

## **Sonoma County ERF Work Plan**

### **Part 1: Implementation Unit Structure and Capacity**

Sonoma County Department of Health Services (DHS) will implement the ERF Program Grant using its Interdepartmental Multi-Disciplinary Team (IMDT). The IMDT operates under the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma initiative. ACCESS Sonoma is a county initiative that focuses on the critical needs of residents who are experiencing physical and mental health challenges, economic uncertainty, housing instability, substance use disorders, criminal justice engagement and social inequity.

ACCESS Sonoma has a four-pronged approach; an Interdepartmental Multidisciplinary Team (IMDT) staffed by representatives from all of the Safety Net Departments, an Integrated Data Hub/Watson Care Manager developed in partnership with IBM, a system of governance led by the County's Safety Net Collaborative, and partnerships with community-based organizations and academic institutions. The result is coordinated care from across our Safety Net Departments for our most vulnerable residents. Care that is informed and supported by an innovative information and care management system, with strategic direction from the Safety Net Collaborative.

ACCESS Sonoma County IMDT serves the entire county of Sonoma.

The objectives of ACCESS Sonoma are: 1) To improve the health, well-being, sustained recovery, and self-sufficiency of the County's most vulnerable residents, 2) To develop and implement a plan to coordinate cross-departmental services and reduce duplication of services, 3) To improve referrals, access and sustained engagement of clients, 4) To analyze the County's highest service utilizers and develop

strategies/policies for improved efficiencies, better utilization, and better outcomes, and

5) To develop an integrated data sharing system to support care coordination across departments.

The IMDT is structured to case manage multiple vulnerable groups simultaneously and is scalable, meaning it serves as the blueprint for how the County case manages various populations in need of collaborative care management. It allows for adding different health services, social services, and justice programs to meet the needs of any specific prioritized population. This flexibility is enabled by having a comprehensive release of information that allows sharing between County Departments [7] Community Health Centers [7], Hospital Systems [5], Homeless services Agencies [12], Substance Use Disorder Agencies [5], Youth Services [5], and other service agencies [7]. Listed in detail on **[IMDT-Authorization-English-ADA (03-01-20)]**.

New partnerships are developed through meetings with IMDT management team and prospective partners. Once a relationship is agreed upon, the partner can be added to the IMDT authorization form. Ongoing and frequently utilized partners can be added to collaborative case meetings upon signing privacy agreement and added to electronic record access if approved by privacy officer and management.

Representatives from these departments and agencies meet weekly for collaborative case conferencing to meet the complex needs of Sonoma County. The IMDT Homeless Encampment Assistance and Resource Team (HEART) would serve the target encampment for this application. This team consists of a Behavioral Health Clinician Intern, two Alcohol and Other Drug Services (AODS) Counselor II, one Senior Client Support Specialist (SCSS), and one Health Program Manager.

Since January 2020: The IMDT with the HEART staff as leading encampment work has worked over 40 different homeless encampments. In January 2021 implemented improved data tracking and since have noted 94 individuals safely cleared from camps, 61 of those individuals accepted services, 41 trucks and cars removed, 54 RVs, motorhomes, and trailers removed, and 5 encampments fully cleared. Outreach procedures outlined in attachment [**HEART Encampment Outreach Guide FINAL 1.3**]. When locations are cleared legal service and shelter offers are made to all residents with notice of rights given. Sonoma County Sheriff's Office is available to make arrests if needed. To date there are zero enforcement related arrests.

The IMDT has connected over 500 homeless individuals with permanent housing. IMDT uses several pathways to permanent housing, one of which is Los Guilicos Village (LGV). Los Guilicos Village has 60 small pallet homes to shelter homeless persons and is located in Santa Rosa [<https://www.sonomacf.org/blog/it-takes-a-village-transitioning-out-of-homelessness-at-los-guilicos-village/>]. IMDT trains all outreach and caseworkers in utilizing coordinated entry system. Sonoma County will refer qualified individuals to project Homekey sites. The Hotel Azura offers 44 recently remodeled rooms located in the center of Santa Rosa and the Sebastopol Inn offers 31 newly remodeled rooms in the center of Sebastopol. Both hotels are near grocery stores, restaurants, post offices, medical services, churches and transportation.

Key partnerships for this location include Reach for Home, Alexander Valley Health Care, Sonoma County Sheriff's Office, Sonoma County Probation, Sonoma County Public Defender, Human Services, Community Development Commission,

Foege Schumann (FS) Global Disaster Solutions, Buckelew, Drug Abuse Alternatives Center, and Hilltop Recovery Services.

Reach for Home (RFH) helps individuals homeless or at risk in Northern Sonoma County. RFH provides outreach and case management to individuals in Windsor, Healdsburg, Cloverdale and Geyserville. RFH offers street outreach medicine with their mobile unit to bring medical care with an on staff Licensed Vocational Nurse (LVN). RFH connects individuals to housing, teaches life skills, and work to prevent evictions.

Sonoma County Probation and Sonoma County Public Defender attend weekly case conferences and support legal problems including probation violations and warrants and advocate for alternative non-punitive case management solutions

Buckelew, Hilltop Recovery Services, and Drug Abuse Alternatives Center (DAAC) all provide residential drug treatment. DAAC and Buckelew also have detox services. DAAC has outpatient treatment options for substance use disorders (SUD). Buckelew provides case management and programming at county IMDT housing.

Alexander Valley Healthcare provides comprehensive primary care for all ages, behavioral health services, dentistry, substance use treatment, and financial services.

Foege Schumann (FS) Global Disaster Solutions handles inventory management and moving. They take care to treat property of encampment residents with dignity and respect with appropriate imaging, storage, and access to property.

This encampment effort is positioned for success because the team has a model that has already succeeded with similar encampments, but is looking to augment and improve resources to increase the amount of interim and permanent housing. The IMDT has a defined process of legal noticing, service, shelter options, and enforcement.

The IMDT has FS Global Disaster Solutions as a partner to transport, store, and clean encampments. Reach for Home that adds value with medical services and additional supportive housing connections and retention services.

Part 2: Prioritized Encampment Site and Population to be Served

The site is Healdsburg Park and Ride located at Healdsburg Ave / Grant Ave just Northeast of Hwy 101, but South of Grant Ave. In this parking lot there are up to 70 spaces available for parking. There are 7 motorhomes / RVs / Trailers, and 7 cars / trucks on site temporarily housing about 15 people. The vehicle and person counts were completed on site by outreach worker over multiple visits. The site is adjacent to the business Russian River Covered RV Storage which stores RV's, boats, and equipment on an 11+ acre facility.

Demographic information was obtained by Reach for Home Outreach worker who met with each individual on the site. One individual identifies as deaf.

**Demographics of Park and Ride individuals**

<b>Number of Individuals</b>	<b>Gender</b>	<b>Age Range</b>	<b>Ethnicity</b>
1	Male	40-50	Hispanic
2	Male	60-70	Caucasian
3	Male	40-50	Caucasian
1	Male	40-50	Caucasian
2	Male	30-40	Caucasian
1	Female	20-30	Caucasian
3	Female	50-60	Caucasian
2	Female	40-50	Caucasian
<b>15</b>			

Encampment selection reasoning: In October 2020 Sonoma County cleared an encampment in Alexander Valley near this location. There were 12 RV / Motorhomes / Trailers and equally many cars / trucks. Two individuals were placed in transitional

housing at a non-congregate shelter, three individuals found safe legal destinations for their RV / motorhomes / trailers with support of IMDT, and the remaining dispersed some settling at this Healdsburg Park and Ride location.

A major challenge then and persisting today is funds and viable options where individuals living in motorhomes, RVs, and trailers can live in or store their vehicles without being forced to move on an episodic basis. This application proposes a multi-pronged solution based on individual level data of each resident at the Park and Ride to create a permanent solution that is agreeable to each resident. Absent creative and scalable solutions for RV / Motorhome / Trailer encampments efforts will continue to inhumanely displace encampment residents.

Over the last four months: two U-Haul trucks have been stolen, public urination and defecation, late night parties, drug use, excess garbage, fighting, vandalism, rodent infestation, and local business consumers and staff reporting lack of feelings of safety as well as fears about personal and environmental health. These concerns have been reported by over two dozen community members and two staff members at Russian River RV Covered Storage.

The RVs and cars are in various states of disrepair some with broken windows, mattresses on the roof, expired tags, and even one car being filled to the top with trash.

### Part 3: Core Service Delivery and Provision of Housing Options

Services: IMDT with HEART as lead staff does encampment outreach 2-3 times per week for 2-4 hours on average and increased to up to daily if needed. Outreach procedures outlined in attachment [**HEART Encampment Outreach Guide FINAL 1.3**]. During outreach staff describe the comprehensive wraparound case work, available

interim and permanent housing, provide supplies including non-perishable food items, masks, sanitizer, gift cards, coordinate vehicle repairs, purchase gas, and address any barriers to residents progressing to interim or permanent housing.

IMDT management meets weekly with an operational team including Sheriff's Office, Parks, County Counsel, Permit and Resource Management, Community Development Commission, and DHS executive leadership to discuss and strategize how to best support site residents including available resources and to protect the legal rights of individuals as part of the clearing and service offering. Once all residents at an encampment have been offered services and shelter a formal legal notice of intent to clear the location and date of clearing is posted by the Sheriff's Office. After notice is posted, the team increases deployments up to daily and for as long as needed. IMDT staff will co-deploy with Reach for Home outreach staff and utilize their street medicine mobile unit with LVN to meet any medical needs that arise.

Each unsheltered person is offered a personalized assessment of their needs and preferences from an IMDT outreach worker. This process entails a period of going out to the site over weeks and building relationships and discussing housing options **[HEART Housing Options Assessment]**, services **[HEART Case Management Referrals and Services]**, and assessment of needs and strengths **[Outreach ANSA Assessment]**. All residents are encouraged and assisted with entry into Coordinated Entry system for additional pathways to shelter and housing. Each individual agreeing to ongoing case management participates in creation of a personalized care plan. Then residents would be paired with a caseworker based on their needs and goals. For example: an individual actively coping with Post Traumatic Stress Disorder (PTSD)

would be paired with a behavioral health clinician intern. Caseworkers are assigned once an individual is placed in shelter and are expected to meet with their clients an average of once per week, but more if needed.

Areas of support on care plans include help with criminal justice problems such as fines, criminal charges, and probation violations, connections to health care and appointments, referrals and support with mental health needs, substance use disorder treatment referrals and placements both outpatient and residential, connections to employment resources and opportunities, assistance with benefits applications (SSI, Cal Fresh, General Assistance), and working on interim and permanent housing. Cases are staffed weekly at multidisciplinary multiagency meetings.

Interim Housing Options: Los Guilicos Village: Residents on site receive healthcare support from Santa Rosa Community Health (SRCH) from a nurse and nurse practitioner. Residents are all offered and 96% participate in case management from HEART staff to meet personalized goals unique to their needs for long term housing, mental health, criminal justice needs, employment, disability, and substance use. As of 6/20/21, Los Guilicos Village (LGV) has sheltered and served over 181 homeless persons in transitional housing and of these 62 residents have moved onto permanent housing. St. Vincent de Paul (SVDP) oversees daily site operations.

Sonoma County recently awarded 2 million dollars for homeless shelters and safe parking programs. A 50-space safe parking program in Santa Rosa at the city's Utilities Field Office off Stony Point Road operated by Catholic Charities would be an option for those wanting to stay in RVs but willing to move to a different geographic location. Similarly, individuals willing to store their RVs at a separate location and stay



in modular housing will be a good fit for the 25-unit modular shelter at Hopper St. that will be run by the Committee on the Shelterless (COTS).

Temporary campground stays funded in 30 day increments at local campgrounds such as KOAs and Casini's. Most residents on site would prefer to stay in their RVs / campers/ motorhomes. These options cost \$2000-\$3000 on average for a 30 day stay and afford individuals a period of stability free from harassment while longer term options are pursued. Private by owner trailer spaces are in the \$600-\$1200 range and another temporary option.

Shared living and sober living environments are an option and for some shared living can become a permanent arrangement. Sonoma County keeps a list of local sober and shared living environments that include single, shared rooms, and often provide meals as well. Costs range from about \$650-\$1100 a month plus deposit. These and other options not permitting RV parking would be supported by local RV storage options funded at an average of \$300-\$400 per month.

Permanent Housing Options: Sonoma County has purchased and leased housing at 3 different locations for the IMDT: 2 in Santa Rosa and 1 in Cotati. These units can accommodate up to 14 residents and there are currently 2 vacancies. Buckelew as a contracted partner provides onsite groups and individualized support with living skills and trauma informed care using Hazelden curriculum.

Case workers pursue all voucher opportunities, and when obtained the Community Development Commission supports with hands on housing navigation to locate permanent housing for eligible individuals.

Homekey sites owned county and partnering cities will be leveraged for permanent housing options. Sonoma County's 44 Hotel Azura and 31 Sebastopol Inn will be remodeled and ready to support encampment residents ready to move on from interim options. The City of Healdsburg is set to receive over \$7 million to acquire, and rehab 22 interim housing units. Sonoma County has set aside \$270,000 funds for 15 tiny homes at the vacant George's Hideaway restaurant outside Guerneville.

Community Development Commission (CDC) in partnership with West County Community Services (WCCS) are applying for Homekey funding to improve the site with PSH units and on-site services.

Reach for Home offers PSH and Rapid Rehousing (RRH) throughout Northern Sonoma County. RFH has 11 units at the Victory Studio Apartments in Healdsburg, 5 beds at their Partnership Home in Cloverdale focused on Veterans, up to 6 beds at houses in Cloverdale, and partners with Burbank Housing for locations in Healdsburg.

Each sheltered individual in interim housing will get an IMDT caseworker. They will create a plan with their caseworker for a pathway to permanent housing that is in alignment with their personal preferences. IMDT caseworker will assist the individual with applying for benefits, employment connections with Sonoma Works, local job fairs, local job websites, and other employment resources. Caseworkers assist with navigator eligible voucher wait lists and application processes. Once vouchers are obtained, IMDT housing navigators help with finding housing options in the local community. When individuals find permanent housing they receive ongoing casework with IMDT caseworker for a minimum of 6 months.

IMDT partners with Providence and through their Mobile Health Clinic has a another medical partner for collaborative pathways into the medical system for unsheltered persons. This support includes treatment, navigation, and vaccines.

Reach for home street outreach case manager will provide wrap-around services and advocacy and collaborating with IMDT case workers for weekly case conferences using a By Names List approach. Community Mobile Health and Wellness Unit serves encampments in Northern Sonoma County area. Services include a community health worker, LVN, health education and advocacy. RFH provides food distribution, a cooling and warming area, private consultation, mental health appointments, coordinated entry support, Wifi, and cell charging access. The Navigation Center at Victory Apartments in Healdsburg offers all wrap-around services, mail delivery, storage lockers, computers, assistance with training, job applications, and resumes for employment readiness.

Reach for home will support housed individuals by utilizing their Eviction Diversion program focused on keeping individuals and families in current housing, administering the Northern Sonoma County portion of the Emergency Rental Assistance Program, and utilizing Season of Sharing assistance.

Grant funds will be used in four expenditure categories: unsheltered readiness, sustainable restoration, interim housing, and permanent housing. Unsheltered readiness will include: license and vehicle registration fees, vehicle repairs, vehicle storage, gasoline / diesel fuel, towing expenses, and uncovered prescription and medical fees. Sustainable restoration includes fees for site clean up include waste as hazardous materials clean up. It also includes storage of unsheltered resident property.

Interim and permanent housing funds will include rental costs, deposits, application fees, utilities, food, credit repair, moving, and furniture.

This application aims to support all 15 individuals located at the site at time of application and any additional residents should the site grow. Services will prioritize physical health by utilizing Reach for Home's mobile clinic and LVN to support and connect to care both in the field at the encampment and in the clinic where services need a higher level of care. Should residents prefer to utilize a different clinic or provider, caseworkers will coordinate transportation and support individuals to connect with their provider of choice. Mental health is supported by having personalized care plans created collaboratively, with registered masters level clinician on team supported by an LMFT program manager. Through flexible options, focusing funding specifically on housing options, and emphasizing client choice pathways to housing with a trauma informed lens are created. Substance Use Disorder options will be available and coordinated by licensed SUD providers as part of individualized care plans but in partnership with client readiness and wishes and with a non-judgmental harm reduction focus.

Sustainable restoration is achieved in several ways. Each unsheltered individual is supported with labeling, storing, and moving property by FS Global. Even individuals who choose to abandon their property will have their property inventoried, photographed, and stored for a period of 90 days with instructions posted for how to access. These measures are taken to preserve individual dignity, treat property with respect, and support unsheltered person's rights.

#### Part 4: Coordination of Services and Housing Options

Service coordination begins with release of information signed by the unsheltered resident **[IMDT-Authorization-English-ADA (03-01-20)]**. Initial service provision, referrals, and care planning will mostly occur at the encampment site with IMDT case workers, Reach for Home outreach workers, Reach for Home community health worker, and Reach for Home LVN. Reach for Home and IMDT caseworkers will meet with each individual and collaboratively plan for their personalized housing and service needs. Early focus will be on removing barriers and immediate needs. If the barrier is a mental health crisis the IMDT behavioral health clinician steps in. If health issues are a concern the Reach for Home health workers step in. If the individual has a warrant IMDT caseworkers will connect directly with probation or public defender and work to clear these and keep the individual out of jail.

Needs for individuals from this encampment are served with direct connections between departments and agencies with caseworkers by phone or email and often occur in real time while at the encampment location, interim, or permanent housing option for the individual. The IMDT has over 50 collaborative partners that are more frequently used on its release of information form and partnerships. More complicated problem solving happens in weekly case meetings with the various agencies and departments noted on the release. 35-40 persons attend each Wednesday and meet for 2-3 hours to support over 400 IMDT clients that are shared by one or more departments and agencies in the community. The IMDT case conferences more complicated situations and solve problems at times in minutes instead of days or weeks. Weekly attendees from Sonoma County Jail, Public Defender, Probation, Child support

Services, Community Development Commission, community health centers, human services, eligibility specialists, and homeless service providers attend every meeting.

The Sonoma County IMDT is part of the award winning and innovative ACCESS Initiative: <https://sonomacounty.ca.gov/CAO/Projects/ACCESS-Sonoma/>. While already innovative with robust partnerships the ERF collaboration further enhances existing partnerships. Partnership with Reach for Home has been strengthened by collaborative discussion and grant application planning from the outside with managerial, executive, and line staff involved. IMDT staff will co-deploy with Reach for Home staff in the field to streamline resource utilization and service provision and leverage collective grant and agency resources to meet encampment resident needs from outreach, to interim, to permanent housing, and finally to retain and remain permanently housed. Reach for Home will attend or provide updates for weekly case meetings as more complicated needs arise to collaborate with 35-40 attending for case conferences.

Mitigating risk and safety concerns is first achieved by consulting with probation and sheriff's office should any red flags or behavioral concerns arise. Behavioral health clinician intern on the IMDT can assess risk for danger to others, self, or grave disability and is trained in 5150's, assessing and managing suicide risk, and has trauma expertise with a background in EMDR. IMDT AODS counselors utilize person centered harm reduction approach to reduce client risk and meet them where they are in terms of readiness to change. Health risks can be mitigated directly in the field by a strengthened relationship with Reach for Home and their mobile health clinic providing both on site services and a private space for confidentiality. Funds to repair vehicles and make them safe to operate will reduce risk to individuals from the encampment and

in the community. Pathways to stable housing are streamlined as both Reach for Home and IMDT caseworkers are trained in coordinated entry, and both entities have interim and permanent housing options that are intended to be supplemented and supported by this application.

Data informed coordination occurs based on personalized assessments for each unsheltered person at the encampment. Each individual accepting services and support will be assessed using [**HEART Housing Options Assessment**], services [**HEART Case Management Referrals and Services**], and assessment of needs and strengths [**Outreach ANSA Assessment**]. Each of these assessment forms is keyed into the Watson Care Manager electronic record that can export to excel. Program evaluation can track the extent to which client housing preferences and service requests were met. The ANSA is an internationally used evidence-based tool to assess needs and strengths with a validity rating of .90 and is utilized to inform individualized care planning. The comprehensive release form allows export of data from housing records with HMIS, mental health records, benefits information, and health information.

#### Part 5: Ensuring Dignity, Safety, and Wellness

People living in the encampment have already been engaged by outreach to discuss their preferences as to interim and permanent shelter options. Interim options for safe parking, campgrounds, and even temporary RV storage, and non-congregate shelter options are directly informed by residents on site with lived experience. IMDT leadership consulted with the collective 35-40 attendees at weekly meeting and several IMDT staff as well as contributing partners have unsheltered lived experience.

IMDT has a zero-arrest record for unsheltered persons for minor crimes that historically are used to marginalize the unsheltered. For non-camping related crimes like domestic violence and drug use the IMDT works to keep people out of jail by partnering with public defender and probation.

IMDT is trauma informed. The lead clinical associate working this project (AMFT / APCC) is trained in EMDR. Through her expertise and under the guidance of an LMFT program manager safety is prioritized. Non-congregate interim shelter options are pursued to be supportive of personal dignity and perceptions of safety.

Collaboration is apparent through conversations informing the application and individualized care planning. Individuals will be empowered to choose any of the options discussed, but also welcome to consider alternatives. Sonoma County posts appropriate noticing as to timelines for clearing an encampment and for how to access stored property left behind. Upfront disclosures as to plans support transparency and trust. Some staff have lived experiences, and all staff have mandated county trainings that are supportive of cultural, historical, and gender issues. LMFT Health Program Manager has lived experience with depression and panic attacks.

Housing First is emphasized by offering a continuum of options that are of interest to encampment residents and offering each personalized planning and support whether or not they choose to use an available option. Both professional and informal supports such as families will be utilized in accordance with individual preference

Due to local parking violations, public health hazards, and on-site crimes Sonoma County already has sufficient cause to take-action and clear the site. The



additional funds that are to be used in direct alignment with unsheltered preferences are anticipated to achieve a much higher sheltered rate than historical site clearings.

#### Part 6: Personnel

**Health Program Manager (.10 FTE):** This position will oversee all aspects of grant implementation including service provision, monitoring expenditures, staff supervision, and field work when needed. He is 5150 certified with over 9 years homeless experience in roles ranging from outreach, case management, SUD, mental health, supervisor, and program manager. Licensed marriage and family therapist since 2014.

**AODS Counselor II, Behavioral Health Clinician Intern, and Senior Client Support Specialist (.50 FTE shared across 4 staff).** Will provide individualized assessment and care planning. Will collaborate and provide comprehensive case management services. Will coordinate resources and purchases under direction of Health Program Manager. Complete field outreach work and coordinate placements in interim and permanent housing. Complete coordinated entry assessments.

**AODS Counselor II:** Coordinate any detox, outpatient treatment, residential treatment, and support SUD specific needs from harm reduction lens and utilize motivational interviewing. Trained in motivational interviewing. Experience overseeing IMDT SUD program referrals and placements.

**Behavioral Health Clinician Intern:** Responsible for supporting clients actively struggling with trauma and address any behavioral health emergencies. Experience with trauma including domestic violence, sexual assault, and human trafficking. Is EMDR certified and DBT trained.

**Senior Client Support Specialist (VACANT position, interviewing stage)**

**Outreach Case Manager (.05-.10 FTE) (Reach for Home):** building relationships with unsheltered persons, case management, counseling, guiding toward jobs, housing, healthcare, mental health services, and modeling the way to recovery. Unique lived experience with substance use recovery and homelessness that help connect and empathize with those he serves.

**CEO Reach for Home (.01-.02 FTE):** grant development for application and collaboration, problem solving, assisting with finding creative housing solutions, 17 years business experience with 9 years non-profit work.

#### Part 7: Proposed Budget and Fiscal Planning

The award amount requested was determined factoring in number of residents at 15, RVs / Motorhomes / Trailers at 7, and Cars / Trucks / Vans at 7. This is the most recent count with meeting with residents but the site is perceived to be growing so costs are adjusted slightly upward with anticipated growth. Repair costs, gas, and registration were estimated based on IMDT team working two similar encampments over the past year and a handful of estimates obtained during fieldwork. Storage fees were obtained by looking at local storage facilities and monthly rates. Sustainable restoration was done based on a similar site comparison invoice. Interim Housing and Permanent housing costs were researched based a review of county shared housing lists, craigslist, affordable unit listings, and accounting for benefits and employment to offset costs. The project could be scaled down by a percentage reduction of 10-25% across all expenditure categories. Caseworkers would try to leverage benefits and employment to make up gaps, and at a last resort length of time offered interim and

housing support would be reduced by a comparable percentage if needed. Scaling up would be at the same average cost rate per resident scaled to current camp count.

Funds currently used and anticipated for use to support this grant include SABG ARPA and HHAP funding for staffing and residential drug treatment. SABG ARPA will fund \$15,000 drug treatment and \$40,000 AODS counselor II for staffing. HHAP will fund \$40,000 AODS counselor II, \$35,000 senior client support specialist, \$40,000 health program manager, and \$45,000 behavioral health clinician intern. This totals \$215,000 funded separately. The project will be 80% grant funded by ERF, and 20% funded by HHAP and SABG ARPA.

This proposal aims to maximize an efficient use of public dollars by fully funding staffing outside the ERF. It leverages multiple permanent housing options through Homekey funded projects and some of the projects recently allocated \$2,000,000 for interim shelter and safe parking options as well as some PSH funded by general fund and wildfire settlements with PG&E.

Ensuring that 50% of allocated funds are expended by June 30, 2023, and 100% are expended by June 30, 2024 will be done by monthly reporting and discussion between project management and fiscal staff in the administration department. The Health Program Manager will work to project and monitor costs on a month to month basis while accounting will get exact numbers based on actual expenses.

The proposed budget includes the following expense categories: unsheltered readiness, sustainable restoration, interim housing, and permanent housing. Specific expense types within these categories and amount per resident are flexible to be able to service the unique needs of each unsheltered person. An average of \$6,000 per person

in unsheltered readiness is budgeted per person. Expenses will be frontloaded working with unsheltered residents and then gradually taper off over the first year with storage and repair fees. These funds focus on essential repairs, maintenance, fuel, and registration to get vehicles to be safe and operable whether they are intended for interim living or transportation. RV / Trailer / Motorhome storage is anticipated for a handful of residents choosing interim housing options that do not permit these vehicles on site.

Sustainable restoration expenses will first cover inventory, storage, and moving property for unsheltered persons. This storage for a minimum period of 90 days gives people time to access and manage their property while safely stored. Waste removal, disposal, and site cleaning will be completed after residents have been placed in interim housing. The figure of \$10,000 was selected based on a similar site expenditure.

Interim housing expenses will be allocated to individual needs totaling an average of \$25,000 per person for a projected six month to one-year term in interim housing. With initial moving expenses being frontloaded beyond what most can afford these will be emphasized with gap funding to cover rent, utilities, and food that residents cannot sustain with case management support alone. Some cases full rental cost will be paid for period, but most individuals will have some benefits or employment to offset costs.

Permanent housing expenses also incur a high front load move in cost and usually a larger monthly payment. The \$25,000 average is retained with the expectation that individuals that are able obtain gainful employment, some vouchers, and others SSI income all through caseworker assistance.