CENTRAL SIERRA
Continuum
of CARE

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CentralSierraCoC.org

Amador, Calaveras, Mariposa and Tuolumne Counties

Working together to promote a community-wide commitment to the goal of ending homelessness in the Central Sierra Foothills

Central Sierra CoC

Strategic Action Plan to Prevent and End Homelessness

2022 - 2024

June 30 2022

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Mission Statement

The Central Sierra Continuum of Care (CSCoC) provides leadership, support and resources for our regional partnership, that result in safe and stabilized housing, addressing needs of the homeless or those at risk of homelessness.

Executive Summary

The Central Sierra Continuum of Care (CSCoC) works to prevent and end homelessness in our four county region: Amador, Calaveras, Mariposa and Tuolumne. This plan was developed to guide our CSCoC over the next several years, with goals and strategies to make homelessness rare, brief and non-recurring.

Utilizing our data system and the most recent point-in-time count, we have analyzed the results compared to the previous point-in-time count done in 2019. Many of our efforts are working as evidenced by a reduction in the total persons homeless in 2019 was 845 and in 2022 the number dropped to 623. But those numbers, though positive, do not show the full picture of homelessness in our CSCoC region. We noted in some of our data from our Homeless Management Information System (HMIS) there were gaps in subpopulations. The first step in planning is to identify the need. By analyzing the data, we were able to identify five (5) areas of concern for our CSCoC:

People who are American Indian or Alaska Native
People who are Black or African American
Adults who are Experiencing Significant Mental Illness
Adults who are Experiencing Substance Abuse Disorders
Unaccompanied Youth and Parenting Youth (18-24)

Our CSCoC has taken a pro-active stance in understanding these gaps and finding solutions on a regional basis resulting in an additional data analysis component to our structure. Adding the data analysis component to regional efforts, regardless of funding source, allows our CSCoC to draw conclusions and demonstrate actions that will improve our system of delivery and begin to fill those gaps.

Measure 1a: Reducing the number of persons experiencing homelessness
Measure 1b: Reducing the number of persons experiencing homelessness on a daily basis
Measure 2: Reducing the number of persons who become homeless for the first time
Measure 3: Increasing the number of people exiting homelessness into permanent housing
Measure 4: Reducing the length of time persons remain homeless
Measure 5: Reducing the number of persons who return to homelessness after exiting homelessness
Measure 6: Increasing successful placements from street outreach

% of ALL Persons = ***expected % in bold top row***: The ***%'s*** shown are relative to the ***All persons measure*** in each respective column

Table 1

Subpopulation	**Measure 1a** **-1%**	**Measure 1b** **160%**	**Measure 2** **-15%**	**Measure 3** **-21%**	**Measure 4** **27%**	**Measure 5** **4%**	**Measure 6** **No Data**
American Indian or Alaska Native		320%			169%		
Black or African American	21%			47%		17%	
Mental Illness	-21%			-32%	61%	6%	
Substance Abuse	23%		25%		106%		
Veterans		390%				17%	
Youth 18-24					79%		
Parenting Youth 18-24		-69%	-48%	-46%	41%	11%	

We see in purple the change from 2018 – 2020 for ***All persons*** in a given measure. But when we look at subpopulations such as Black or African American for Measure 1a we see the change was 21%, Mental Illness -21%, and Substance Abuse 23%. We should pay attention to the high rate of change in those subpopulations in relation to the change in the ***All persons*** rate.

Similar concerns can be found in the other measures in the table that indicate areas requiring our CSCoC to pay close attention and develop solutions to bringing subpopulations more in line with the ***All persons*** rates. The following information in this Plan details our goals and strategies we will use to improve numbers.

Background

At the request of the Housing and Urban Development (HUD), regions were directed to establish and maintain a Continuum of Care to address ending homelessness. To that end, the Central Sierra Continuum of Care (CSCoC) was developed and today includes general membership and a Governing Board representative of the four (4) county region: Amador, Calaveras, Mariposa and Tuolumne.

The CSCoC currently has 32 active members representing all four (4) counties with public and private entities working together to end homelessness. Our work is processed through Committees working on specific areas of concern, then bringing forth their recommendations to the full Governing Board:

Coordinated Entry System/(CES) / Homeless Management Information System (HMIS) Committee
Governance Committee
Youth Advisory Committee
Veterans Committee
Point-In-Time Count Committee
Review, Rank and Fund Development Committee

Since this HUD requirement is needed for funding at the federal level, several state initiatives have also required participation at the regional level in local Continuums of Care. In January of 2019, California's Department of Housing and Community Development (HCD) presented the opportunity for Continuums of Care (CoC) and Counties across the state to request technical assistance in three different areas of focus: capacity building, housing first, and housing stability. In 2021, HCD expanded their approach to preventing and ending homelessness and the CSCoC has adopted similar areas of concern:

1. Capacity building and workforce development for service providers within our four county region including removing barriers to contracting with culturally specific service providers and building capacity of providers to administer culturally specific services.
2. Funding existing evidence-based programs serving people experiencing homelessness.
3. Investing in data systems to meet reporting requirements or strengthen Homeless Management Information Systems (HMIS).
4. Improving homeless point-in-time counts.
5. Improving coordinated entry systems to eliminate racial bias and to create a youth-specific coordinated entry system.

Homelessness in Central Sierra CoC: Amador, Calaveras, Mariposa and Tuolumne Counties

California is on a positive approach to preventing and ending homelessness while understanding the barriers and challenges facing homeless and those at risk of homelessness. A daunting task indeed, but one the CSCoC is determined to address and find concrete resolution leading to successful placement and retention in permanent housing.

Demographics of People Experiencing Homelessness

CSCoC facilitates the HUD-required point-in-time (PIT) count of sheltered and unsheltered individuals and families experiencing homelessness. Understanding the PIT is exactly that – a point in time. It captures data on a single day the end of January. It is representative of some of the homeless population but does not provide overall view of the homeless situation within our region. Consider the PIT as a way to begin to grasp the magnitude of the homeless population in a specific time frame and geographic area. The CSCoC relies on the PIT in conjunction with other reporting data from each of the four counties.

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The CSCoC spans a large geography comprised of thousands of square miles. This rural continuum of care is unique in that challenges we face, including significant transportation issues, lack of available housing and services, lack of employment opportunities, higher than usual poverty rates, lack of substance use treatment options are real and serious. All four counties are susceptible to wildfires, some areas having experience the enormity of their devastation in past years. Parts of our CSCoC are also desirable vacation destinations frequented by tourists given their proximity to the Sierra Nevada Mountain Range and Yosemite National Park. This can lead to lower housing stock and higher rental prices.

As seen in Table 1 – the population of the CSCoC region varies significantly. The table shows the population totals according to the July 2021 census estimates and 2022 Point-In-Time (PIT) Count.

Table 2

County	Population	PIT Sheltered	PIT Unsheltered	PIT Couch Surfers	PIT Total Homeless
Amador	41,259	27	157	2	186
Calaveras	46,221	26	96	39	161
Mariposa	17,147	27	19	0	46
Tuolumne	55,810	44	222	35	301

Landscape Analysis of Needs, Demographics, and Funding

This section includes the local landscape; identification of the number of individuals and families served; and identification of funds, currently being used, and budgeted to be used, to provide housing and homelessness-related services. Click data table below:

DATA TABLE-AUGUST 1 2022 .xlsx

Table 3:

Population and Living Situations	People Experiencing Homelessness 2019	2022	Source and Timeframe of Data
Total # of people experiencing homelessness	845	694	2019 Point-In-Time Count and 2022 Point-In-Time Count
# of people who are **sheltered** (ES, TH, SH)	158	124	
# of people who are **unsheltered**	687	570	

HUD calculated homeless for 2022 was 618 – adding in non-HUD data (couch surfers) 76 = 694

Identification of the number of individuals and families served

PSH: Permanent Supportive Housing
IH/ES: Interim Housing or Emergency Shelter
HP: Homelessness Prevention and Assistance
RRH: Rapid Rehousing
DIV: Diversion Services and Assistance
O/R: Outreach and Engagement Services
TH: Transitional Housing
HH: Household
SH: Supportive Housing

Outcome Goals and Strategies for Achieving Those Goals

Table 4:

Outcome Goal	Baseline
1.Reducing the number of persons experiencing homelessness a) Annual number of people accessing services who are experiencing homelessness b) Daily estimate of number of people experiencing unsheltered homelessness	 712 687
2.Reducing the number of people who become homeless for the first time	404
3.Increasing the number of people exiting homelessness into permanent housing	358
4.Reducing the length of time persons remain homeless	93
5.Reducing the number of persons who return to homelessness after exiting homelessness	12.20%
6.Increasing successful placements from street outreach	0

The expected change (by 2024)

Goal 1a: Reducing the number of persons experience homelessness – decrease 150 people
Goal 1b: Reducing the number of persons experiencing unsheltered homelessness on a daily basis – decrease 69 people
Goal 2: Reducing the number of persons who become homeless for the first time – decrease 81 people
Goal 3: Increasing the number of people exiting homelessness into permanent housing – increase 89 people
Goal 4: Reducing the length of time persons remain homeless – decrease by 121 days
Goal 5: Reducing the number of persons who return to homelessness after exiting homelessness – decrease by 3%
Goal 6: Increasing successful placements from street outreach – increase 50 people

Local Strategies

Our CSCoC considered several local strategies to help achieve our stated goals and extend beyond the current and planned use of HHAP funding. Several of those were:

- Strategic uses of other sources of funding
- Increasing investments into, or otherwise scaling up, specific interventions or program types
- Expanding and strengthening cross-system partnerships
- Expanding and strengthening partnerships with people with lived experience
- Reaching underserved and historically marginalized communities and populations
- Other equity-focused strategies

When developing our strategies, we were able to use content from several of the following: Current local strategic plans for preventing and ending homelessness; Prior HHAP applications and reporting; Recent application under HUD's Continuum of Care program; and several other relevant local policy documents and plans such as the County Housing Elements.

Strategies for Action for 2024:

Table 5:

Description	Entities with Lead Responsibilities	Measurable Targets	Performance Measures
Outreach and engagement by CSCoC members directly with HHIP (Housing and Homelessness Incentive Program) and other health-focused entities - to expand number of projects included in our HMIS and CES - special focus on those experiencing mental illness and/or substance abuse issues.	CSCoC Governance Committee and County health representatives	150 additional literally homeless (specifically experiencing mental illness and/or substance abuse issues) will be included in our data collection system. 10 Person w HH Only Children will enter projects funded.	1 2 6
Implement newly developed Youth Action Board to understand challenges faced by homeless and at risk of homeless youth (18-24) by designing appropriate communication systems to engage youth	CSCoC Youth Advisory Committee and school district representatives working homeless youth	Reduce the number of youth experiencing homelessness by 69 youth	1 2 4 5
Update CES and HP Policies, Procedures and Written Standards to those at risk of becoming homeless are prioritized for service delivery and housing assistance. Add landlord liaison and room sharing efforts to house singles. Include scoring for those who face the most barriers with a focus on Native Americans and African Americans entering system for service.	CSCoC CES and HIMIS Committee Contract Consultant TA with Homebase	Reduce the number of people becoming homeless for the first time by 81.	1 4
Enhance all Case Management services across all RR, PSH, HP projects to ensure barriers and triggers met. Connect additional staff and services to those exiting shelter projects, employment and income growth services and prevention services.	CSCoC Governance Committee	HHAP, ESG, CDSS, ESG-CV, ESG awards will be tracked to show an increase in movement into permanent housing by 36.	3 4 5
Fund newly developed Street Outreach projects and capture all data in CES/HMIS	HMIS Manager, all funded providers Street Outreach, CoC outreach to tribal partner committee	Reduction in American Indian, Alaska Native homeless – include Tribal Service in outreach, along with adding Spanish speaking materials	1 2 4 6

High Priority Coordination and Engagement

- Focus on Housing First – Lowering Barriers to Entry
  - Educate service providers on necessity and value of housing first priority
  - Train service providers in methods to move programs and services to fully embrace housing first

- Evaluating Housing First – Projects
  - Review, Rank and Fund Committee is developing methods of monitoring and evaluation for all CSCoC funded projects
  - Specific areas of focus will include racial and gender equity priorities and housing first implementation

- Street Outreach Efforts
  - Expand efforts to include methods used to ensure all persons experiencing unsheltered homelessness are identified and engaged
  - Monitor street outreach efforts to cover 100% of our geographic area (frequency of street outreach)
  - Implement street outreach to be tailored to persons experiencing homelessness who are least likely to request assistance

- Rapid Rehousing (RR)
  - Capture total number of RR beds available to serve all populations (HIC)

- Promote Racial Equity in Homelessness
  - Assess racial disparities using HMIS/CES data
  - Determine results of racial disparities
  - Provide Racial Equity and Gender Equity training for CSCoC providers
  - Promote racial equity in homelessness beyond areas of identified racial disparity assessment

- HMIS (Homeless Management Information System
  - Analyze HMIS data to identify bed coverage rate within HMIS compared to available beds in our region

- System Performance
  - Clarify risk factors used to identify persons becoming homeless for the first time
  - Improve how our CSCoC addresses individuals and families at risk of becoming homeless
  - Improve partnership and integration with the workforce development system and its role in addressing and preventing homelessness.

Regional Coordination

Our CSCoC currently coordinates with city, county and other jurisdictions to promote regional view of both needs and resources. We recently added Tribal geographic areas to our regional approach within the four (4) counties and unincorporated areas. We continue to grow our partnerships to include health and behavioral health entities in our membership.

The CSCoC has improved coordination efforts within our four county region and will continue to coordinate utilizing the county jurisdictions and relevant entities. In addition to our existing committees: CES/HMIS; Point-In-Time Count; and Review-Rank and Fund Development; we have increased our CoC committee work to strengthen and/or include:

Governance Committee – established to focus on structure and capacity of the CoC and its membership. This year we have focused on adding a Youth Advocacy component as well as inviting several Tribal entities to the table.

Youth Advisory Committee – established to address developing a Youth Action Board to be comprised of homeless, at risk of being homeless, or formerly homeless youth. These youth will guide the decision-making process of the CSCoC Governing Board regarding barriers and challenges.

Veterans Committee – established to focus on identifying and assessing homeless veteran needs and strengthening refer resources to promote stable housing.

All counties have ongoing homeless task force meetings working on community level work shared locally. All minutes and updates are shared through the CSCoC at every monthly meeting, with appropriate documents that may help replicate services. Two counties have shared street outreach navigating job descriptions between local Police Departments to add part time street outreach navigators who connect with local housing providers during street outreach services. Our HHAP Request for Proposal (RFP) process is approved by the Governing Board and includes all mandated program requirements to deliver housing services possible. Review and ranking Allocation Team for HHAP avoids conflicts of interest and follows our Governing Board standards. Governing Board has fair representation of all four (4) counties in the region.

The Administrative Entity (ATCAA) is also the Collaborative Applicant for HUD projects and the HMIS Lead Agency. All four (4) counties are represented on the CSCoC Governing Board and our decision-making process ensures representation is fair and accountable. Social services funding across our region is supporting our crisis response system at the highest level.

Health Action Plan Strategies

Our CSCoC is collaborating with several health focused entities in the four (4) county region. General Members to our CSCoC include Adventist Health Sonora; Anthem Blue Cross; California Health & Wellness; Mark Twain Medical Center; Sutter Amador Hospital and health services provided in all four (4) counties by county departments of Health and Human Services.

Housing and Homelessness Incentive Program (HHIP)

Our CSCoC is participating in discussions regarding the HHIP Local Homelessness Plan (LHP) in an effort to make the strongest impact with funding to support partnerships and referrals for our homeless and/or at risk of homelessness population. Working on a unified approach with each of the four (4) counties helps guaranteed alignment with our Strategic Action Plan and HHAP -3 priorities.

The CES and HMIS are currently up and running on our CSCoC regional area, so being able to include additional clients funding from other sources at the county level will enhance and strengthen our data system. Being able to connect our CSCoC providers and projects to local street medicine teams providing healthcare to homeless will increase the number of people accessing services. Improving health, including mental health and substance use disorders, is a first step in moving people to permanent housing, and to help those currently housed remain in their homes.

Capacity Building

Our CSCoC relies heavily on our partnerships within each of the four (4) counties in our region. We have established both General Membership and Board Membership Applications which include not only entity information but also relevant data as to areas of interest. We have been actively pursuing entities already working in our CSCoC geographic region to become General Members and participate in our monthly Governing Board meetings and become members of one or more of our committees. We strive to be inclusive and open to the public.

Our website: centralsierracoc.org is published online and available to the public. It is refreshed weekly and includes up to date information about our continuum of care and our projects funded to help end homelessness. We published our first Newsletter in 2021 and will be adding additional versions periodically.

Our General Membership application has been revised to include a section for Tribal Entities with appropriate wording to include their geographic areas to our region. We continue with our outreach efforts to the Tribal Entities who will benefit from participation in the CSCoC by our CES and HMIS being fully developed and implemented.

All General Members are encouraged and welcome to attend the monthly Governing Board meetings that include ongoing training, shared documentation, and opportunities for collaboration and potential funding. We are implementing a Best Practice of conducting our first Request for Proposal training to allow involvement of new agencies to the funding process.

Building capacity at the local provider level includes training in CES, HMIS, RFP, Policies and Procedures and Written Standards. We work with agencies to provide a better understanding of resources available in their area and where gaps may be in the delivery of services. Working at the Committee level we are building capacity at the leadership level by using Chairpersons to assist with development of and facilitation of monthly meetings. Committee leadership is annual, allowing for equitable representation of members at the leadership level. All Committee members are encouraged to provide input and guidance to the CSCoC.

Orientation of new members to the CSCoC General Membership is available virtually and much of the important information regarding our CSCoC is found on our website. It includes background information of our CSCoC plus funding opportunities and training schedules.

Included in our membership and participation monthly at our Governing Board meetings and Committees we are formally partnered with:

Table 6

Category	Participating Entities
Local health care and management care	Anthem Blue Cross California Health & Wellness Mark Twain Medical Center Sutter-Amador Hospital Adventist Health Sonora
Public health systems	Amador County H&HS Calaveras H&HS Mariposa County H&HS Tuolumne County HHSA
Behavioral health	Tuolumne County Behavioral Health Amador County Behavioral Health
Social services	Amador-Tuolumne Community Action Agency Berkeley Food & Housing Dept of Veterans Affairs Area 12 Agency on Aging Calaveras Veterans Services Sierra Hope Alliance for Community Transformations Operation Care Veterans Service Office Victory Village Calaveras-Mariposa Community Action Agency Tuolumne County Com. Resources Housing Division
Justice entities	City of Jackson Police Dept.
People with lived experiences of homelessness	Homeblessedness Corp. Resiliency Village Tuolumne County Homeless Services
Others (education, workforce dev, etc.)	Steve Christensen First 5 Calaveras Mother Lode Job Training
Tribal Entities	Southern Sierra Miwuk Nation

Equity Efforts

The CSCoC has adopted a major focus to address equity in the areas of race, ethnicity, and gender. We are updating our Coordinated Entry System (CES) and Homeless Management Information System (HMIS) to include priorities in delivery of service, housing placement, housing retention and other means of affirming racial, ethnic and gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. We have included in our Request for Proposal (RFP) documents a goal the CSCoC approved: "Advancing Racial Equality: Grantees should prioritize the advancement of racial equity at all levels of the homeless response system. The CSCoC asks applicants to be leaders in their homeless response systems, facilitating partnerships among service organizations and promoting racial equity practices. Applicants must respond to disproportionality in access to services, service provision and outcomes. Applicants may not simply rely on delivering a standardization of services to address equity – applicants have the responsibility to examine their data to ensure all eligible persons receive equitable services, support, and are served with dignity, respect, and compassion regardless of circumstances, ability, or identity."

RACIAL EQUITY GOAL: Increase awareness among employers of the importance of providing access to local street outreach to migrant farmers, laborers for construction, seasonal employees and part time service industry employees with language appropriate information to be connected to Coordinated Entry System leading to successful placement. Improve Written Standards to prioritize minorities for placement into housing. Heighten efforts to identify and resolve inequities in the CSCoC documents, policies, and structure.

TRIBAL CONNECTIONS GOAL: Increase awareness of the CSCoC regarding Tribal Entities, both federal land and non-federal land. Provide outreach to all recognized Tribal Entities to include representatives on our General Membership and share lived experiences of Indigenous Persons.

Our Written Standards include 7 Fair Housing, Antidiscrimination, Equal access per HUDs CoC Program Interim Rule 24 CFR 578.93(C), and others. In our Policies and Procedures, pages 12, 22 and 40 prioritization of most vulnerable populations specific to racial equity are addressed. Our Local Housing Authority participates in additional outreach to Native American Tribal Council members. The CSCoC approach to advancing equity in both race and gender, we began with our decision-making process by recognizing and working to redress inequities in our programs. To this is end some of our members have participated in training regarding equity and we will continue to schedule similar training over the next few years.

Terms and definitions can be ambiguous at times, so it is important to provide clarify when discussing equity. Equity means a consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

The CSCoC will conduct an equity assessment of all of our documents, procedures and policies to determine if underserved communities face systemic barriers to accessing services in our four (4) county region. Some of these barriers might include enrollment and access to benefits and services regarding housing, employment, safety, and others. Policies and Procedures will be revised accordingly to address any potential equity issues. We will continue to require funded entities to abide by our Policies and Procedures and Written Standards as they are revised to include equity.

Quantifiable Systems Improvements

The CSCoC is including in this plan the following specific and quantifiable system activities we have/will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness. Our CSCoC currently participates with the local Workforce Development System, and we have secured Memoranda of Understanding supporting data collection and sharing capacity efforts. Referrals from our Coordinated Entry System and business tax forms provides incentives locally to hire homeless or at risk of homelessness. Workforce Development program representatives participate in many of our CSCoC Committees including HMIS, Review, Rank and Fund, and Point-In-Time Count.

We have a contract in place for revising our HMIS policies and procedures to ensure capacity across all systems. Revisions include workflow charts specific to all counties and funded partners, financial capacity pro forma, regional training schedules, data sharing, data analysis and reporting systems to the Governing Board, and ongoing data policy development. Tribal entities across the region are invited to join our CSCoC. We currently have one new Tribal entity in our General Membership. All four (4) counties in our region have specific CES HUB Centers acting as repositories accessible on site. Limited English Proficiency study was completed, and we are now targeting Spanish speaking populations with new Spanish outreach materials in both Street Outreach and Social Media Advertisements. Revisions to our CES tool are being made to update Homeless Prevention mandates. We have committees working on revisions to include additional work with Veterans and Youth. We have strengthened our connections to local law

enforcement, job training systems, social services, ER departments, VA providers, local school systems, domestic violence providers, disability services, two Community Action Agencies, LGBTQ+ service providers, mental health, formerly homeless and County Governmental entities. We are coordinating HMIS to include youth demographics, specific youth questions, and participating in ongoing work through our newly established Youth Advisory Committee/Youth Action Board.

Table 7

Capacity building & workforce development for service providers within the jurisdiction ***Partner with Mother Lode Job Training to build capacity for training staff and clients*** ***Develop and implement training sessions for responding to Requests for Proposals*** Removing barriers to contracting with culturally specific providers ***Provide training for providers targeting culturally specific areas of concern*** Building capacity of providers to administer culturally specific services ***Provide training for providers in administration of culturally specific services***
Strengthen the data quality of our Homeless Management Information System ***Work with CES/HMIS Committee to identify new data points and implement regionally***
Increasing capacity for pooling & aligning housing & services funding from existing, mainstream, and new funding ***Utilizing worksheet for identifying all funding sources and services landscape, plan to fill gaps***
Improving homeless point-in-time counts ***Increase capacity at each county through outreach and training***
Improving coordinated entry system to strengthen CES systems to: Eliminated racial bias ***Develop and implement new policies, procedures and standards regarding racial and gender equity*** Create youth-specific CES entry access points ***Develop new communication methods to attract youth to access CES*** Homeless Prevention ***Develop and implement new HP policies and procedures to improve preventing homelessness*** Improve CES assessment tool to ensure that it contemplates specific needs of youth experiencing homelessness ***Working with Youth Advisory Committee and Youth Action Board to identify and resolve barriers to housing for youth***

CSCoC Coordinated Entry System

Our CSCoC Coordinated Entry System (CES) covers all four (4) counties in our region. Through efforts of the CSCoC, all projects funded by the CSCoC are required to participate in both the HMIS and CES. Our CES covers 100% of our regional area. When State/Federal funds are available for allocation, the Request for Proposal (RFP) documents state clearly, if funded, the agency awarded funding will participate fully in the HMIS and CES. Once funded, sub-contractors are monitored on a regular basis, both for use and compliance with HMIS and CES.

All CES Housing Resource Coordinators and staff have received Trauma Informed Care mandated training on a regular basis. Training sessions are delivered by local Mental Health staff, First Five, and Youth Service providers in both Amador and Tuolumne counties, and other counties receive similar training through their Health and Human Services departments.

System decentralization reaches people who are least likely to apply for homeless assistance in the absence of special outreach in all areas: Our CSCoC currently collaborates with law enforcement, street outreach, local and regional health systems, and mobile crisis units in all four (4) counties in our region, identifying and referring individuals and families to the appropriate intake or HUB site working in their specific location to assure prompt service delivery.

CES scoring system prioritizes people most in need of assistance: In the CES Policies and Procedures we state “Households are prioritized for a full continuum of housing and service interventions according to CSCoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions – those with the highest Modified VI-SPDAT scores are prioritized highest for longer term housing solutions”.

Our CSCoC is currently working on CES data sharing efforts in connection with local health systems and revisions to our policies and procedures. Revision will revisit capacity of regional systems and efforts to strengthen workflow charts, data analysis teams, and additional ongoing regional monitoring needs.

HMIS Homeless Management Information System

Our CES HMIS Committee is made up of providers working directly with the homeless population, specifically facing safety issues and housing stability challenges. At each Governing Board meeting the committee reports on new and diverse methods of housing and tracking clients within our four (4) county region.

Regular training is provided to providers working with the homeless or at risk of becoming homeless, regarding our CES and HMIS Policies and Procedures and Written Standards.

We continue our efforts to include outreach to additional beds not currently participating in our CSCoC HMIS. We have stepped up our approach to include direct contact by partner agencies with those not currently members of our CSCoC to invite and encourage participation so we may capture in some format their bed coverage.

Conclusion

The Central Sierra Continuum of Care accepts the responsibility for identifying, addressing, and working to resolve the issues and barriers facing people who are homeless or at risk of being homeless. Improved data collection and intentional analysis and evaluation of the data will result in a clear path forward to reducing and aiming to end homelessness in our 4 county region of Amador, Calaveras, Mariposa and Tuolumne.

In the past two years we have grown as an entity and in leadership to a point that members are actively participating in committee work leading to a better decision-making process for the Governing Board. Clarity of purpose as evidenced by our adopted mission statement, and intent of process as evidenced by new polices and procedures, have strengthened our unit as a whole and each member in their specific areas of expertise and interest.

We will continue to strengthen our CSCoC and improve efforts to be inclusive in all aspects of our work: structure of governance; equity in funding applications and awards; and outreach to stakeholders and our community to solidify our place in the efforts of our region regarding homelessness.