vital component in determining eligibility for enrollment into the Lake County Coordinated Entry System. The CES System prioritizes services and is based on the following:

- The household has been provided with a Housing Problem Solving service, is unable to self-resolve their homeless situation, and seeks enrollment into the Coordinated Entry System
- Household is eligible for homeless services based on meeting one of the following HUD definitions:
    - Household assesses per HUD’s Homeless Definition
    - The household is currently fleeing a Domestic/Dating Violence situation
    - Household is at imminent risk of homelessness per HUD’s At-Risk Definition

Households who are not experiencing or at risk of homelessness (per the HUD definitions) will be redirected to other local services.

Local Landscape

Lake County, home to the largest oldest natural freshwater lake in California, is a geographically isolated rural county accessed only by two-lane roads over intercoastal mountain ranges, about 110 miles both northwest of Sacramento and northeast of San Francisco. Approximately 6,033 square miles in area, the County has an estimated 2021 population of almost 69,000 residents, of which about 9,500 are school-aged children. Its economy is based mainly on agriculture, tourism, and recreation, although the largest employers are local government, school districts and two critical access hospitals. Its two incorporated cities, Lakeport and Clearlake, are situated on Clear Lake’s

northwestern and southeastern shores, respectively. Although Lakeport is the county seat, Clearlake's population of about 16,777 persons substantially exceeds that of Lakeport's 5,135 residents.

Lake County has some of the poorest and most unhealthy citizens in the state. The 2019 County Health Rankings and Road Maps, a report annually produced by the Robert Wood Johnson Foundation (RWJF) in collaboration with the University of Wisconsin Population Health Institute (UWPHI), concluded that Lake County is the unhealthiest of the state's 58 counties based on a variety of mental and physical outcomes. One huge factor cited is that almost 30 percent of households with minor children live below the poverty line.

The United States Bureau of Labor Statistics for October 2022 placed Lake County's unemployment rate at 4.5%, ranking Lake County 42nd statewide. The 2021 U. S. Census gave Lake County a 15.9% poverty rate. Meagre incomes and the past seven years with several natural disasters have severely impacted residents and housing.

The natural disasters that Lake County has endured have resulted in the loss of housing. The 2015 Valley, Jerusalem and Rocky Fires resulted in the loss of almost 1,600 homes and devastated the communities of Middletown, Cobb, and Whispering Pines. Clayton Fire in 2016 resulted in the loss of an additional 250 homes in and around the Clear Lake/Lower Lake area. Again, in 2017, the Sulphur Fire took another 158 homes in the Clearlake Oaks and Clearlake Park areas. Winter storms in 2018 pushed Clear Lake to its highest level since 1998, inundating homes, flooding streets and bringing some aspects of life in Lake County to a halt. In the City of Lakeport, an entire recreational vehicle/mobile home park that included about 35 units occupied mainly by Latino farmworker households was destroyed, and the residents were temporarily relocated to a closed resort. Again, in 2021, we had the Cache Creek Fire in the City of Clearlake, which destroyed 56 homes, mostly mobile homes, in a park occupied by low-income households. In all, approximately seven percent or 2,100 units of the County's housing stock have been lost over the past seven years. Many families were already living in poverty, and the long-term effects of losing their homes and property will continue to present the community with additional challenges, including homelessness.

Lake County Demographics

The US Census Bureau provides the following estimates for July 2021:

Lake County Total Population	68,766
Unincorporated	46,854
City of Lakeport	5,135
City of Clearlake	16.777
Age and Sex	
Persons Under 5	4.057 (5.9%)

Persons Under 18	14,578 (21.2%)
Persons 65 and Over	15,885 (23.1%)
Female Persons	34,383 (50.0%)
Race and Hispanic Origin	
White (not Hispanic or Latino)	47,380 (68.9%)
Black	1,444 (2.1%)
American Indian, Alaska Native	3,094 (4.5%)
Asian	963 (1.4%)
Two or More Races	3,232 (4.7%)
Hispanic or Latino (any Race)	15,129 (22.0%)
Veterans	4,919
Number of Households	25,508
Income and Poverty	
Median Household Income	$49,254
Per Capita Income	$29,714
Persons in Poverty	10,934
Children in Poverty	4,370 (29.9%)
Health	
Persons Under 65 with Disability	9,352 (13.6%)
Persons Under 65 w/out Health Insurance	6,464 (9.4%)
Education	
Persons 25+ with High School Degree	59,276 (86.2%)
Persons with bachelor's degree & Higher	11,484 (16.7%)
Housing	
Number of Units	34,274
Non-owner-Occupied Units	11,071 (32.3%)
Median Gross Rent	$1,028

Local Governments Data

As required by California law, all three governmental agencies have adopted a 2019-2027 Housing Element as part of their respective General Plans' long-term planning documents covering a range of mandatory and discretionary focus areas. Lakeport, the City of Clearlake, plus the County of Lake have submitted compliant elements. All three governmental entities do a good job identifying the particularly vulnerable groups, such as single-parent households with children, the elderly and people with disabilities, by numbers and by income groupings. By implementing the Homeless Management Information System (HMIS) in 2021, the LCCoC can provide current geographical data to local governments.

Point in Time Count Data

In identifying the homeless population, the Lake County Continuum of Care has administered the Point in Time Count homeless survey. This survey will be conducted throughout the CoC geographic region at the end of January. The Lake County Continuum of Care has been consistent in doing a yearly count. The past four years numbers are:

	2023	2022	2021	2020
Total Emergency Sheltered	110	54	25	8
Total Transition Sheltered	91	28	50	13
Total Unsheltered	290	259	231	336
Total Count	491	339	308	357

The PIT Count allows the LCCoC to add local questions to get a better understanding of homelessness in Lake County. A local question was added in 2020 asking if a specific wildfire caused the individual's homelessness. Of the 332 who answered this question, 177 people answered yes. The Mendocino Complex fire caused homelessness for 38 people, the Valley Fire 33 respondents, the Sulfur Fire 18, the Clayton Fire 7, the Rocky/Jerusalem Fire 6, the Pawnee Fire 1, and other fires from Northern California 4.

PIT count information can be found on the LCCoC website under Committees. Choose the Point in Time Committee, and you will find past statistical data on both PIT and HIC Counts. The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serving people experiencing homelessness (and, for permanent housing projects, were homeless at entry, per the HUD homeless definition).

Other Homeless Estimates Using the 2023 PIT Count

In general, HUD and other homeless assistance sources allow the use of certain assumptions and extrapolations when quantifying special needs groups, especially when resources, local expertise and assistance, and physical constraints such as rural locations warrant. HUD itself estimates in its publication, A Guide to Counting Unsheltered Homeless People: at any given point in time, the PIT count only captures as many as one-quarter to one-third of adults who are unsheltered homeless.

Using the 2023 PIT count, with a total of 491 people experiencing homelessness, we can offer the following estimates.

Veterans:

An often-used estimate comes from the US Department of Veterans Affairs (VA). According to the VA, generally, about one-fourth of the local homeless are veterans. Using the 2023 PIT total of 491, this translates to approximately 123 veterans who are experiencing homelessness in Lake County. About one-half of these 123 veterans are Vietnam-era veterans, so approximately 62 veterans.

According to the US Interagency Council on Homelessness, about half of the homeless veterans will have a mental disability, typically PTSD or bipolar disorder. Three-fourths, or an estimated 93 veterans experiencing homelessness in Lake County, will have problems with substance use and behavioural health issues. Therefore, a reasonable assumption is that one-half of the County's homeless veterans likely have co-occurring disabilities or disorders.

Behavioral Health:

According to the US Interagency Council on Homelessness, about one-third of the people experiencing homelessness in Lake County will have an untreated psychiatric illness. Using the PIT Count total from 2023 of 491 identified persons, Lake County has approximately 164 individuals who need behavioural health services. As part of its mission, Lake County Behavioral Health Services provides recovery-oriented services that include assistance with establishing stable housing. Its 2020-2021 Mental Health Services Act Annual Update and Three-Year Program and Expenditure Plan specifies strategic actions in assisting county residents with mental health services, including those with co-occurring (mental health and substance use) disorders. It is also the lead agency for this Action Plan and the administrator for the Lake County Continuum of Care.

Chronically Homeless:

Although the VA estimates that at least one-third of homeless veterans meet the definition of chronically homeless, housing advocates use 25 percent as a rule of thumb

for the number of chronically homeless among the homeless population. Using the same PIT Count 2023 total of 491 individuals, the chronically homeless estimate is 123 people experiencing chronic homelessness. Chronically homeless is defined as either being homeless for a year or more or having had at least four episodes of homelessness in the previous three years.

Justice Involved:

According to the Lake County Probation Department, they identified 112 participants experiencing homelessness. This was a combination of participants that were supervised and unsupervised by probation. Either way participants were engaged with housing navigation services in some capacity.

Homeless Youth:

The Lake County CoC 2023 PIT count identified five (5) children 0-17 years of age and 13 transitional-aged youth 18-24. The PIT count reflects just a day of surveying those experiencing homelessness, so counting youth is difficult if they are attending school the day of the count. To further understand youth housing, the LCCoC also reviews the California Longitudinal Pupil Achievement Data System (CALPADS) 5.4 Homeless Students Enrolled Unduplicated Count annually. This data gives us a better picture of student homelessness. Academic Year 2022 to 2023 identified 687 students under the school definition of homelessness. The report also indicated 33 unaccompanied youth. Please see the chart below.

CALPADS 5.4 Homeless Students Enrolled Unduplicated Count 2022-2023

Grade	Total by Grade	Temporary Shelters	Motels/ Hotels	Doubled Up	Unsheltered	Unaccompanied Youth – (Separate total)
KN	93	9	2	82	0	0
01	69	2	4	62	1	0
02	46	3	4	39	0	0
03	55	2	3	47	3	0
04	59	2	3	53	1	0
05	45	3	6	36	0	0
06	42	4	3	34	1	0
07	57	6	2	47	2	1
08	41	4	2	34	1	1
09	35	4	1	29	1	2
10	39	2	2	33	2	4
11	58	6	1	47	4	11
12	48	4	2	33	9	14
ALL	687	51	35	576	25	33

Justice Involved Youth:

There was no justice involved youth identified as experiencing homelessness. When probation youth and their families struggle with homelessness, Lake County Probation staff work with Lake County Office of Education (LCOE), Redwood Community Services (RCS), and Department of Social Services to address this challenge. The Department of Social Services has programs that provide homeless assistance. LCOE and RCS work tirelessly with the families to link them with mental health, physical health, and counseling services. Additionally, these agencies help families navigate homelessness assistance and housing options. Probation meets with the youth and their family to develop a case plan. Part of the case plan outlines barriers and resolutions for challenges such as homelessness. With the support of service providers and utilization of case plans, youth and their families overcome challenges such as experiencing homelessness and can accomplish the case plan goals.

Other Challenges

Lake County, CA, has a significant housing shortage, especially for extremely low-income families. In 2021, there were 34,274 housing units, and 81 building permits were issued. Without an adequate supply of housing units, we simply have no homes to house people. Besides an inadequate supply, a 2002 study indicated that 67% of the housing surveyed required rehabilitation. The General Plan Housing Element Administrative Draft 2019-2027 states, "Substandard residential dwellings, secondary structures such as travel trailers and campers connected by extension cords, abandoned buildings, substandard single-wide mobile homes, and lack of infrastructure such as sidewalks, curbs, and paved roads are the “norm” for rural Lake County. Based on physical inspections of Lake County’s housing supply and related properties, as well as the results of data collected, there is a serious need for residential rehabilitation and/or replacement of a significant portion of the existing housing stock. The majority of repairs needed are health and safety related."

Lake County, being a rural county, has challenges locating homeless encampments and finding those experiencing homelessness, providing them with shelter. The mountainous terrain makes it easy for individuals to set up camps in areas not easily accessible by roads. There are waterways, creeks and ponds that attract encampments with easily accessible water. Lake County has limited resources and long waiting lists for housing services. This has discouraged a segment of our population from continuously seeking services.

Funding for shelter sustainability has been a problem in Lake County. Funding became available during the COVID-19 outbreak. The County pooled its resources from the Cares Act, and the County of Lake, Lakeport and the LCCoC opened a COVID Shelter. With that funding depleted, we once again pooled resources to convert the COVID shelter into a 24/7 shelter operation.

The Lake County Continuum of Care is also limited in providing funding for programs due to the limited number of service agencies in the geographic area. Provider agencies

who serve those in need have been dealing with crisis after crisis in our geographic region. With massive wildfires, COVID-19, and now inflation for an already poor community, the handful of service agencies in Lake County are stretched thin. Providing case management to locate and assist homeless individuals and families get into housing and helping them remain housed requires substantial staff time, which agencies struggle to address. At the December 2022 General Meeting, it was shared that even our Department of Social Services Public Housing Authority is understaffed by 50%. Without staff and proper funding, agencies are facing challenges serving the community. Due to staffing and low housing stock, we are having to return most of the Emergency Housing Vouchers issued to Lake County.

The Lake County Continuum of Care conducted a prioritization survey and a gap analysis in 2021. These two tools helped the CoC with important information for prioritizing services and the goals for this Strategic Plan. The Lake County Continuum of Care 2021 Community Survey requested input to help prioritize services and identify action goals for the CoC. The survey took place from September 3rd, 2021, to October 31st, 2021. Ninety-six community members answered the survey: thirteen identified as LCCoC members, 45 identified as interested community participants, nine were clients or potential clients of CoC services, and nine identified as others. The survey helped set priorities in housing project types and services, along with EHV and CES priorities.

The Gap Analysis, which was based on the last Strategic Plan goals, was presented in September 2021 to the General Members. It was not a comprehensive gap analysis, and as the Performance Review Committee starts the new review process in 2024, a comprehensive Gap Analysis will be written at the end of 2024.

Resources

The Lake County Continuum of Care website has current information on housing resources. Please go to lakecoc.org, and you will see the Housing Resources tab on the home page.

LAKE COUNTY CONTINUUM OF CARE STRATEGIC GOALS 2024-2026

Strategic Goal One - The Lake County Continuum of Care will strengthen its governance structure.

Objective One – MOU's

The LCCoC will build strong working partnerships with MOUs. First, it will strengthen its MOU with the County of Lake to delineate the roles and responsibilities of Behavior Health and the CoC Executive Committee. This should include the financial aspect of the relationship as well as the actions of each party. Annually, the CoC Executive Committee will hold a closed-session evaluation of Behavioral Health and any paid staff of the LCCoC. Having all of this written down and having a paper trail of

assessments will help keep the CoC and LCBHS accountable to one another to ensure the greatest of outcomes for the work that we do in serving our communities.

The CoC Executive Committee will annually review MOUs with member entities on HMIS and CES.

Objective Two – Separate Finances

The CoC will have a firm understanding of its finances. The CoC will have its own bank account so that money provided to the CoC can be held separately and accounted for separately. Fiscal responsibility will be ensured with monthly meeting account status reports based on program invoices. From the quarterly accounting reports, including income, debts, and outstanding debts, the report will reflect the status of each grant amount and what is left over.

The LCCoC will hold an annual budget review process that will include budget reconciliation. Fiscal reporting will help the CoC better understand its financial status and what funds are available for expanded or new programs to serve the community. The LCCoC will conduct an initial audit and thereafter report to the membership and the community every two years.

To better align the CoC financial process, the General Membership will designate and vote for a Fiscal Representative to work with the County of Lake and the Lead Agency to assist with processes and statements.

Objective Three – Governance and Meetings

The CoC will continue to make progress in its governance. Ensuring accessibility of its meetings, accessibility to meeting materials, and especially accessibility to those that the CoC is meant to serve. The CoC will encourage shelters and other housing programs to offer video access to clients so they can participate in CoC General Meetings.

Ensure that the Executive Committee and General Members understand the Brown Act Legislation and that the Brown Act is reviewed annually. Understand the roles and positions of its officers and the flow of a meeting to move efficiently through the agenda while allowing for an open, safe space for comments from the public.

For good governance practices, the LCCoC will take the following steps: 1.) Hold an annual public meeting at the Courthouse to inform the public of the CoC's finances, its program, its successes, and its failures. Invite local media and local leaders to the annual meeting and have easy-to-access CoC applications via QR codes throughout the event. 2.) Create literature, business cards, fliers and updated websites to provide Peer Support

Centers, Healthcare facilities, courts, the jail, sheriff's office, police department, Lake Transit, interested parties and agency members, and 3.) Activate the 211 system, which can provide service availability information for those experiencing homelessness.

Objective Four – Recruiting

The CoC will work towards a more comprehensive membership. The CoC will work to recruit and expand its membership to ensure that we have all possible partners at the table working together towards common goals of getting people experiencing homelessness off the streets and preventing individuals and families from falling into homelessness.

The CoC will hold quarterly town halls focusing on different geographic areas of Lake County. These town halls will be used to educate the community and recruit interested parties, businesses, tribal leadership, and organizations to join the CoC.

Objective Five – Diversity, Equity, and Inclusion (DEI) and Trauma Informed

Diversity, equity, and inclusion should be part of every action taken on behalf of the LCCoC. The Executive Committee will focus on building a diverse team that serves a diverse community. The Executive Committee should ensure that its actions are equitable and that we allow all members of the CoC and members of the public to provide feedback and suggestions, as well as create a safe space for questions. A Board that practices DEI within its own governance will most likely ensure that DEI is incorporated into all other goals.

The CoC members will understand trauma-informed care practices for building stronger relationships with both the community and project clients. This will be addressed with training covering Adverse Childhood Effects, trauma-informed practices, culturally competent sensitivity, being present and listening skills, interviewing techniques, capacity building, and Housing Problem Solving.

Strategic Goal Two - The Lake County Continuum of Care will prioritize building a network of prevention services.

Objective One - Evictions

LCCoC members will understand the status of evictions in Lake County and how to work with the court system.

Objective Two – Stabilization Resource Services

The community and staff working with people experiencing housing instability or homelessness know how to access resources towards housing stability. This would include eviction advocacy and college and

employment services to help connect those struggling to pay rent to get out of the trap of living paycheck to paycheck and housing programs. Examples of resources include how to access Miracle Messages, Nation's Finest, and the Partnership CalAIM program.

The LCCoC will work with the Lake County Probation Department to strengthen efforts to prevent entries into homelessness for both youth and adults. Those returning from correction settings need navigation services, clear expectations in their discharge plans supporting exits into stable housing, youth need transition services, reduction to barriers to housing for people on parole/probation, and address the employment needs of people transitioning from corrections back to the community, by connecting them to local employment.

Objective Three – Crisis Funding

Lake County needs a housing crisis intervention service. The CoC will create a financial support crisis fund and offer support from allowable funding sources for the purpose of preventing eviction, homelessness, and crisis short-term housing.

Objective Four – Underserved Populations

The CoC will be knowledgeable and understanding of the underserved populations in Lake County. The CoC will conduct a quarterly data review on prevention services, which will examine the demographic data to make sure the services provided are a cross-section of our community. Changes to the outreach initiative will be recommended as needed to ensure Equity and Inclusion are key components for all underserved populations.

<u>Strategic Goal Three</u> - The Lake County Continuum of Care will remain committed to supporting shelter access in Lake County, expanding support services to include access to healthcare, employment, and asset building towards financial stability.

Objective One – Expand Shelter Capabilities

The CoC will offer expanded services at shelter sites. First, get to know shelter operations and capabilities by inviting LCCoC members to visit the emergency shelter. Support services will start being offered, or appropriate referrals will be made to such services as health care, substance abuse, counselling, education, employment, and more to address the client's needs to help individuals stabilize.

Objective Two- Shelter Support for Families

As indicated in our first gap analysis, families are an underserved population. Shelter capacity is very limited in Lake County and currently serves only adults (over 18). The CoC needs to expand services for

families. The CoC will increase the recommended 8% youth set aside to a minimum of 10% on each LCCoC Notice of Funding Availability.

Objective Three – Faith-Based Shelter

The LCCoC will work towards building stronger support for the Faith-Based Committee to connect individuals within the shelter to the faith community and the many services that they provide. A list of all faith community services and programs should be created and provided to those within the shelter as well as those who are experiencing homelessness.

The CoC will work with the Faith Based Committee for winter warming centers/beds ideas and solutions.

Objective Four – Serving Underserved Populations at the Shelter

The CoC will have thorough demographic knowledge of shelter guests. A quarterly review will be conducted of the data on the demographics of the guests at the shelter. This will ensure that the services provided there are provided with equity and inclusion in mind. If the data shows that there is a lack of equity and inclusion within the shelter setting or its programs, it is the role of the CoC Performance Review and Executive Committee to provide guidance to ensure that those, especially of the underserved populations, are accessing the resources made available to all.

Strategic Goal Four – The Lake County Continuum of Care will expand housing solution opportunities, working towards the end goal of housing the chronically homeless.

Objective One – Point in Time County

The LCCoC will continue to hold the PIT Count annually. The CoC will ensure the PIT count is done and that all reporting is done appropriately and in a timely manner. Counting as many people as we are able to who are experiencing homelessness will help the CoC increase its financial capabilities by accessing greater funding through HUD or through state and federal grants.

Objective Two – Housing Navigation

The LCCoC will support strong housing navigation services. A housing navigation plan for a continuum of services should be created for countywide housing navigation; efforts that categorizes the type of housing and the level of independence each housing type offers as well as what complimentary wrap-around services are available to ensure that folks who fall into homelessness are appropriately placed or those transitioning from experiencing homelessness to permanently housed are at the appropriate level of independence for successful outcomes. The LCCoC needs to financially support these services for grantees.

Objective Three – Landlord Engagement

To house people, the CoC needs to engage landlords. We need to locate willing landlords and rental firms that will work with housing navigators and CoC member agencies to house hard-to-house clients.

The LCCoC needs to work with projects in their efforts with landlords by allowing transition grant-funded programs to use funding for rental repairs and remediation services to keep renters housed.

The CoC will assist with landlord engagement by inviting landlords to training on how Rapid Rehousing and Transition housing programs work, how clients can access CalAIM funding, help with utilities, and mediation for rental issues before they become bigger problems.

Objective Four – Build Housing

The CoC will build alliances between entities to work on housing projects in Lake County. Working on funding and pooling resources, along with finding a location (for a tiny home village, transitional housing, or Homekey project), will require a team approach. To fulfil the housing needs, the CoC and member agencies need to work with city, County, and tribal governments to write grants and build out these needed housing units.

Objective Five – DEI and Housing Accessibility

Incorporate DEI with regard to housing accessibility by ensuring that housing is not supporting specific population groups but that the underserved populations are getting their equitable and fair share of the housing stock availability through this program. Review these numbers on a quarterly basis at the CoC meetings to share the success of the equity within this program. If data does not show equity and inclusion, suggestions and possibly an action plan can be implemented to ensure that the CoC works towards our equity goals of accessing housing.

Strategic Goal Five – The Lake County Continuum of Care will optimize service delivery through the data elements available to Lake County residents experiencing homelessness.

Objective One – HMIS HUD Data

The CoC will strengthen its data practices. The collection of HMIS data is imperative in both funding and understanding the quality of services provided. The CoC will: 1.) Provide annual training for Security and Privacy, common errors, timeliness, and reporting; 2.) HMIS Lead will offer office hours for HMIS users to improve common errors; 3.) Quarterly data analysis, 4.) Performance review for grantees to assure timely data entry, and 5.) Posted reports for transparency on the lakecoc.org website.

Objective Two – Underserved Coordinated Entry Prioritization

Lake County Continuum of Care is committed to utilizing its funding for the most vulnerable in our geographic area. Therefore, there will be periodic and annual data reviews. The data review will include an annual review of the CES Prioritization Vulnerability Scoring and develop more equitable outcomes for CES. Vulnerability scoring will also use HUD's racial equity tool, McKinney Vento data, Partnership data, HMIS/HUB and community survey data to create a robust prioritization based on Lake County's homeless and at-risk populations.

Objective Three – Pathways HUB Utilization

The Lake County Continuum of Care with Lake County Behavioral Health Services allocated the funding for the Lake County Community HUB, a Pathways HUB Project. This Project has been vital in the past year

for maintaining the CoC Coordinated Entry System and By-Name List of the most vulnerable people in Lake County. People experiencing homelessness in Lake County are entered into the Homeless Information System from service points or from the PIT count. Once entered, they are contacted to see if they would like to enter Coordinated Entry. The CES vulnerability assessment is then given to the client. The client will have a vulnerability score and receive services based on those with the highest need. Through the HUB, the clients are referred to housing navigation, case management services, substance abuse and behavioural health services, and community-based solutions.

The LCCoC needs to educate the community on how the HUB referral network for care works so more service providers can utilize this service and reduce the duplication of services.

Objective Four – Data Transparency

Work towards a public interface to review our HMIS data that can be made public. Regular updates to our website and possible direct interaction between our website and HMIS systems can help automate the production of this data to the public.

STRATEGIC PLAN LAYOUT

Strategic Goal One - The Lake County Continuum of Care will strengthen its governance structure.

OBJECTIVE	ACTION STEP	RESPONSIBLE PARTY	TIMELINE	PROCESS & OUTCOMES
Objective One: Strong working partnerships with Memorandums of Understanding (MOUs).	1-1.) The CoC and Lead Agency MOU will delineate the roles and responsibilities of Behavior Health Services and the LCCoC.	1-1.) General Members, Executive Committee, Lead Agency and County of Lake representatives.	1-1.) January 2024 and reviewed annually thereafter.	1-1.) *Process*- Review and adopt MOUs *Outcome*- Improved working relationship with identified roles.
	1-2.) Annual closed session evaluation of the MOU with the Lead Agency.	1-2.Executive Committee, Lead Agency and County of Lake representatives.	1-2.) November 2024 and annually thereafter.	1-2.) *Process*- The CoC Chair and Vice Chair will interview and gather information on the Lead Agency. The Executive Committee will then conduct the evaluation. *Outcome*- Improved working relationship.
	1-3.) Annually review HMIS/CES MOUs with member agencies.	1-3.) Executive Committee, Lead Agency and Member agency representatives.	1-3.) September 2024 and annually thereafter.	1-3.) *Process*- Create MOU, signatures with agencies. *Outcome*- 80% signed MOUs by May 2024.
Objective Two: The CoC will have a firm understanding of its finances.	2-1.) Separate CoC funds and create a separate financial account.	2-1.) Lead Agency, County of Lake and Executive Chair.	2-1.) June 2024.	2-1.) *Process*- Meet with the Lead Agency and create an account once the separation of funds is complete. *Outcome*-

				LCCoC has its own financial account.
	2-2.) Have monthly statements with income and debits, including outstanding debts. The statements will be posted on the LCCoC website.	2-2.) Lead Agency, Executive Committee and Behavioral Health Services Fiscal agent.	2-2.) Monthly statements by August 2024.	2-2.) *Process*- Start adding monthly fiscal statements to the General Meeting agenda packet. *Outcome*- Fiscal understanding and transparency to the community.
	2-3.) Hold an annual budget review process with budget reconciliation.	2-3.) Executive Committee, Lead Agency and County of Lake Fiscal agent.	2-3.) August 2024 and annually thereafter.	2-3.) *Process*- hold an initial audit in July 2024 and every two years thereafter. *Outcome*- Improved fiscal management and additional services to the community.
	2-4.) Designate a Financial Representative as the main contact with the county fiscal agent.	2-4.) Executive Committee and the General Members.	2-4.) As soon as the separation of funds occurs. Addendum to Governing By-Laws	2-4.) *Process*- Add an addendum to the Governing By-Laws for fiscal duties and position to the Exec Committee.
Objective Three: The CoC will continue to make progress in its governance.	3-1.) Increase accessibility to meetings and meeting materials, and expand video attendance to shelters and other housing programs.	3-1.) Executive Committee, and Lead Agency.	3-1.) April 2024 Ongoing thereafter	3-1,)*Process*- Offer online attendance to meetings, and make sure shelters have online services. *Outcome*- Increase attendance by 10 % annually.

	3-2.) Annually review the Governing By-Laws and Brown Act.	3-2.) Executive Committee and General Membership	3-2.) September 2024, 2025, and 2026.	3-2.) *Process*- Exec. Comm. reviews, updates, and presents Governing By-Laws to Members.
	3-3.) Work towards good governance practices a.) Hold an annual public meeting at the Courthouse, reporting on finances and programs; b.) Invite local media and local leaders to the annual event. c.) Create and distribute fliers, literature, and business cards.	3-3.) Executive Committee, And the Lead Agency.	3-3.) Fall 2024 and every fall thereafter.	3-3.) *Process*- Get on the Lake County Board of Supervisors agenda, invite local media and interested parties, and create outreach brochures. Give a presentation of LCCoC projects and fiscal statements. *Outcome*- 10% annual Improved community understanding of the LCCoC
	3-4.) Activate the 211 system.	3-4.) Count of Lake And the Lead Agency.	3-4.) April 2024.	3-4.) *Process*- Assist the County of Lake in outreach.
Objective Four The CoC will continue to educate and recruit new members	4-1.) Have CoC applications at meetings and events.	4-1.) Executive Committee and Lead Agency.	4-1.) Ongoing.	4-1.) *Process*- Announce at every meeting how to apply to the LCCoC. *Outcome*- Add new members.
	4-2. Conduct quarterly outreach and education events/town halls to help recruit interested parties. Focus on different	4-2.) Executive Committee and Lead Agency.	4-2.) Starting April 2024, every quarter thereafter.	4-2.) *Process*- Set up online meetings starting with the April PIT Count Results. *Outcome*- Adding more diversity to the

	geographical areas and tribal nations.			membership.
Objective Five The CoC will include Diversity, Equity, and Inclusion (DEI) in every board action and support Trauma Informed Care practices.	51.) The CoC Executive Committee will ensure that DEI is incorporated in the Governing By-Laws, CoC projects and all strategic goals.	5-1.) Executive Committee And Strategic Planning Committee.	5-1.) Ongoing.	5-1.) *Process*- Review all policies for inclusion of equity. *Outcome*- All policies and procedures include equity.
	5-2.) Provide and share available training opportunities on Adverse Childhood Effects, trauma-informed practices, culturally competent sensitivity, being present and listening skills, interviewing techniques, capacity building, and Housing Problem Solving.	5-2.) Executive Committee, Member Agencies and Lead Agency.	5-2.) Ongoing.	5-2.) *Process*- Link members to training and provide training on equity in housing and services. *Outcome*- 50% of members attend equity training, with an additional 10% per year.

<u>Strategic Goal Two</u> - The Lake County Continuum of Care will prioritize building a network of prevention services.

OBJECTIVE	ACTION STEP	RESPONSIBLE PARTY	TIMELINE	PROCESS & OUTCOMES
<u>Objective One</u> LCCoC members will understand the status of evictions in Lake County and how to work with the court system.	1-1.) Get statistical data on evictions in Lake County and reasons for eviction.	1-1.) The Executive Committee.	1-1.) In Jan 2024, additional information was requested.	1-1.) *Process*- Locate a contact in the Judicial System. *Outcome*- Informed members
	1-2.) Training on the eviction process and how to suspend or delay.	1-2.) Executive Comm. Legal Aide and CoC Members.	1-2.) July 2024.	1-2.) *Process*- Arrange training for members. *Outcome*- 20% of members will increase knowledge.
<u>Objective Two</u> LCCoC Members will know how to access and refer housing stabilization services. This will include eviction advocacy, college and employment services, and housing programs.	2-1.) Countywide training for Social Service and CoC agency service providers on eviction advocacy and resources with instructions on how to access programs like Miracle Messages, Nation's Finest, Partnership CalAim program, college aid, employment, etc.	2-1.) Executive Comm., Project managers. Member agencies and interested parties.	2-1.) October 2024.	2-1.) *Process*- Increase providers' contracts to include case management services and provide training on how to access services and document services. *Outcome*- Increased referrals and direct services by 15% annually.
	2-2.) The LCCoC will work with the Lake County Probation Department, sharing training information and resources when available.	2-2.) Executive Committee, and Lake County Probation representative.	2-2.) Three to six months.	2-2.) *Process*- Meet with Lake County Probation for housing needs assessment and derive a plan to assist. *Outcome*- Housing

				Stabilization.
Objective Three The Lake County CoC will initiate a housing crisis intervention service by allocating funding for crisis situations and for the purpose of preventing evictions and homelessness.	3-1.) The Grant Working Group will prioritize prevention services and make sure this funding is set aside when allowable. . .	3-1.) Performance Review Grant Working Group, Lead Agency and Executive Comm.	3-1.) Next Grant NOFA that allows prevention services.	3-1.) *Process-* As funding is made available, add prevention and crisis services into NOFA. *Outcome-* Finances allowed for prevention, increasing stability in housing by 10%.
Objective Four The CoC Members will learn and be made aware of the underserved populations in Lake County.	4-1.) The CoC will conduct a quarterly data review on prevention services, examining demographic data in prevention services. 4-2.) Changes will be recommended as needed to ensure Equity and Inclusion are key components for all underserved populations.	4-1.) HMIS Admin., Performance Review Comm., and Exec Comm. 4-2.) Performance Review Comm and Exec Comm and Project Admin.	4-1.) Quarterly, starting in April 2024. 4-2.) As needed.	4-1.) *Process-* Performance Review Comm will gather reports and conduct a review, then report to the Executive Comm. *Outcome-* Increased service quality and transparency. 4-2.) *Process-* When needed, the CoC will work with projects to increase services to the underserved.

<u>Strategic Goal Three</u> - The Lake County Continuum of Care will remain committed to supporting shelter access in Lake County, expanding support services to include access to healthcare, employment, and asset building towards financial stability.

OBJECTIVE	ACTION STEP	RESPONSIBLE PARTY	TIMELINE	PROCESS & OUTCOMES
<u>Objective One</u> The LCCoC is committed to supporting shelter beds and expanding. service capabilities	1-1.) First, get to know shelter operations and capabilities by inviting LCCoC members to visit the emergency shelter. 1-2.) Increase funding for case management services that offer appropriate referrals to address the client's needs moving toward housing stabilization.	1-1.) LCCoC Members and Project Admin. 1-2.) Lead Agency, Exec Comm and Performance Review Grant Working Group.	1-1.) Set date within nine months. 1-2.) When funding is available.	1-1.) *Process*- Set a visitation date. *Outcome*- 30% of members visit the new shelter. 1-2.) *Process*- Grant Working Group will allow for the case. Management when allowable. *Outcome*- Funding opportunities for case management and navigation.
<u>Objective Two</u> Housing support services for families, an underserved population in Lake County.	2-1.) The CoC will increase the recommended 8% youth set aside funding to a minimum of 10% on each LCCoC Notice of Funding Availability.	2-1.) Lead Agency, Exec Comm and Performance Review Grant Working Group.	2-1.) Started in 2023. Ongoing.	2-1.) *Process*- Grant NOFA's will have a 10% youth set aside. *Outcome*- Increase funding for youth.
<u>Objective Three</u> Build an active Faith-Based Committee that will create a network of services for people experiencing	3-1.) Recruit faith leaders to build a strong association with the Faith Based LCCoC Committee.	3-1.) Faith-Based Committee, Community Faith Leaders, and Executive Committee.	3-1.) Three to nine months, by September 2024.	3-1.) *Process*- Set up regular meetings and build a stronger foundation. *Outcome*- Increase faith membership by 10% annually.

homelessness.	3-2.) Create a faith-based resource guide on what different faith organizations offer.	3-2.) Faith-Based Committee.	3-2.) October 2024.	3-2.) *Process*- Gather information on services and create a guide. *Outcome*- Guide of service.
	3-3.) Work with the CoC to find solutions for winter warming shelters and beds.	3-3.) Faith-Based Committee, Community Faith Leaders, and Exec Committee.	3-3.) Winter 2025.	3-3.) *Process*- Work on warming shelter ideas. *Outcome*- One Warming shelter.
Objective Four The LCCoC will ensure that CoC shelter-funded projects are providing equitable services to underserved populations.	4-1.) The CoC will conduct a quarterly review of the demographic data of shelter guests.	4-1.) HMIS Administrator, Performance Review Committee and Exec Comm.	4-1.) Quarterly Ongoing, first review April 2024.	4-1.) *Process*- The Performance Review will report to the Executive Committee demo data quarterly. *Outcome*- Equity in services at the shelter.
	4-2.) If the data shows that there is a lack of equity and inclusion within the shelter setting or its programs, the CoC will assist in creating a performance improvement plan.	4-2.) Performance Review Comm, Executive Comm, Lead Agency and Project Admin.	4-2.) As needed.	4-2.) *Process*- If a lack of equity exists, the Exec Comm will work with the Project on ideas to improve equity and monitor the improvement plan. *Outcome*- Improved equity at the shelter.

<u>Strategic Goal Four</u> – The Lake County Continuum of Care will expand housing solution opportunities, working towards the end goal of housing the chronically homeless.

OBJECTIVE	ACTION STEP	RESPONSIBLE PARTY	TIMELINE	PROCESS & OUTCOMES
<u>Objective One</u> The LCCoC will conduct the annual PIT Count and ensure its accuracy. The PIT count can increase the financial capabilities of the CoC.	1-1.) The CoC will plan for the PIT Count, and Reach out to the County for volunteers. 1-2.) The LCCoC will conduct the PIT count. 1-3.) The CoC will verify the data and report to HUD, then the The community at large.	1-1.) PIT Chair and Committee. 1-2.) Members of the CoC and volunteers. 1-3.) PIT Chair and Lead Agency HMIS Admin.	1-1.)Start no later than September annually, 2024,2025, and 2026. 1-2.) January Date 2024, 2025, and 2026. 1-3.) Report to HUD by due date, Report to the CoC in March 2024, 2025, and 2026.	1-1.2.3.) *Process for all:* Set up meeting dates, find site leads and volunteers, train volunteers, conduct count, and then write reports. *Outcome-* Identification of people experiencing homelessness.
<u>Objective Two</u> The LCCoC will support strong housing navigation services.	2-1.) Map housing for navigation planning and create a countywide housing navigation plan. 2-2.) Service plans should place clients in appropriate housing that fits the level of the client's independence to ensure success.	2-1.) HMIS-CES Navigation Working Group. 2-2.) HMIS-CES Navigation Working Group and LCCoC project navigators.	2-1.) September 2024. 2-2.) Ongoing.	2-1.) *Process-* Create a housing navigation map. *Outcome-* This will help identify the greatest need in housing needed. 2-2.) *Process-* Training and working with the CES coordinator for appropriate housing solutions. *Outcome-* Improved stability in housing placements.
<u>Objective Three</u> The LCCoC will increase landlord engagement in	3-1.) Advertise the need for rental housing to landlords and	3-1.) HMIS/CES Committee Navigators Working Group	3-1.) August 2024, Ongoing.	3-1.) *Process-* Work on identifying local landlords.

Lake County.	property owners.	and Exec. Comm.		*Outcome*- 10% increase for units for those difficult to house.
	3-2.) Educate landlords on the benefits of working with transition housing projects.	3-2.) Navigators Working Group, Lead Agency Exec. Comm. and Project Admin.	3-2.) Ongoing. Annual appreciation luncheon.	3-2.) *Process*- Offer landlords incentives for working with LCCoC projects. *Outcome*- More variety of housing solutions.
	3-3.) Require LCCoC projects to have a mediation/ remediation system or team for rental issues.	3-3.) Navigators Working Group, Lead Agency Exec. Comm. and Project Admin.	3-3.) Six to nine months after start of funded Project.	3-3.) *Process*- Train CoC projects on remediation. Assist in setting up mediation/ remediation teams. *Outcome*- More renters staying housed.
<u>Objective Four</u> The LCCoC will support housing projects in Lake County.	4-1.) The CoC will identify and build alliances between entities to work on housing projects.	4-1.) Executive Comm. and any interested Lake County entity.	4-1.) Build an alliance in six to nine months.	4-1.) *Process*- The Executive Comm will reach out to entities that work in housing to form an alliance. *Outcome*- Creation of housing alliance.
	4-2.) The alliance will work on grant funding and pool resources, along with locating properties for projects in Lake County.	4-2.) Executive Comm. and any interested Lake County Entity.	4-2.) As soon as possible and ongoing.	4-2.) *Process* – As soon as an alliance is formed, seek out funding opportunities. *Outcome*- Funds for housing.
	4-3.) The CoC will share HMIS data with any entity that wishes to pursue grant funding for	4-3.) HMIS Administrator and Exec Comm.	4-3.) As needed. Ongoing.	4-3.) *Process*- Create a data request process for non-members. *Outcome* – Recruitment of

	housing.			new entities.
Objective Five Incorporate DEI with regards to housing, so access is equitable.	5-1.) Data reviews to ensure that housing supports are prioritized to the most vulnerable.	5-1.) Performance Review Comm., Exec Comm., Lead Agency and Project Admin.	5-1.) At Annual Project Evaluation.	5-1.) *Process*- The Performance Review will report the results of the annual project review to the Executive Committee. *Outcome*- Equity in services in the Project.
	5-2.) If data does not show equity and inclusion, suggestions and an action plan can be implemented.	5-2.) Performance Review Comm., Exec Comm., Lead Agency and Project Admin.	5-2.) As needed. Ongoing.	5-2.) *Process*- If a lack of equity exists, the Exec Comm will work with the Project on ideas to improve equity and monitor the improvement plan. *Outcome*- Improved equity with the project services.

<u>Strategic Goal Five</u> – The Lake County Continuum of Care will optimize service delivery through the data elements available to Lake County residents experiencing homelessness.

OBJECTIVE	ACTION STEP	RESPONSIBLE PARTY	TIMELINE	PROCESS & OUTCOMES
<u>Objective One</u> The CoC will strengthen its HMIS data practices. The collection of HMIS data is imperative in both funding and understanding the quality of services provided.	1-1.) Provide annual training for Security and Privacy, common errors, timeliness, and reporting,	1-1.) HMIS Admin and HMIS/CES Committee.	1-1.) Annually – Ongoing.	1-1.) *Process*- Annual training is offered to new license holders. *Outcome*- The Project is entering data on time, with minimal errors.
	1-2.) HMIS Admin. will offer office hours for HMIS users to improve data input and reduce common errors.	1-2.) HMIS Admin. and HMIS licensed users.	1-2.) As needed, ongoing.	1-2.) *Process* – Set up regular office hours, notify users. *Outcome*- 15% Quality improvement.
<u>Objective Two</u> Lake County Continuum of Care is committed to utilizing its funding for the most vulnerable in our geographic area.	2-1.) Quarterly review on demographics entered in HMIS and CES.	2-1.) HMIS Admin, HMIS/CES, Performance Review and Executive Committees.	2-1.) Every Quarter of Year.	2-1.) *Process*- Quarterly demographics provided to the Executive Comm. from Performance Review Comm. and CES operator. *Outcome*- Verification that services are provided to the most vulnerable.
	2-2.) Annual review of the CES Prioritization Vulnerability Scoring.	2-2.) Executive and HMIS/CES Committees and Lead Agency.	2-2.) Annually by August 31st, 2024, 2025, and 2026.	2-2.) *Process*- HMIS/ CES committee will review the scoring to services ratio and report to the Executive Comm. *Outcome*- LCCoC is prioritizing the most vulnerable services available.

	2-3.) If needed, a CES improvement plan. The planning will utilize additional data from the US. Census data, PIT Count, HUD's racial equity tool, McKinney Vento data, and Partnership Health plan data.	2-3.) Executive and HMIS/CES Committees, Lead Agency, and General Members.	2-3.) As needed.	2-3.) *Process*- After the annual review, CES is lacking in Regarding the vulnerability to services ratio, an updated plan will be worked on. *Outcome*- Lake County is committed to serving the most vulnerable persons.
Objective Three A community understanding of the Lake County Community HUB, a Pathways HUB Project.	3-1.) Outreach events include the Pathways HUB project. Information and educate current and new LCCoC project administrators on the Pathways HUB.	3-1.) Executive Comm. Pathways HUB administration and Member agencies.	3-1.) Three to six months- ongoing.	3-1.) *Process*- Continue to educate the community on Pathways and how it will assist service providers and clients. *Outcome*- A streamlined service referral tool that will help the most vulnerable in the community.
	3-2.) LCCoC projects understand Pathways and are utilizing the HUB, accepting referrals, and entering data into the Pathways system.	3-2.) Executive Comm., Pathways HUB administration and Member Agencies.	3-2.) Three to six months.	*3-2.) Process*- Educate Providers how to use the Pathways system and how it will assist providers and clients. *Outcome*- Pathways is being utilized as a service referral tool that will help the most vulnerable in the community.
Objective Four LCCoC will be transparent with demographic HMIS/CES data, always being conscientious of confidentiality protocols.	4-1.) Work towards a public interface to review our HMIS data that can be made public, with regular updates to our website.	4-1.) HMIS Admin, and Exec. Comm.	4-1.) Six to nine months, By September 2024.	4-1.) *Process*- Print and post demographic reports that can be shared at meetings and placed on the LCCoC website. *Outcome*- Public awareness of people experiencing homelessness data.

	4-2.) Work towards direct interaction between our website and HMIS systems to automate the production of this data to the public.	4-2.) HMIS Admin, Lead Agency, and Exec. Comm.	4-2.) Six to Twelve months, by December 2024.	4-2.) *Process*- Work out the technical details to automate the data reports that will be shared. *Outcome*- Automatic reports, which will save time and energy.