

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

1A-2. Collaborative Applicant Name: County of Sonoma

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Sonoma

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	No
11.	LGBTQ+ Service Organizations	Yes	No	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	No	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	No	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
Other: (limit 50 characters)				
34.	Food Bank/Food Distribution Organizations	Yes	Yes	No
35.	Federally Qualified Health Centers	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1.COC INVITATION Applications for CoC membership are open year-round, including general & voting membership. Applications are provided in a transparent invitation process: information is located on the CoC website, members of the public are invited to join via listserv, local government/elected officials, through in-person peer-to-peer outreach, & through the Lived Experience Advisory Planning Board (LEAP). CoC formally invites new members a min. 4x per year to attend Quarterly membership meetings & via special outreach to MONTHLY community meetings across the CoC's geography, w/ a focus on rural/underserved communities. Invitations are listed in email communications/CoC website, & members are notified by email/at membership meetings of all CoCs open Board/committees. CoC Coordinator in partnership w/ local advocacy groups, outreach/healthcare providers, and LEAP provides info on all CoC's meetings to encourage individuals w/ lived experience to attend.

2.COMMUNICATION INDIVIDUALS W/ DISABILITIES All CoC meeting documents are remediated in accordance w/ ADA standards, published online in accordance w/ Website Content Accessibility Guidelines & interpretation is available upon request. CoC uses the Section 508 standards and WCAG 2.1, Level AA as guidelines for pages w/in its website. Website used for our CoC provides automatic translation to the content, converting English to another language using Google™ Translate. 3.CoC INVITES organizations & has members serving culturally specific communities experiencing homelessness in the geographic area to address equity. CoC sends invitations via email to partner orgs serving culturally specific individuals w/ lived experience w/ email listservs, including local healthcare collaboratives, tribal entities, orgs serving and/or lead by LGBTQ+, educational partners, disability advocacy orgs, & private funders. 2023, CoC staff took steps to address equity of the CoC membership by: A) communications w/ 7 tribes located within the CoC and in Sept. 2023, CoC staff were invited to participate in a tribal coalition meeting in which the CoC solicited feedback & invited other tribal entities to join as CoC members; & B) created the CoCs first ever Racial Equity Workgroup (REW), through which the CoC plans to connect with/invite new orgs serving culturally specific communities to become members/participate; C) met w/ the NAACP Sonoma County chapter president to discuss partnering with the CoCs REW

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. CoC engages over 40-member orgs (nonprofits/philanthropy/local government/FQHCs/etc) & those w/ lived experience of homelessness (LEH) via quarterly membership meetings, monthly committee/CoC Board meetings to SOLICIT and CONSIDER OPINIONS. CoC meetings are open public meetings, feedback is encouraged via public comment. Specialized community staff/LEH are invited to CoC Board/committee meetings to inform local policy/decision-making. CoC Staff attend homeless advocacy /local City Council/Board of Supervisors/public meetings. Local outreach is conducted to solicit feedback/invite new individuals/orgs/LEH interested in ending homelessness.

2. COMMUNICATING INFORMATION CoC staff maintain a public listserv/website where all CoC open meetings are publicly noticed/posted. Website/listserv include meeting location/virtual login, materials/minutes & opportunity to provide opinions/feedback (via verbal/written public comment). Info. is presented in a jargon-free manner to support data driven decisions, including providing high-level executive summaries of complex/lengthy materials. NEW: "Contact the COC Board" website option, allowing public opinions to be sent directly to the CoC board.

3. Ensures EFFECTIVE COMMUNICATION/ACCESS for persons w/ disabilities, with availability of accessible electronic formatted documents & videos. Public materials are accessible, published in a remediated format online & publicly noticed via listservs in accordance w/ Website Content Accessibility Guidelines; website uses Section 508 standards and WCAG 2.1, Level AA as guidelines.

4. INFORMATION GATHERED/CONSIDERED to address improvements/new approaches: CoC provided public presentations on HUD SPM, held multiple public meetings on funding decisions, including Homeless Housing, Assistance and Prevention (HHAP) Grant Program, Emergency Housing Vouchers, CoC Program, & Emergency Solutions Grants – CARES Act (ESG-CV), for public input. Since 2022 competition, CoC finalized its county-wide Strategic Plan to end homelessness, developed w/in a public committee of the CoC, input was collected from various stakeholders, through public comment, and input was solicited from the CoC Lived Experience Advisory Board. Efforts to address IMPROVEMENTS/NEW APPROACHES are done in public meetings w/ local regional partners, elected officials, providers, advocates, & those w/LEH to ensure needs of all are heard in. Public comment is taken into consideration via CoC meetings prior to decision-making

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. CoC Coordinator encouraged NEW ORGANIZATIONS to apply for funding, particularly those serving underserved populations/communities. Agencies new to CoC funding attended the PUBLICLY ANNOUNCED/PUBLISHED CoC NOFO Bidder’s Conference (BC) & received 1:1 technical assistance (TA) from CoC Coordinator. The CoC held multiple public meetings, encouraging new agencies to attend the BC, & requested interested agencies contact the CoC Coordinator. Two new providers attended BC, including providers serving victims of DV and veterans. After attending TA sessions, neither organization applied, but the CoC would have CONSIDERED their applications for funding if eligible.

2. Local CoC RFP was released on 8/2/23. Notification of an open application & submission process was posted on CoC website/noticed PUBLICLY via provider/CoC listservs, & during CoC public meetings; included eligible project types, local timeline, application information, submissions, project scoring, HUD Priorities, an open Bidder’s conference (8/09/23) rating/ranking/approval process, & e-snaps technical assistance for new applicants to learn about the CoC Program.

3. CoC NOTIFIED the PUBLIC of project determination guidelines for HUD submission in the local RFP, during the Mandatory new project BC, in the CoCs open public meetings, and during TA Sessions. These included HUD priorities, system needs, scoring, project selection of the evaluation workgroup & formal approval of the CoC Board for all renewal and new projects. Additional determination guidelines include: alignment w/ HUD SPM, measurable outcomes such as increasing income/exits to permanent housing, Housing First/low barriers, agency capacity/cost-effectiveness & alignment w/ local preferences, experience managing federal grants, financial audit reviews, Coordinated Entry requirements, internal lived experience feedback process with final approval from CoC Board. The CoC Evaluation Workgroup reviewed all renewal/new project applications to determine which applications the CoC would submit to HUD for funding, no project applications were rejected.

4. COMMUNICATION Local RFP and all Competition materials was posted in accessible, remediated format online & noticed via listservs to the public/local agencies for those with disabilities. Invitations/communications were remediated in accordance with ADA standards & published/noticed electronically & online in PDF in accordance with Website Content Accessibility Guidelines.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	No
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1.Consulting with ESG/CoC: The CoC lead agency is the local ESG recipient and administrative entity of state ESG. State ESG funds are distributed by the CoC board with approval from the CoC's Funding and Evaluation Committee (FEC), which is comprised of local government officials, service providers, individuals with lived experience and CoC board members. Federal ESG funds are distributed by the Community Development (CD) Committee acting as commissioners for the Community Development Commission and Sonoma County Board of Supervisors. The CD committee consults with the CoC board on Federal ESG awards related to homelessness. Decisions for PLANNING and ALLOCATING ESG funding were reviewed based on Hearth System Performance Measures, & monitoring/review of Annual Performance Reports for ESG subrecipients. ESG-CV funds were utilized to support individuals in congregate and non-congregate shelters and rapid rehousing.

2. EVALUATION and REPORTING: The CoC's FEC comprised of CoC Board members, local government officials, service providers, and lived experience members. CoC/State ESG Lead Agency Staff, rank/evaluate all state ESG projects and provide recommendations to the CoC board for final approval. CoC/ESG staff provide guidance on compliance with Housing First policies, local Coordinated Entry (CE) policy and procedures, including accepting referrals from CE for both RRH & ES, review project performance via local & HUD system performance measures, cost effectiveness, and identify gaps within current programs when making determinations for funding. Federal ESG allocations are made by the Community Development (CD) Committee. This CD committee consults with the CoC & lead agency staff on evaluation and reporting of federal ESG funds.

3.PIT/HIC Data: The CoC provided PIT/HIC data to both Con Plan jurisdictions (Santa Rosa and Petaluma) as well as the Urban County in FY 2022-23.

4.CONSolidATED PLAN UPDATES: The CoC provides HIC/PIT data to all 3 Con Plan jurisdictions: the City of Petaluma, the City of Santa Rosa, and the Urban County. The CoC provides additional data to Con Plan jurisdictions including HUD SPM and project level reports from HMIS for agencies in Con Plan jurisdictions to address homelessness within the CoCs geographic region. CoC Lead Agency staff provides input into & reviews annual Con Plan updates for issues related to homelessness.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

FORMAL PARTNERSHIPS A) Sonoma County Office of Education(SCOE) is the LEA & the Foster Youth Liaison(FYL) represents SCOE as the primary contact for all MCKV Liaisons, is the primary conduit for the CoC into all 43 SCHOOL DISTRICTS in the CoC’s geography & primary connection for the CoC to SEA. CoC has a written agreement w/ the LEA extending to all school districts & includes data sharing for students/families experiencing homelessness. SCOE is a formal CoC voting member & actively votes during CoC Board elections. FYL contributes subject matter expertise on youth/family engagement & participates in various CoC Ad Hoc Committees for project evaluation. CoC has reserved youth provider seats(Social Advocates for Youth(SAY) as the LEA in working groups such as the Coordinated Entry Advisory Committee & HMIS Data Committee. B)CoC has a written agreement w/ SAY as a youth education provider(YEP), they receive HUD funding & provide counseling/family therapy for 0-25yrs. C)CoC has a written agreement w/ Catholic Charities, HUD funded, w/ formal partnerships/provides referrals for First 5 and Youth & Family Services childcare(0-5yrs), Headstart & works closely w/ the school liaisons. C)YWCA, HUD funded, provides a therapeutic preschool for 3-5yrs & is the CoCs only preschool providing onsite therapy to this age group. COLLABORATION/POLICIES: CoC collaborates w/ LEA/YEPs in the following ways: A)FYL/COC Coordinator holds annual planning meetings for the PIT Count for all school districts & hold trainings for MCKV liaisons to identify youth/families in the PIT Count. B)LEA/CoC collect data from school districts to identify homeless youth/families on the night of the count. C)FYL co-chairs the Homeless Youth Task Force & develops annual Homeless Youth Needs Assessment w/ input from youth/YEPs/other MCKV liaisons. D)LEA/YEPs(SAY/Conservation Corps) hold trainings for CoC Member agencies on eligibility for educational services available from YEPs. E)FYL meets monthly w/ CoC Staff & CoC has a dedicated seat on the FYC Executive Committee for foster/homeless youth needs and works w/ school districts in need of assistance for homeless families. F)CoC Board adopted/incorporated the following policies into its charter: ensure project participants have access to educational services, all children are enrolled in school & providers are required to refer families to MCKV Liaisons for compliance issues. G)County Family Youth & Children’s Center serves as a CES Access site w/MOU

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC’s policies for ensuring project participants have access to educational services and all children are enrolled in school were adopted by the CoC Board in 2014 and are incorporated into written program standards under the oversight of the CoC Board. These include: requiring providers to inform families/unaccompanied youth of their rights; requiring providers to inform clients of additional services such as parent education and early childhood education programs (on-site if possible); requiring providers who serve families with children to contact their school district’s homeless liaison in order to keep the child in the most appropriate school setting; and requiring that every child is enrolled in school via coordination with the MKV Homeless Liaisons and Foster Youth Liaison (FYL) with the Sonoma County Office of Education (SCOE). The CoC requires providers to refer families with children to the MKV Liaison for compliance issues. The SCOE FYL works with providers to ensure that MKV posters informing families of their rights are posted at all CoC/ESG funded facilities; the FYL offers training/consultation on an as-needed basis to CoC/ESG projects. In FY22, the CoC Coordinator and FYL provided presentations on community-based resources for homeless families that were open to all school districts as well as local and SEA partners. Education coordinators with CoC/ESG agencies submit referrals to the SCOE FYL to support parents and unaccompanied youth in connecting with school programs and strengthen the lines of communication with school staff. Program staff also work directly with the MKV Liaisons for the school districts in which housing/homeless services are provided to identify homeless youth eligible for services, making school districts aware when there is a student in need of MKV transportation support and/or free/reduced lunch.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Sonoma County Family, Youth and Children’s Services	Yes	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	No
2.	state sexual assault coalitions	No
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. Our CoC regularly collaborates to update COC-WIDE POLICIES with organizations providing housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking. The YWCA, Sonoma County's VSP and the Family Justice Center, a CE access point and DV safety planning provider, provide feedback to all policies within our CoC that relate to the safety of individuals seeking services who are experiencing DV situations. Collaboration on specific policies includes: program standards, CoC's Emergency Transfer Plan-ETP (included within the CES policies/procedures, as well as in all the CoCs Program Standards), enrolling de-identified clients into the HMIS System, utilizing a comparable database system for survivors (project level as well as CES comparable database), and resources for providers to share with their clients in need/seeking services. The CoC's primary VSP provider, YWCA, is a voting member of the CoC.

2. The CoC collaborates with organizations to ensure all housing and services provided in the CoC are TRAUMA-INFORMED/SURVIVOR-driven and can meet the needs of survivors. This is done in partnership with the YWCA, the County's primary victim service provider, and local policies are created for the protection of these individuals. The YWCA and Verity, specializing in sexual abuse, provide annual training to our providers & coordinated entry staff. Training topics include definitions of domestic violence and statistics, types of abuse, dynamics of domestic violence, dynamics of power and control, barriers individuals face when leaving/attempting to leave, safety planning, legal protections (e.g. Violence Against Women Act (VAWA) & Family Violence Prevention & Services Act (FVPSA), impacts of trauma, and how to work with survivors (including what to say/do and what not to do/say). In addition to annual trainings, the YWCA provides direct contact information for all providers/clients who have any questions on resources available with the community, safety concerns, emergency placements out of the county through VSP, etc. The YWCA, as the primary VSP, provides a 24/7 hotline for individuals experiencing DV, and providers are educated on their resources and can provide additional information to the participant to connect with these specialized services. In 2023, the CoC held a training from Verity, the CoCs lead sexual assault/human trafficking provider, focused on indicators of abuse, and services to meet the needs of survivors.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. All CoC/ESG/Locally funded PROJECT STAFF are required to attend CoC trainings on best practices/planning protocols for victims of domestic violence (DV), Dating Violence, Sexual Assault, & Stalking Survivors. DV TRAINING is provided semi-annually at CoC Quarterly Membership Meetings to all COC/ESG STAFF. On 7/20/23, CoC provided a training from Verity, CoCs primary provider serving survivors of sexual assault. This training, the first in a series, covered Sexual/Human trafficking, Force/Fraud/Corecon, survivors vs. traffickers, physical/behavioral/health indicators, barriers to leaving abuser & TRAUMA-INFORMED/VICTIM-CENTERED approaches to work w/ those at risk/history of being abused. The next training is scheduled for 2023, tailored towards transitional-aged youth/unaccompanied minors at-risk of sexual assault/trafficking. CoC staff is currently developing a mandatory training series for effective implementation of the newly implemented Emergency Transfer Plan (ETP). Once completed, this training will be held on a semi-annually basis & will address SAFTEY/PLANNING PROTOCALs related to serving survivors of DV. All CoC funded providers were invited to attend HUDs 2023 VAWA series, those who were unable to attend are required to watch the recorded trainings once posted. COORDINATION of PROJECT STAFF includes email communications through a CoC Listserv, website access, sending notifications directly to the providers, word of mouth from community partners, etc.

2. Coordinated Entry (CE) TRAINING: Redesigned in 2022, the CE Operator's scope of work provides/COORDINATES mandatory training for ALL STAFF utilizing the CE, with a heavy focus on training & system monitoring. Since the last competition, CES Operator held the following trainings: A) DV 10/27/22; B) Trauma-informed care 12/20/22 & 2/16/23; C) Monthly CE Part 1 & 2 trainings for new assessors cover HMIS anonymous enrollments for DV Situations. These trainings covers best practices/planning & Safety protocols for DV, training is provided QUARTERLY; D) Biweekly meetings occur w/ CE/YWCA/Family Justice Center (FJC) to discuss confidential referrals (including VSPs) & safety protocols. CE Safety planning protocols & ETPs were developed by the CoC & revised in Program Standards/CES policies and Procedures in 2022. CES directly works w/ the FJC & the YWCA, ensuring specialized cases access the appropriate level of confidential resources/support, including cases for ETPs for CoC/ESG projects.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1.CoCs Coordinated Entry (CE) SAFTEY PLANNING PROTOCOLS to address the Needs of Domestic Violence, Dating Violence, Sexual Assault, & Stalking Survivors includes the following: A) Annual training by primary VSP provider on trauma-informed/client centered care & protections; B) Review of any policy/procedure related to serving survivors through the primary VSP prior to approval; C) CE assessment process step, “Crisis Navigation and Connection” which includes the assessment of immediate safety concerns; D) Emergency transfer plans for each project type, which includes the prioritization of immediate placement via CES for the individual requesting the transfer once available; E) Direct referrals for individual safety plans & Safe House placement in an undisclosed location via 24/7 VSP; F) CE policy requiring the Operator to locate an alternative meeting space if there are privacy/safety concerns for assessment; G)CE Operator provides “Safety in Assessment Practices” and “Safety Planning” training to all CE users on a quarterly basis; H) new annual training covering Sexual violence/Human trafficking led by the CoCs primary provider serving survivors of sexual assault, Verity.

3.CE CONFIDENTIALY PROTOCOLS to address the needs of survivors include the following: A) HMIS End-user privacy & security training; B) Protocols for assigning a standardized code for the HMIS record/using null values to identify information enabling the record to be created/prioritized for all housing opportunities; C) CE policy prohibiting staff of entering case notes related to DV situation; D) CE Comparable database operated by the YWCA VSP; E) Secured storage for files; F) Confidential assessments located in private/secure settings; G) Specialized referral process outside of the typical case conferencing for DV/VSP programs. Including in person communications and/or secured telephone between CE operator and VSP, thus no information is transmitted in HMIS or electronically; H) Annual training provided on Violence Against Women Act (VAWA) guidelines.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1.The CoC uses de-identified aggregate data sources for the collection of data on survivors of domestic violence (DV), dating violence, sexual assault, and stalking. Data sources include: A) De-identified data from the YWCAs comparable database, the CoCs primary victims service provider; B) The CoC’s Homeless Management Information System (HMIS) in which survivors are enrolled in a de-identified manner with assigned codes; C) Verity, sexual violence provider; D) The District Attorney’s Office Family Justice Center; & E) The CoC’s annual homeless Point in Time Count (PIT) survey results. PIT statistics collected include peer-administered survey data on prevalence of survivors and DV. De-identified aggregate data collected within these programs allow the CoC to focus on overall trends/needs in reports for survivors.

2.DE-IDENTIFIED DATA provided by the YWCA, HMIS, and PIT Count is USED to EVALUATE how to best meet the specialized needs related to DV & homelessness. CoC determined gaps of assistance for survivors & was awarded CoC DV bonus in 2018 & 2019. FY18 data reflected a need for a dedicated project to quickly move victims into housing. FY19 data reflected a need for a Housing Locator via expansion of the DV Bonus to decrease the length of time survivors were homeless & searching for housing. YWCAs comparable database is the same HMIS vendor/platform utilized by the CoC and allows the provider to pull data aligned with the CoC’s HMIS in a de-identified aggregated method for evaluation. This includes tracking outcomes, accomplishments, and gaps. Evaluation of needs led to the development of the YWCAs comparable CE to provide a more secure/trusted form of enrollment via VSP to reduce trauma, allowing the survivor seeking services to work solely with the VSP to obtain housing. 2023 Point in Time Count Data reflects an increase of 5% from 2022. The CoC informed providers of this increase to possibly apply for a DV Bonus-funded project for the 2023 Competition and held several one-on-one meetings, but no new projects/existing projects were willing to apply for a DV Bonus project. As this data is newly available, the CoC is working to analyze what additional resources are needed to address this increase, the first increase reflected since the CoCs first DV-dedicated CoC project was fully implemented with the expansion.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.

(limit 2,500 characters)

1.CoC's has POLICIES/PROCEDURES that include Emergency Transfer Plans (ETP). Policies are outlined within the CoC's Program Standards by project type & Coordinated Entry (CE) policies. CoCs emergency transfer (ET) plans are utilized by the primary victim services provider, the YWCA, CoC/ESG projects, & CES. Depending on project type & agency. There are detailed options to complete an internal transfer w/in the provider's own projects & how to complete an external transfer to another agency. All ETP options include prioritization of safety for placement as quickly as possible & prioritized either through an internal opening for another eligible project type/if placement is available & via the CES. Also included are resources to be provided immediately upon starting ET process.

2. PROCESS for INDIVIDUALS/FAMILIES to REQUEST ET: Individuals in ALL project types for CoC/ESG programs can request ET any time. This is initiated by working w/ the provider, contacting CE, and/or the YWCA. A client qualifies after requesting interest for an ETP if they are a survivor of domestic violence, dating violence, sexual assault, human trafficking, assault, stalking & believe there is a threat of imminent harm/further violence remaining in the dwelling.

3.PROCESS TO RESPOND: Internal ET's: the provider takes steps to immediately transfer client to a safe unit if available or assist in locating more suitable housing. If an external ET is required, they are prioritized via CE over all other referrals for the next available housing opportunity within the same program model, provided the participant meets all eligibility criteria. The participant retains their original homeless status for transfer purposes. To qualify for ET, the individual reports they are a survivor, requests interest in the ET, &believes they are in a situation in which there is imminent risk of further violence. Clients are simultaneously referred to crisis intervention services by contacting the 24hr crisis hotlines w/ YWCA/Verity/Family Justice Center (FJC) w/ the County's District Attorney's office. DV Advocates(DVA) deliver trauma informed/victim centered voluntary services in a nonjudgmental manner; services are determined by the survivor & offered w/ a strengths-based approach focused on safety planning. YWCA also operates a confidential Safe House/DVA discuss options for ET with the survivor & out of county referrals to DV ES and/or temporary motel stays while other alternatives are considered

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. The CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have SAFE ACCESS to ALL of the HOUSING and SERVICES available within the CoC’s geographic area. This is done by: A) Specialized Coordinated Entry Case conferencing with Victim Services Providers (VSP) and Coordinated Entry (CE) Operator. Case conferencing discusses referrals to ALL CE housing options available to those experiencing homelessness, not just projects dedicated to survivors. Referrals are prioritized and sent in coordination with the VSP comparable CE database, HMIS CES de-identified enrollments, & general CE enrollments if the individual meets eligibility for the project and is prioritized via local CES policies and procedures. B) Emergency Transfer Plan policies within CES/CoC Program Standards prioritizing those needing of transfer for safety to the next available housing/shelter opportunity. This is available for ALL HOMELESS PROJECT types, not just those dedicated to survivors or CoC Program funded. This can be done at an internal agency level, CES external agency level, and through VSP referral outside of the CoC if needed. D) Ensure VSPs are familiar with services/housing resources within the community to ensure survivors have direct information on resources within the CoC.

2. CoC works closely with the CoC’s VSP to proactively determine any BARRIERS/gaps or additional needs to adjust policies and practices to better serve this population. Specialized meetings were held to account for prioritization in the CES for this population, in which policy improvements were made. CoC staff engage with the CoCs primary VSP, the YWCA, to discuss patterns they are seeing while serving those experiencing/begging to recover from Domestic Violence, Dating Violence, Sexual Assault, and Stalking. Trainings open to the CoC membership, COC/ESG providers, allows for the opportunity for staff working in the field to ask questions to the VSP and/or CoC staff which allows for them to bring up real time concerns/gaps they may see working in direct services.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1.CoC ENSURED SURVIVORS w/a wide range of lived experience were and are involved with local policies and program implementation/enhancement by: A) hiring CoC and provider staff with lived experience of domestic violence (LEDV); the inclusion of LEDV on the CoCs Lived Experience Advisory Planning Board (LEAP); B) consulting with the CoCs Victim Service Provider when developing policies related to serving this population prior to being sent to the CoC committees or the CoC Board for approval; C) having individuals with LEDV on the review body for the CoC rating/ranking competition; D) The YWCA, the CoCs main VSP is an active participating member of the Sonoma County CoC.

2. CoC accounted for the UNQUE/COMPLEX Needs of survivors when DEVELOPING COC-WIDE POLICIES and PROGRAMS by: A) review the performance of the CoCs only RRH project dedicated to serving survivors. This includes the consideration when rating/ranking projects serving this population, examples include: a) the survivor may have more barriers to being placed in permanent housing; b) special attention to outcomes regarding income growth with financial abuse/bad credit, etc. that the survivor endures; c) any losses in staffing, which requires specific skills/training to fill; D) ensuring support is provided through the recently created Homeless Employment Pilot. This included the participation from the CoCs primary victim services provider and the Family Justice Center, operated by the County of Sonoma’s District Attorney’s Office; e) increased training opportunities for all of the homeless services providers, including CoC Program funded, for sexual abuse/trafficking; B) CoC staff always consult with the YWCA on any CoC-wide policy related to serving those in DV situations; and C) all CoC meetings where decision making occurs are open to the public, and allow for public comment prior to any policy/Program funding decision. Meetings are publicized widely, in which LEDV not represented as staff or committee/board members may provide their feedback through public comment.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
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2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1.CoC REGULALLY COLLABORATES w/ LGBTQ+ orgs to ensure housing/services are provided in trauma-informed & able to meet the needs of LGBTQ+ individuals/families by: A) UPDATED CoC-wide governance charter ANTI-DISCRIMINATION (AD) POLICY in August of 2023. Revisions included additional language to ensure households are not separated based on a member's sexual orientation/gender identity; B) partnering w/ Orgs led by/serving LGBTQ+ persons, Fair Housing of Northern California (FHNC) & Disability Legal Services Center (DLSC) via CoC membership & decision-making bodies; C) AD policies are incorporated in the CoC's HMIS Policies & Procedures (P&P), Coordinated Entry (CE) P&P, & Program Standards.

2.CoC Agency requests AD P&P from providers during annual project monitoring (includes CoC/ESG-funded). AD P&P are reviewed for compliance w/ HUDs Equal Access Final Rule (EAFR)/Gender Identify Final Rule (GIFR), & Fair Housing Laws. Annual training, held 10/20/22, covers requirements to ensure AD P&P are consistent w/ CoC-wide policies & certify LGBTQ+ individuals/families receive service/shelter/housing FREE from DISCRIMINATION. Staff will ASSIST providers if internal P&P lack sufficient info to comply.

3.CoC Agency staff review/EVALUATE provider-level AD policies for compliance w/ HUDs EAFR/GIFR. CoC P&P require members, officers, committee members & contractors to be selected entirely on a nondiscriminatory basis w/ respect to race, color, national origin/citizenship status, age, disability (physical/mental), religion, sex, sexual orientation or identity, genetic info, HIV/AIDS, medical conditions, political activities or affiliations, military/veteran status, status as a victim of domestic violence, assault/stalking, or any other federal, state or locally protected group. CE operator is also involved w/ monitoring compliance of the CoCs AD P&P via referral acceptance vs rejections, FHNC & DLSC attend CE case conferencing, which has resulted in providers out of compliance w/ fair housing laws & improving their P&P.

3.CoCs PROCESS for ADDRESSING noncompliance: A) CoC Agency works w/ providers on a Corrective Action Plan as approved by the CoC Board; B) If a compliance issue is found in violation of HUDs EAFR/GIFR, provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, or Titles II & III of the ADA, CoC Agency will report the issue/work on a resolution w/ local HUD Field Office

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Santa Rosa Housing Authority	70%	Yes-HCV	No
Sonoma County Housing Authority	59%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
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NOFO Section V.B.1.g.

Describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or |
| 2. | state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference. |

(limit 2,500 characters)

The CoC has close partnerships with 2 local PHAs, Sonoma County Housing Authority (SCHA) and The City of Santa Rosa Housing Authority (SRHA). Leadership at the SCHA has a seat on the CoC board and has worked to develop more housing opportunities for individuals experiencing homelessness. SCHA has several homeless admission preferences to assist individuals experiencing homelessness: In-place homelessness prevention preference, homelessness preference, Move-On allocation, Housing Access and Reentry Program, & a limited preference for households experiencing chronic homelessness. The in-place homelessness prevention super preference applies to in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy and the loss of the restriction or subsidy places the occupant at risk of losing stable housing or becoming homeless. This preference also applies to individuals whose rental assistance is being terminated due to insufficient funding or term expiration of other rental assistance programs administered by the SCHA or through the CoC. The homelessness preference allocates 20% of annual turnover program vouchers to households who have successfully participated in a transitional housing, interim housing or an emergency shelter program and or homeless-services initiatives within Sonoma County. Referrals are made through the local CE system. The Move-On program allocates 20% of turn-over program vouchers to individuals who have successfully participated in PSH. In 2022, this was expanded to include RRH programs in Sonoma County. The Housing Access & Reentry program provides 5 HCVs to persons exiting incarceration who have a high potential of becoming homeless. The Limited Preference for Households Experiencing Chronic Homelessness allocates 10% of annual turn-over vouchers. Referrals come from the SC CE system. The SCHA utilizes CE for referrals to 5 different PBV projects totaling 146 units. An additional 120 PBV units will be brought online soon. The SRHA has established a limited preference for families experiencing homelessness. SRHA allocates 24 vouchers for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These vouchers will be issued based on referrals from agencies participating in the SC CoC and that have adopted a Housing First model. Included with these efforts are the 284 EHV's between the SCHA and SRHA which have a combined lease up rate of 80%.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	Project Based Vouchers (PBVs)	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Homekey, CA HCD

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA
Santa Rosa Housin...
Sonoma County Hou...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Santa Rosa Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Sonoma County Housing Authority

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	12
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	83%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. HOUSING FIRST (HF) is included w/in CoC PROJECT EVALUATIONS for EVERY new/renewal PROJECT. CoC Applicants are required to submit a supplemental questionnaire for HF & complete HUDs HF Assessment Tool. Agencies provide project/agency information for adherence of the HF model, ensuring the following factors in section 2 are NOT PRECONDITIONS of services. This includes a site visit w/ an in-depth review of client files, leases, program rules, agency policies (grievance/appeals), etc. Through this, CoC DETERMINES if they are using HF Approach as marked on the project application.

2. EVALUATION FACTORS & PERFORMANCE INDICATORS include the exclusion of background checks, sobriety requirements, mental health evaluation prior to tenancy, income requirements, requiring supportive services participation, lights out/curfews & requirements outside of a standard lease. CoC Coordinator/CoC Competition Evaluation Workgroup (CCEW) review project design as it relates to the separation of case management & property management. If projects have an agreement that supersedes any HF requirements, the agency submits additional info. for evaluation. Agencies detail how their projects are participant-driven, ensuring participants guide their service plans. Additional points are given to providers w/ policies to help inform improvement directly tied to client feedback; max. points are given to agencies w/ lived experience advisory boards. CCEW reviews responses in detail when scoring projects, if any information is unclear, additional information is requested during project site evaluation. CoC has developed policies w/ homeless services providers to reduce barriers to entry for all homeless dedicated projects, including emergency shelters.

3. CoC REGULARLY EVALUATES projects outside of the competition to ensure alignment w/ HF principles. CoC recently revised its Program Standards, including standards for HF practices incorporated as the standard for program operations. Lead Agency also monitors programs not funded through the CoC program for housing first compliance as part of their regular monitoring efforts. CoC's Housing First approach ensures rapid placement/stabilization in permanent housing & removes service participation/preconditions prior to entry. The CoC Lead agency works with the Coordinated Entry System operator to monitor project eligibility for referrals, ensuring they are aligned with HF policies, & if not, we work w/the provider & HUD to resolve/lower barriers.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and

4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
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(limit 2,500 characters)

1. CoC has 14 outreach teams (OT). The largest OTs are HOST, serving Santa Rosa/Rohnert Park, & Interdepartmental Multidisciplinary Team, providing outreach throughout the county w/ a focus on unincorporated areas. OTs can place individuals in non-congregate shelters to offer shelter to individuals who will not accept congregate shelters. Supportive services are provided regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability. OTs have staff w/ lived experience, multi-cultural/multi-lingual to ensure access to those w/limited English proficiency. CoC employs specialized OTs for transitional-aged youth, those w/ serious mental illness, Domestic Violence, & sexual abuse. CoC is implementing By Names List (BNL) case conferencing (CC). BNLs will be structured to engage those who are the most vulnerable. These partnerships/METHODS ensure all unsheltered persons are quickly IDENTIFIED/ENGAGED.

2. 100% COVERAGE by OTs of the CoCs accessible geography; 88% land is private/3% gated. Some public areas are remote w/ little to no access, in which OTs are deployed when encampments are identified. OTs engage unsheltered individuals on private property w/ owner permission. CoC is implementing a sub-regional approach to SO. Subregional Managers develop partnerships to ensure all unsheltered individuals are quickly identified/engaged.

3. Outreach is done w/ PROACTIVE ENGAGEMENT of those living in unsheltered situations/exiting institutions. Outreach is conducted 5x per week in areas w/ higher concentrations of unsheltered homelessness; urgent assistance is available 7x per week. In areas w/ lower concentrations of unsheltered homelessness, coverage is provided at least 1x month/deployed upon request.

4. CoC BNL/CC is being implemented to enhance coordination/capture all unsheltered individuals, directed to those LEAST LIKELY to REQUEST ASSISTANCE- including hospitals/jail deployment. OTs will maintain caseloads to ensure guidance through the housing process. CE OT assist in locating hard-to-reach individuals referred to ensure connection/to aid in document readiness. Non-congregate shelter allows OTs to place individuals who would otherwise turn down shelter & 25% of all shelter beds are reserved for urgent placement. Materials are in Spanish & English, multi-cultural/multi-lingual OTs, & translation services are available to ensure those w/ disabilities/limited English proficiency are engaged.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:
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	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes

4. Implemented community wide plans	Yes	Yes
5. Other:(limit 500 characters)		
Participates in Project Hope with corrections partners for PSH placement	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	402	494

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Sonomaworks for families	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.SYSTEMATIC UPDATES & DISSEMINATION: The CoC Coordinator updates CoC agencies on mainstream resources via a public listserv/CoC website & during quarterly in-service trainings. FY22-23 trainings provided included: A) 1/19/23 Sonomaworks/TANF training; B) CalFresh/Food stamps training on 10/20/22, 1/19/23, and 7/20/23; C) Substance abuse: 7/20/23 Overdose prevention and response. Training topics included what to look for in an overdose, Narcan overview, distribution, and administration. CoC staff were unable to contact the Social Security office for the annual training provided to the CoC membership. After several attempts to contact over a 12-month period, staff were recently provided with a new contact to ensure this training is provided in 23/23-24.

2.HEALTHCARE COLLABORATION: 3 Federally Qualified Health Centers (FQHC) are co-located w/ CoC projects providing direct on-site linkage to health insurance, CE Access Points, & partnerships w/ all CoC projects. CoC Staff & CoC/ESG providers attend weekly meetings w/ local health centers for community updates to assist clients w/ receiving healthcare (mental/physical), substance abuse, & housing services. Weekly Emails are distributed include information such as vacancies at residential substance treatment, detox centers, crisis stabilization, openings in shelters, etc. The CoC & CoC providers are partnering w/ the state’s Medi-Cal/Medicaid provider to build capacity for the CalAim program. All CoC projects assist participants w/ applying for Medi-Cal/Medicaid, SSI/SSDI, TANF, Calfresh, & healthcare insurance. Connection to mainstream resources is an important element of CoC program monitoring and scoring.

3.PROMOTES SSI/SSDI: The CoC partners w/ the local SSA Office to provide access to SSI/SSDI benefits through SOAR. A streamlined process developed locally with the SSA office offers a simplified method to help providers connect w/ benefits in an expedited fashion. The CoC scores projects on their process to connect participants with SSI/SSDI and receive full points if they have a staff trained SOAR. Although staff was unable to provide a training for the general membership from the SSA, CoC Program funding projects are still connected to and scored on SOAR participation during the annual review.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

CoC Lead Agency staff led the Homeless Task Force (HTF) in 2020-21 with County/City officials and Public Health staff to address immediate needs of the homeless population in response to COVID19 starting in March 2020. In 2022-23, CoC staff continued support of Non-Congregate Shelter (NCS) operations with linkages to Coordinated Entry and other housing solutions. The Lead Agency oversees operations for 4 NCS sites and also provides support to an additional 7 four Homekey NCS sites totaling over 300 beds.

UNSHELTERED: NCS sites were set up for operation to ensure individuals in UNSHELTERED situations, considered at-risk of serious hospitalization due to underlying conditions or over 65, could shelter in-place as directed by the Public Health Order; 463 placements to date. NCS setup included on-site medical care, laundry services, meals, transportation to appointments, and provided daily hygiene items and all individuals had private rooms at either hotels or in FEMA trailers that continue into 2023 with a focus on sheltering the most at-risk individuals. Outreach services for unsheltered, included emergency meal delivery services in encampments and direct outreach from County outreach teams to place individuals into NCS sites. Outreach teams facilitated direct referrals to shelters/NCS.

INCREASING CAPACITY NCS: The CoC Lead Agency is now the Department of Health Services and works closely with public health to monitor the spread of infectious diseases. In 2022, the CoC provided core support and staffing in supporting the County and Cities with 7 California Project Homekey sites for non-congregate shelter and permanent supportive housing. Almost at full operation, these sites have 164 NCS beds and 147 PSH beds. County outreach teams directly place individuals into NCS and PSH is routed through Coordinated Entry. All individuals at non-congregate shelter sites were either moved to two Homekey sites or to other permanent destinations. The CoC and local service providers have partnered to provide wrap around services and housing-focused case management to those Homekey sites (all of which are non-congregate) and braided funding from State HHAP and State Partnership Health Plan HHIP funds will be utilized to ensure that services are sustainable.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Local Policies and Protocols: Local protocols are set by the County Public Health Officer & County Department of Public Health (which follows State Local Guidance) in COLLABORATION w/ the CoC to identify eligible individuals and families in both sheltered and unsheltered settings to respond to INFECTIOUS DISEASE OUTBREAKS. Examples include: A) CoC Lead Agency is now the County Department of Health Services (DHS), which ensures collaboration with health officials and the CoC; B) Response policies prioritize individuals 65 & over, vulnerable individuals with underlying health conditions, and individuals in congregate shelter & unsheltered settings to RESPOND to INFECTIOUS DISEASE; C) CoC Lead Agency staff provides Public Health services and local FQHCS w/ CONTACT INFO. FOR LOCAL SHELTERS as well as NON-CONGREGATE SHELTER settings with individuals in the prioritized categories; D) Distribution/administration of free vaccines from Public Health to individuals in NCS/ES, & via direct street outreach; E) Public Health connections to local STREET OUTREACH TEAMS (SOT) to PRIORITIZE individuals in unsheltered circumstances for placement; F) CoC staff collaborates w/ Public Health & FQHCs to disseminate information on vaccines to the entire population experiencing homelessness; G) CoC provides direct information from HUD/CDC/State Dept of Health on vaccine safety/efficacy via its public listserv; & H) initiating masking orders when infectious disease cases rise.

2. CoCs/DHS response system has strengthened since the initial emergency COVID response to put measures in place to PREVENT infectious disease outbreaks. Examples include: A) COVID/Infectious Disease Response Unit in DHS, which COLLABORATES w/ the CoC; B) Continued weekly COMMUNITY TRANSITIONS OF CARE meetings initiated as a response to COVID19 in 2020; includes CoC staff, hospitals, clinics, & homeless service providers; C) CoCs Congregate shelters/housing programs response protocols to prevent outbreaks by procedures to halt intakes if/when outbreaks occur & for larger projects, isolation rooms are used to prevent spread when participants test positive. Mass testing is initiated when an individual tests positive in these settings & reported to DHS; D) free vaccines available to ES/TH & PSH/RRH for interested individuals. Local SOTs are paired w/ DHS staff to provide vaccinations directly to those in unsheltered situations across the CoC; & E) implementation of recommended/required masking orders from DHS

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1.SHARING INFORMATION: CoC Lead Agency(CLA) staff participate in weekly meetings w/ Health care (HC) providers to coordinate care & to share updates to local public-health measures. This meeting is also attended by local homeless outreach teams, shelter providers & FQHC staff. This information is disseminated to CoC members through a CoC provider listserv. These weekly meetings, the Community Transitions of Care, include all local FQHCs, clinics, hospitals, homeless service providers(HSP) & Coordinated Entry(CE) staff. Information on HC & interventions is shared directly w/ HSP & information on shelter/housing availability is shared directly w/ clinics/HC providers, including access to CE & CoC/ESG/ESG-CV funded projects. CLA serve as the primary information hub & key liaison between Public Health(PH) & HSPs, conveying information from HUD TA (weekly call for COVID resources from Homebase) & direct information from HUD to providers for HEALTH MEASURES such as vaccine distribution/availability & ACCESS to non-congregate shelter sites for individuals vulnerable to COVID/other health issues. Information on other health measures, such as PH ORDERS/PUBLIC FORUMS on health issues such as COVID/EXTREME WEATHER EVENTS/SAFETY is also shared directly w/ CoC staff via collaboration w/ PH/local clinics.

2.FACILITATING COMMUNICATION: Sonoma County Department of Health Services(DHS) works closely w/ CLA/CoC Board/CoC membership in FACILITATING communication. DHS, now the CoC Lead Agency, works closely with the CoC Board & participates/leads weekly Operational Encampment Team(OET) meetings w/ street outreach teams, multi-jurisdictional staff such as law enforcement, HC, & HSPs to serve vulnerable individuals in unsheltered circumstances w/ an emphasis on limiting INFECTIOUS DISEASE outbreaks such as COVID/Monkeypox/HIV/etc. PH Interdepartmental multi-disciplinary team(IMDT) Outreach includes clinical staff, street outreach workers & Human Services staff w/ access to mainstream benefits. IMDT is available to HSPs to provide on-site information on infectious disease & mitigation via sanitary/hygiene supplies. CLA staff participate in meetings of OET/IMDT efforts & convey information to all HSPs including faith-based shelters/DV providers not in HMIS/separate HMIS system. The CoC connects HSPs in ES/TH/PSH/RRH/SO w/ the VACCINE MISSION TEAM at Health Services to provide on-site vaccinations at program sites/shelters and for other potential infectious disease outbreaks

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC’s coordinated entry system:

1.	covers 100 percent of your CoC’s geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.CoC's CE covers 100% of the GEOGRAPHIC REGION. Assessments are provided by 36 Access Points (AP) w/ an increase from 13 in 2022. APs are in all regions of the county. Individuals are directed to APs through flyers & 211. Specialized APs are available to help support those w/a history of domestic violence, HIV/AIDS, veterans, families, behavioral health conditions, individuals seeking homelessness prevention services & youth. All CoC funded outreach projects & emergency shelters are required to be APs. CE APs are not limited to traditional homeless-service providers. FQHCs, governmental agencies, and nonprofits that serve marginalized communities have been added as APs in the last year. 2. CE STANDARDIZED ASSESSMENT PROCESS: CoCs CE assessment is a comprehensive standardized process supporting households to identify solutions to their immediate housing crisis & if necessary, adding them to the CE By-Name-List. The Standardized Assessment Tool, a locally modified version of the VISPDAT, is completed as soon as possible after contact w/ an AP. CE Assessment is completed in the order that best meets participant needs, while maintaining a standard assessment experience across all AP; steps do not have to be followed in order or in one sitting (though encouraged). 6 steps of assessment include: A)Diversion/Housing problem, housing solving conversation; B)Crisis Navigation & Connection; C)Standardized Assessment Tool; D)HMIS data entry; E)initial eligibility documentation collection; and F) enhanced assessment. Participants are prioritized for placement based on total prioritization score & referred through the standard community case conferencing (CC) process. In situations where the assessment may not account for the vulnerability of the client, CC allows for the Enhanced Assessment step; this allows AP/providers to offer 3rd party information to further assess for community prioritization standards & placement. 3.CE is UPDATED REGULARLY from quarterly FEEDBACK of PROJECTS/PARTICIPANTS through: A)Quarterly quantitative performance evaluation of system performance. The evaluation includes an analysis of disparities that exist in the CE ; B)Quarterly meetings relating to CES operations from project providers; C)Bi-annually input & feedback collected from those w/ lived experience who are currently enrolled/previously enrolled in the CE; and D)CoCs CE Advisory Committee reviews feedback & makes policy change recommendations to enhance services to the CoC board

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
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NOFO Section V.B.1.p.

Describe in the field below how your CoC's coordinated entry system:

1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1.CoCs COORDINATED ENTRY(CE) reaches people LEAST LIKELY to apply for assistance in absence of special outreach teams. Access Points(AP) affirmatively market to eligible households regardless of race, color, national origin, sex, religion, familial status, age, or disability. CE operator focuses on training assessors in settings where they are likely to engage individuals/least likely to apply. Specialized APs support those w/a history of domestic violence (DV), HIV/AIDS, veterans, families, behavioral health (BH) conditions, & youth. CE trained all CoC/ESG emergency shelter providers, Federally Qualified Health Centers (FQHCs), local advocacy groups & other nonprofit providers who serve underserved communities. Outreach teams are required to be APs, and shelters screen participants for CE enrollment when they enter the project. 2.CE PRIORITIZES those in MOST NEED of assistance. Prioritization Standards connect participants to housing in order of high severity of needs to low. Factors used to measure severity of needs for placement are: A)illness/death vulnerability; B)severity of BH challenges/functional impairments/substance use; C)high utilization of crisis services D)length of homelessness; E) age 60+; F)victimization; & G)institutional utilization. Enhanced Prioritization is used to document vulnerability if not reflected in the assessment. This is used to determine an accurate assessment for housing referral (higher or lower-level intervention) through the collection of additional 3rd party information. 3.CE prioritization policies ensure those in MOST NEED of assistance are placed by preference & in a TIMELY MANNER using a dynamic prioritization process, leveraging case conferencing(CC) participants to identify individuals who have verified system contact in advance of openings. Multiple community partners in CC allow quicker identification of those up for referral. CC ensures individuals w/ contact coordinate a warm handoff when referrals are made. Providers are encouraged to upload housing documents in HMIS to assist w/ document readiness. 4.CE REDUCES BURDENS to people using the system by leveraging connections clients have w/ providers in the community by: A)increasing the number of assessors in areas; B)outreach teams provide access in unsheltered situations; C)FQHCs assessors w/ regular contact/better knowledge of history/service needs; D) referrals via CC w/a variety of partners to help w/client location/documentation for expedited placement

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
NOFO Section V.B.1.p.		
Describe in the field below how your CoC through its centralized or coordinated entry:		
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. CES Operator (CEO), in partnership w/ the CoC, manages CES marketing. This marketing includes a website, social media, printed materials, toll free telephone number, & informational events. The website contains a list of all CE housing services w/ applicable eligibility criteria. All such marketing efforts AFFIRMATIVELY MARKET the CE System/Access Points (AP) to ensure equal access & opportunity to pursue housing. CEO continuously engages in outreach efforts to increase APs/Partners. APs are affirmatively marketed to eligible individuals/families regardless of race, color, national origin, sex, religion, familial status, age, or disability, with a focus on those who are least likely to access services. CEO proactively seeks new APs through community partnerships, that focus on underserved/historically marginalized communities.

2. CoC provides fair housing trainings to providers to ensure program staff are aware of fair housing protections/rights. Providers are trained to direct individuals who believe they have been the victim of discrimination. Fair Housing Advocates of Northern California (FHANC) conducted 2 trainings for CE APs in the last year (w/ 27 agencies). Flyers posted at APs are provided to clients, inform participants APs must comply w/ the nondiscrimination provisions of federal, civil rights laws, which bar discrimination on the basis of race, color, religion, national origin, sex, actual or perceived sexual orientation or gender identity, disability, familial status, marital status, citizenship (or lack thereof), and informed of their right to file a grievance. APs also provide education about the grievance process. CEO conducts annual shadowing of APs to ensure compliance w/ CE policies, including compliance w/ Fair Housing laws.

3. Individuals who feel that they have been the victim of discrimination are directed to the FHANC. Where the CoC lead agency encounters a condition or action that impedes fair housing choice for current/prospective participants, the CoC provides such information to the three Con Plan jurisdictions (City of Santa Rosa, City of Petaluma, Urban County). CE Case Conference procedures require providers to justify the decision to deny any participant according to documented eligibility requirements. When fair housing legal questions arise, the local legal aid agency is present to provide guidance, and this process has resulted in housing providers out of compliance w/ fair housing laws improving their policies.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/01/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. CoC ANALYZES data for racial disparities on an annual basis through HMIS/comparable database data and through its annual Point in Time Count. This is done with CoC Program-funded projects and all other projects within the CoC. This year, the CoC worked with a consultant to analyze system data to create a Homeless Action Plan and a CoC-wide Strategic Plan. The data reviewed solidified there ARE currently RACIAL DISPARITIES within the provision and outcomes of homeless assistance within the community.

2. RACIAL DISPARITIES the CoC identified in the provision and outcomes of homeless assistance: A) Latino households make up 25% of the Homeless Population (PIT/HMIS), but 9% served across all project types; B) All the disparities in homeless pop relative to general population exist among those who are unsheltered. Black people are overrepresented about 3x, native people by about 4.5x; C) black, native and Latino households have lower incomes and higher poverty rates than white families; D) Multiple race households are less likely than whites to exit to permanent housing. Latino households are more likely to exit to permanent housing than whites. Whites exit at 37%, Latinos at 48%, Multiple Races at 28%. For black and native households the percentage of exits to permanent housing is similar to whites, but the percentage that exit to unknown is slightly higher than whites; E) At the household level, average length of time homeless is longer (about 12% or 15 days longer) for Latino households than White, and shorter for Black (about 17% or 20 days shorter), and Native (about 17% or 20 days shorter); F) POC make up 27% of the sheltered population and 43% of the unsheltered population; G) 2023 PIT: 28% of individuals identified as Latinx (identical to overall county population), 10% identified as Black (only 2% of the overall county population), and 13% identified as American Indian or Alaskan Native (only 1% of the overall county population). Some of this data continues to reflect specific racial and ethnic disparities that exist in Sonoma County's homeless population (i.e., where specific ethnicities are overrepresented in the homeless population when compared to the general population).

Assessment tools: Homeless Housing, Assistance and Prevention (HHAP) Grant Program 4 Racial Equity Analysis Tool & Data Sources: 2022/2023 PIT count, HMIS/VSP comparable data, CA HDIS (Homeless Data Integration System)

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes

4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	The CoC has developed a Racial Equity Workgroup to review current policies and practices to address disparities	Yes

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

IMPLEMENTED STRATEGIES/STEPS TO ADDRESS DISPARITIES: 1. 5-year Strategic Plan: Milestone to address disparities w/ finalization of county-wide homeless strategic plan. While this plan was not concluded in 2022 competition, it now serves as a roadmap to guide actions to address disparities, including CoC system-wide goals incorporating needs of the underserved/disproportionally populations experiencing homelessness; 2. Racial Equity (RE) in Coordinated Entry (CE): CoC is currently enhancing its CE Assessment/prioritization process through a RE lens. Collaborating w/ technical assistance providers (TAP), we've conducted an in-depth assessment/prioritization process review. This ongoing effort aims to create a more equitable pathway to homeless assistance, especially BIPOC/overrepresented populations; 3. Tribal Engagement: Recognizing the unique needs of tribal/indigenous populations w/ the largest disparities identified, we've undertaken a comprehensive approach to engage w/ local tribes. Four CoC workshops were provided through TAP, focused on Cultural Competency/Tribal Engagement, featuring tribal speakers. July 2023, CoC board approved a designated tribal seat as a recommended action of the workshops. CoC staff is actively working to build partnerships w/ local tribes to incorporate their insights in CoCs decision-making, w/ hopes of fostering trust/addressing disparities. Sept 2023, CoC participated in a tribal coalition meeting; outcomes included messaging from tribal leaders to other tribes in the community for board selection/CoC membership requests; 4. Establishment of Racial Equity Workgroup: An achieved goal in 2022 application, newly formed group is working on conducting a comprehensive assessment of racial disparities w/in the CoC. Current efforts/goals for this year include development of a community-wide survey, tailored for the CoC provisions/outcomes of assistance, to identify service gaps & guiding goals for next year; & 4 separate designing a racial disparities/RE TAP-led training. Future goals include analyzing CoCs Governance Charter/policies through a RE lens. All members identify as BIPOC & many have lived experience of homelessness; 5. Dept. of Health Services Equity Circle: CoC staff have joined county-wide efforts to address RE/participated in a 3-day RE training; participation is ongoing. These multifaceted endeavors underscore the commitment/ongoing implemented strategies/steps taken to reduce disparities & equity w/in the CoC.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1. MEASURES TO TRACK PROGRESS on ELIMINATING DISPARITIES: A) Disparities listed within question 1D-10a (b) have been identified through the development of the county-wide 5-year homeless strategic plan. Disparities listed each have a strategy & outcome goal related to the reduction, & this info. Is/will be reviewed/tracked on an annual basis over a 5-year period to meet the targeted goals; B) CoC Strategic Planning Committee will now shift its focus from the creation to the implementation of the Strategic Plan. Committee is open to the public, and any community member can attend to provide public comment. The committee is comprised of local city officials, county staff, providers, mental health professionals & members w/ lived expertise of homelessness to ensure feedback on the implementation is tracked/measured from a variety of different community members/stakeholders w/ their own unique expertise; C) Initial development of a funding plan in which the CoC Board is working to assess the current needs/gaps within the COC; D)Community-wide surveys collecting information about racial disparities from individuals providing services/receiving services to better understand the needs; E)While in its infancy, the CoCs Racial Equity Workgroup will be tasked w/ CoC policy, procedure, standards review with a racial equity lens. Any disparities/findings will be brought to the CoC Board in a full report to recommend specific policy changes to address equity needs; F) Lived Experience Advisory Planning Board (LEAP) comprised of community members w/ homelessness lived experience. LEAP focused on the recruitment of people of color, w/power to oversee program/policy design, implementation, & evaluation of homeless systems. LEAP is now an active board as of February 2022 and provides direct feedback to the CoC Board/other related issues to homelessness, and members are actively engaged with the CoC Committees and evaluation of current projects; G)Built for Zero Initiative to create a Coordinated Entry ByNamesList that will track race/ethnicity data over time, allowing the CoC to closely track whether disparities are being addressed with implemented system changes. BFZ is a movement of more than 100 communities working to measurably and equitably end homelessness.

2. Tools CoC Uses: Homeless Housing, Assistance and Prevention (HHAP) Grant Program Racial Equity Analysis Tool, PIT counts, Sonoma County 5 Year Strategic Plan to Prevent & End Homelessness, HMIS Data, Stella

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

CoC has multiple forms of OUTREACH EFFORTS to engage those w/ lived experience of homelessness (LEH) for LEADERSHIP ROLES/DECISION-MAKING/SERVICE DELIVERY. Emails are distributed monthly to the CoC membership, which includes local homeless service providers & community LEH individuals, to seek participation in CoC efforts. Posters/flyers created w/ input from LEH individuals are distributed to engage those w/ LEH to take part in CoCs efforts- posted in public places, including public libraries, local homeless programs & through local outreach teams/advocates to those living in unsheltered situations. Flyers/posters/emails/social media posts/outreach include opportunities for those w/ LEH to participate in planning process of the CoCs formal Lived Experience Advisory Planning Board(LEAP), including application for a voting seat of the CoC committees/Board. Similar outreach efforts are publicized for listening sessions, skill-based/continuing education training opportunities, special meetings & application processes for LEH members to participate in CoC Board, membership, LEAP & committee work. Grassroots communication, facilitated by CoC staff, between community members/advocates and peer to peer LEH communication has played a significant role in recruitment efforts for participation/engagement w/in the CoC. CoC staff maintain a master list of emails of LEH members interested in CoC work; Info. is distributed to the list on a regular basis when leadership/training/advisory opportunities arise. Furthermore, individuals w/LEH on our emailing list regularly contact other LEH individuals who may not be involved w/ CoC work to participate. Individuals w/LEH serve on every committee & CoC Board, including the Coordinated Entry Advisory Committee, HMIS Committee, CoC Competition Evaluation workgroup, Strategic Planning Committee & Funding/Evaluation Committee. Stipends are provided to those w/LEH for attendance/participation in the CoC Committees/Board. The 14-member LEAP provides advisory to the CoC Board regarding homeless programs, policies & funding decisions. CoC Board has a standing item for LEH feedback for each meeting. Thus, CoC actively engages/has policies to ensure inclusion of those w/LEH, compensation, participation in leadership, service delivery & decision making. All CoC meetings are public meetings, allowing for public comment on each agenda item & LEH not represented in leadership are regularly encouraged to express feedback via public comment.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	8	4
2.	Participate on CoC committees, subcommittees, or workgroups.	10	6
3.	Included in the development or revision of your CoC's local competition rating factors.	5	4

4.	Included in the development or revision of your CoC's coordinated entry process.	4	3
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1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC Lead Agency staff schedule training opportunities during quarterly CoC membership meetings, ensuring participation from CoC member organizations as well as community members and individuals with lived experience of homelessness (LEH). CoC lead staff have also scheduled various board training opportunities for individuals with LEH during the Sonoma County Lived Experience and Advisory Planning Board's bi-weekly meetings. When online trainings become available via HUD, the State of California, Built for Zero, or other TA providers information is distributed to our LEH master email list to ensure inclusion and participation. All LEH community members that serve on the LEAP Board, CoC Board and CoC standing committees are compensated for their time and service. LEH members on the CoC Board/committees are provided one on one PROFESSIONAL DEVELOPMENT trainings to serving in public meetings, including the Brown Act & Rosenberg's Rules of Order and Program-specific education. Additionally, MENTORING OPPORTUNITIES are available via public officials/agency executives represented on the Board/committees. EMPLOYMENT of LEH members within our CoC and local service provider agencies is highly encouraged; many of our local homeless providers are individuals with LEH. The CoCs HOMELESS EMPLOYMENT Program (HEP) provided OPPORTUNITIES for specialized referrals to Sonoma County's Job Link w/Dept. of Rehabilitation through & in partnership w/ local service providers. HEP staff were cross trained by local providers in evidence-based practices such as trauma informed care prior to implementation. Surveys from LEH were taken at local homeless programs prior to and during development to understand unique needs of individuals returning to the workforce. Services provided include: determining occupational goals, on the job training, development of personal/soft skills, temporary work experience (subsidized), mock interviews from the Workforce Investment Board, certification/occupational training (subsidized), resume workshops, application assistance, bus passes, work clothes/tools/boots, computer lab, employment opportunities, etc. Milestones completed with HEP are rewarded via gift cards. Implemented in mid-2021, the HEP has had a total of 176 referrals. Follow-up services are provided for one year after obtaining employment to assist with any issues that arise and assure retention in job.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;
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2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1&2. The CoC gathers feedback monthly from those w/ lived experience of homelessness (LEH), including those who have/are RECEIVING assistance in ESG/CoC Programs as well as other State and locally funded programs, on their experiences. CoC Board meetings include an ongoing agenda item “word from the street” presented by LEH Board Members highlighting significant issues, current experiences from those in unsheltered/sheltered circumstances, & from LEH receiving assistance. The Lived Experience Advisory Planning Board (LEAP) meets biweekly & spent months providing invaluable feedback to various homelessness strategic planning efforts (CoC-wide/regional plans), California Interagency Council on Homelessness (Cal ICH) & Coordinated Entry (CE). The LEAP has provided feedback/expertise on a variety of important programs including CE case conferencing, LEH Evaluation/Feedback process/questions & new emergency shelter site development. The LEAP Chair shares monthly updates at CoC Board meetings of work currently being performed within the 14-member LEAP Board. LEAP members & other LEH community members attend CoC board/committee meetings & are actively engaged, providing public comment on agenda items. LEAP designated CoC staff receive emails from community members w/ LEH to inform programs, meetings & policies. Examples of feedback received to enhance programming include a proposed shelter monitoring committee, accessing CES, CoC/ESG funding decisions, grievance procedures, etc.

3. STEPS TO ADDRESS CHALLANEGES: A) Over 1 year of planning w/ the CoC, Health Dept. & those w/ LEH led to the successful creation of a LEH advisory body (LEAP); the first major step the CoC took towards addressing challenges raised to enhance services. B) Autonomy for the LEAP to elect the represented LEH seats on the CoC Board. CoC Board has 2 dedicated LEH seats (including LEH TAY rep.), recently implemented a policy requiring all committees to have at least 1 LEH & provides stipends for each attended meeting. C)The LEAP Chair is now a representative of the CoC Board as a non-voting member. D)CoC Board actively partners with the LEH Board member updates “Word from the Street” provided & follows up to address issues presented, e.g. successfully addressed lack of warming/cooling stations during extreme weather. As recommended by the LEAP to the CoC Board, presentations/agenda items are scheduled for board meetings to enhance collaboration and address immediate community LEH needs.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. During the last 12 months the CoCs Strategic Planning Committee, including County & local government (elected official/city representatives), have been working on a HOUSING NEEDS PROJECTIONS assessment of the CoC's geographic area. Data collected/analyzed has been used to develop a local Homeless Action Plan, which is incorporated into the CoCs county-wide Strategic Plan adopted in December 2022. The study included a Sonoma County Affordable Housing (AH) Gaps Assessment w/ estimates of needs by income levels. Results indicated a stock of 3,000 extremely low-income (ELI) household units w/ a shortfall of 11,000 units. There are 12,715 low-income renter households in the county without access to AH. Shortfalls in inventory also covered CoCs need for additional interim housing (ES/TH) & other housing solutions (RRH/PH/OPH). Data provided in the final report supports CoC & local government officials when attending zoning meetings w/ elected officials on actions to REFORM ZONING & LAND USE policies to permit more AH development. CoC Lead Agency also works closely w/ primary AH developer, Community Development Commission(CDC), & attends monthly CDC meetings that include all 3 Con Plan jurisdictions (City of Santa Rosa, City of Petaluma, Urban County). 2. CoC Board(CB) has representatives from all three HUD entitlement jurisdictions along w/ other city-appointed seats, focused on AH solutions to end/prevent homelessness. In Sept. 2022, the Sonoma County Board of Supervisors funded a local consultant to assist County & HUD entitlement jurisdictions in securing California's Prohousing Designation (PHD) on an expedited basis. Written communication was shared w/ the CB on 9/22/22 included a request of support/commitment for CB members/all city managers to LOWER BARRIERS to NEW AH developments. These activities include aligning policies/programs to support jurisdictions in achieving PHD. PHD gives additional points in key grant funding (including AH /infrastructure development/transit funds) allowing jurisdictions to enter application processes w/ higher point scores than those without secured PHD. Policy change examples: A) Adopting favorable Zoning & Land Use policies (e.g. rezoning sufficient sites to accommodate 15% of more of regional housing needs by income category); B) Accelerating housing production timeframes (e.g. giving priority permit processing for ADUs & multi-family AH); C) Reducing construction/development costs; D) Providing financial subsidies.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/23/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/23/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	13
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.CoC COLLECTED/ANALYZED data for EACH PROJECT for success in permanent housing (PH). Renewal project Annual Performance Report was reviewed/scored on the percentage of those remaining stably housed/percentage of those exiting to PH. Proposed retention/PH exits outcomes for new projects were scored.

2.CoC ANALYZED data regarding how long it takes to HOUSE people in PH w/ the Strategic Planning Committee/consultant to reduce the length of time homeless(LOTH) by 10% in 2024. Key by adding 200 new units of PSH each year over 5 years with braided funding from Local Measure O, CalAIM, Homekey, and State HHAP funds.

3.CoC considers specific SEVERITY of NEEDS/VULNERABILITIES preventing rapid placement/ability to maintain PH. This was scored when ranking renewal/new projects by: A) chronic homeless served(CH); B)Coordinated Entry(CE) referrals accepted; C) corrections/justice partners collaborations; D)Housing First(HF) adherence/practices (e.g. not creating barriers to serving those w/ history of substance abuse, victimization/abuse, mental/physical health conditions, criminal records, little-no income); E)efforts to address racial inequities- cultural/language barriers.

4.CoC considers HARDEST TO SERVE during the rating/ranking process. CoC reviews supplemental materials/conducts site visits to discuss performance issues. Serving high-needs populations impacts APR objective scoring, thus site visits are used to determine performance relating to policies/services. FY23 Competition ranking/selection points are given to HF adherence(7%) & CES referrals accepted/enrollments(7%). CES policies require CoC PSH projects to accept highest prioritized individual from the ByNamesList meeting basic eligibility. Commitment to serving the most vulnerable w/o preconditions on sobriety, income, criminal history, service compliance & proper separation of property management/supportive services are scored. Points are awarded to projects serving highest needs CH individuals (6%). Scoring considers agency intake procedures that could prevent rapid placement into the project/create barriers to entry for those w/ higher service needs. Evaluation Workgroup reviews projects w/ CoC staff & conducts site visits to gather documentation of serving the most vulnerable, including documentation of client feedback/advisory board, reasonable accommodation process, grievance procedure, and addressing racial inequities (11%).

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1.CoC current populations overrepresented identify as Native American/Alaskan Indian/Indigenous(12% vs 2% county Pop), Black/African American/African(8% vs 2% county Pop) & Multiple Races(8% vs 4% county Pop). CoC used INPUT from persons of different races/ethnicities (R/E) of those over-represented homeless population to determine rating factors for project applications by: A) all meetings for rating factors noticed through CoC Listserv, including BIPOC/LGBTQ+/lived experience (LE), public comment is heard prior to any decisions of the CoC Evaluation Workgroup (CEW) & CoC Board (CB); B) Lived Experience Advisory Planning Board (LEAP) elected 4 individuals w/ LE to participate on CEW. C) improvements made based on FY22 LEAP member feedback expanded questions for racial equity scoring & LE feedback mechanism/grievances. 2.CB/CEW members were polled w/ R/E survey. Data collected confirms CB/CEW members R/E identified as: white, Hispanic/Latino, Black/African American/African & Native Hawaiian/Pacific Islander. CB recently approved a tribal designated seat as those who identify as American/Alaskan Indian/Indigenous have the largest disparities in our CoC, to ensure representation. This Pop is the only one w/ overrepresentation that did not participate this year. CoC INCLUDED persons of different races/ethnicities in the review, selection, & ranking process by: A) all meetings for ranked projects are noticed widely (including BIPOC/LGBTQ+/LE), public comment is heard prior to any CCEW/CB decision; B)LEAP Board members/LE on CEW/CB; & C) CEW/CB members of different R/E. 3.COC rated/ranked PROJECTS on identifying/addressing RACIAL DISPARITIES. Scored supplemental materials identified disparities/barriers/plans to address; orgs demonstrating steps taken to eliminate barriers received full points. Most orgs reported reviewing employment diversity, outreach/marketing materials client feedback & data. Orgs evaluate their data & make improvements, including hiring LE individuals w/ diverse backgrounds & training on cultural competency, etc. If orgs had not yet started to evaluate inequities w/in their programming, they were asked to provide info to the CoC for TA needs & provided w/ feedback on process improvement to align w/ reducing CoC disparities. Projects were scored on their marketing materials being available in languages other than English. Agency efforts to address disparities & provide information on training impacted their rank on the priority list.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1.CoCs REALLOCATION process is coordinated by an impartial Evaluation Workgroup (EW), comprised of CoC Board(CB) members, those w/lived experience of homelessness & community members. EW identifies projects w/ capacity concerns/low performance/spenddown issues for corrective action plans(CAP)/technical assistance. Renewal evaluation scoring is based on objective criteria such as: (SPM)/capacity (spend-down/APR accuracy). Threshold for unconditional renewal is 80% of top score; projects scoring below meet w/ EW to implement a CAP. Applicants are guided through a process w/CAPs to determine additional materials submission to revise scoring or voluntarily release funding for reallocation. Projects w/ continued performance issues over multiple years may be automatically up for reallocation w/ or without previous CAP or if there is less need for the project, as determined by the EW. Work is reported to the CB to review work both in process & at the end of the designated period. Upon HUD NOFO release, all provisions are reviewed. If NOFO indicates further ways to maximize ARD, renewal grantees are polled w/a reallocation form to determine projects w/less need.

2.FY23 REALLOCATION IDENTIFIED PROJECTS: all renewal projects scored met the unconditional threshold requirement of 80% of top score. Two renewal projects were ranked completely in tier 2 (Buckelew Samaritan FACT & Community Support Network Sanctuary Villas). While these projects scored lower, EW/CB determined the projects still met CoC needs/were provided improvement resources. EW placed the new project above these projects in the final priority listing due to scoring, lower # of units & increased unit capacity by placing the new project above these in the ranking process.

3.LESS NEEDED for REALLOCATION: 1 project voluntarily reallocated funding due to issues w/ serving the TAY population as chronic homeless TAY has dropped significantly). \$80,666 in reallocated funding supported a new PSH bonus project serving 29 chronic homeless adults.

4.CoC reallocated 1 project w/ less need. CoC determined there were improvements needed for select projects, but still met the community need & provided improvement resources. Only 1 new project applied for funding & CoC met total ARD & CoC Bonus funding possible w/ the Priority List. If the CoC had multiple new project applications, EW would have considered reallocating funding from projects in tier 2. Since 2017, CoC has reallocated \$1,265,328, or 31% of 2023 ARD

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/11/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	

You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Efforts to Outcomes Social Solutions
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The primary DV provider, YWCA, tracks participant outcomes and accomplishments using a COMPARABLE DATABASE. This includes YWCA projects and the Comparable Coordinated Entry System, using a web-based case management system, Efforts to Outcomes (ETO). The database system, while separate from the primary CoC HMIS, is the same HMIS vendor/platform utilized by the CoC. YWCA ETO allows the provider to pull all pertinent data aligned with the CoC's HMIS. The HMIS Coordinator meets quarterly with DV providers to review current published data collection standards. HMIS LEAD AGENCY STAFF engage with providers and require standard data quality and annual performance reports annually and offer technical assistance as needed to produce required data. The HMIS Coordinator communicates with DV providers prior to APR due dates to ensure data meets quality standards. HMIS Lead also engages providers utilizing the comparable database when updates are made to HMIS data collection to ensure the updates are made in their database(s). Technical assistance from the CoC and HMIS Coordinator is available as needed to help configure their comparable database.
 2 & 3. Both the CoC HMIS and VSP comparable database are HUD compliant and compliant with the 2022 HMIS Data Standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	855	16	765	91.18%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	370	0	320	86.49%
4. Rapid Re-Housing (RRH) beds	494	58	413	94.72%
5. Permanent Supportive Housing (PSH) beds	1,271	0	519	40.83%
6. Other Permanent Housing (OPH) beds	228	0	161	70.61%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

	1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. The HMIS Coordinator and CoC Coordinator offer daily technical support/engagement to all providers in the CoC, resulting in bed coverage over 85% in ES, TH, and RRH beds. STEPS TO TAKE INCREASING bed coverage within the next 12 months include: A) The CoC HMIS Lead will offer remote and in-person training free of charge to encourage agencies to participate in HMIS for the PSH/OPH providers not currently using HMIS; B) Engage faith-based providers to encourage participation in the system; C) ENGAGEMENT with VA and VASH provider to continue developing a process for HMIS data entry.

2. The CoC as the HMIS Lead will IMPLEMENT STEPS described above to increase BED COVERAGE to at least 85% in PSH/OPH by: A) Utilizing a for providers that are not currently utilizing HMIS with primary engagement from the CoC/HMIS Coordinators and CoC Board support if needed; B) Utilizing survey data to gauge provider needs/set up meetings with each organization to address specific needs/work on possible solutions; C) PSH: 752, or 62% of PSH beds are not participating in HMIS. These beds are mostly HUD-VASH beds, and the VA provides quarterly exports to the CoC HMIS Lead, but the uploads do not confirm w/n current HMIS upload templates. The HMIS Lead will continue to automate a process of formatting to ensure the VASH data is captured within HMIS. The CoC expects to have this work completed in HMIS by the end of 2023; D) OPH: 29% of OPH beds do not participate in HMIS. The HMIS Lead and the provider are engaged in addressing capacity issues with a goal of entering HMIS data within the next 12 months & E) The HMIS Coordinator engage all providers at least once annually to explore solutions with them to increase coverage rates in all project types.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/27/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1.CoC has conducted a specialized count of unaccompanied children & transition-age youth (TAY) under the age of 25 since 2009. CoC ENGAGED STAKEHOLDERS serving youth experiencing homelessness & engaged youth w/current & formal lived experience during the PLANNING process. CoC Staff led planning sessions w/ CoCs primary youth provider, Social Advocates for Youth (SAY). Stakeholder planning participation included CoC Staff, MCKV/Homeless Youth Liaison w/ the County Office of Education, Community Support Network & SAY. Approx. 18 youth participated in the planning process. Meetings were held w/ Sonoma County Office of Education (SCOE)/local school districts' homeless liaisons for planning efforts related to counts from school districts. 2.INVOLVEMENT OF YOUTH: CoC recognizes many homeless children & TAY do not use homeless services, are unrecognizable to adult count volunteers & may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth. CoC INVOLVES HOMELESS YOUTH in the planning of the count. 2023 planning sessions w/ youth included education on what the PIT count is, its importance & mapped specific areas where homeless youth are known to congregate. During these focus groups YOUTH provided insight into locations where homeless youth are MOST LIKELY to be found; particular attention placed on rural areas in all sectors of the county based on feedback from homeless youth. Identified locations across the CoCs geography where homeless youth are known were mapped; youth used these hotspot maps/census tracts on the day of the count, & information was de-duplicated from the morning street count. 3.CoC INCLUDED YOUTH experiencing homelessness as COUNTERS during the most recent 2023 PIT count. Specialized Youth Count was held between 2pm-7pm on the day of the general adult street count. 18 current/recently homeless youth worked as paid peer enumerators working in tandem w/ youth organizations/stakeholders. This youth-led dedicated count was designed to improve the understanding of the prevalence & scope of youth homelessness. The same youth enumerators exclusively conducted surveys 2 weeks after the count in a peer-to-peer manner to glean demographic information. Results from the 2023 PIT data conclude that the number of unaccompanied children decreased by 83% from 23 in 2022 to 4 in 2023, & the number of transition-age youth decreased by 44% from 521 in 2022 to 294 in 2023.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
3.	describe how the changes affected your CoC's PIT count results; or	
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

1. CHANGES to the CoC SHELTERED count implementation, methodology & data quality did not occur in 2023.
2. 2023 UNSHELTERED PIT count included CHANGES w/ implementation methodology & data quality. Implemented for the first time in 2022, the CoC focused on targeted regional outreach engagement to allow for outreach workers to claim census tracts in well-known areas/hard-to-reach locations where individuals are known to camp; locations in which the general public volunteers might not be aware of. In 2023, the CoC increased the number of planning outreach meetings it held prior to the count to educate on the process and held 6 separate regional outreach specific meetings with local city, county, and community outreach workers. During these regional meetings, maps were hand-picked by specialized staff & paired with paid guides to cover these areas. The CoC in 2023 brought back 5 regional deployment sites and pairing of guides with the public volunteer list. Each of the 5 main service providers in the region solicited paid guides to be paired with volunteers the morning of the count. The morning of the count, volunteers were assigned to the remaining census tracts, unclaimed by outreach workers, and paired with a local guide in that county region.
3. CHANGES in implementation AFFECTED the CoCs PIT count by the enhancement of its census tract selection/coverage and allowed for the public to be paired with a paid guide in that region (guides were not paired with general public in 2022 due to the risk of COVID exposure). This resulted in a more accurate count in rural areas & hard to reach encampments located w/in the county as outreach workers/paid guides experiencing homelessness claimed maps w/ the highest rates of unsheltered individuals. The CoC continued to collect a new survey question to assess the number of individuals experiencing homelessness who were victims of sex trafficking, expanded questions around housing instability. Surveys also included questions on the impact of COVID-19 on experiencing homelessness as well as questions on accessing vaccines for COVID-19. PIT Count data concluded, 2,266 persons experiencing homelessness in the CoC, representing a decrease of 22% from 2022. 57% of persons experiencing homelessness lived in unsheltered conditions, a decrease from 72% from 2022.
4. The CoC does conduct the homeless count annually, therefore, questions 2 & 3 above highlight changes implemented since the 2022 count.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

FY22, 1,655 individuals were counted in ES/TH/PH w/no entries in ES/TH/PH in the previous 24 months, this represents a reduction of 2% from FY21 of people experiencing homelessness for the first time.

1. First time homeless (FTH) RISK FACTORS: Surveys conducted by paid homeless guides from 2022 PIT Count reflected 32% individuals were homeless for the first time, a slight increase from 31% in 2020, but a reduction from 35% in 2018. RISK FACTORS identified for FTH: PIT surveys included being under the age of 25, and older than 50. Additionally, 9% of individuals became homeless due to Covid related issues, loss of job (23%), argument with family/friend (11%), divorce/separation (10%) alcohol/drug use (16%), and eviction (9%). Since 2018, older adults continue to be disproportionately impacted. Almost one-quarter (23%) of survey respondents cited job loss as the primary cause of their homelessness. 63% reported unaffordable rent as an obstacle to securing permanent housing, and another 45% cited no job or not enough income as an obstacle.

2. STRATEGIES to address at risk families/individuals: A) Homeless prevention funding of approximately \$150,522 in FY23 across the CoC's geography and a planned pilot project to inject over \$500,000 into homelessness prevention funding via a central hub for HP in 2024; B) CoC DV Project serving categories 1&4 homeless; C) Multidisciplinary Team of County Safety Net partners shared data in IBM's Watson Care Manager to coordinate discharge planning with jails/clinics & prevent homelessness of individuals w/chronic health issues; D) Partnership w/MCKV Liaisons in school districts to rapidly connect families at risk of homelessness to CE; E) Funding for Legal Aid projects support low-income families/individuals in Sonoma County to avoid eviction; F) developing a streamlined partnership/work flow to help 211 obtain the most accurate resource information from providers and utilization of \$300,000 in ARPA funds to connect individuals to HP/rental assistance funds; H) New CE Operator is focusing heavily on training providers working in CE. This includes a new robust prevention/diversion screening; I) Homeless Action Plan & county-wide Strategic Plan outcome goal/strategy to reduce FTH by 3% by 2024.

3. OVERSIGHT: CoC's HMIS Data Committee, oversees data collection and primary oversight is with CoC Board.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The average length of time homeless (LOTH) for individuals/persons in families increased from 129 days in FY21 to 155 days in FY22. This increase is due to the County's rapidly escalating rents, vacancy rates as low as 1.5% as well as difficulty finding landlords to accept Housing Choice Vouchers. STRATEGIES to REDUCE LOTH: A) All CoC/ESG/State funded projects work exclusively w/CE in placing the most vulnerable individuals in ES/PSH/RRH w/LOTH weighted prioritization factor; B)ARPA funding for \$4 million countywide to fund centralized housing location services to support placements into housing; C)Increase provider access to CE, allowing for increased rates of enrolments/referrals/quicker documentation collection, ease of access for the client to update personal contact/location information for housing placement, etc; D)CoC allocated a majority of EHV vouchers to the Chronic Homeless (CH) population via both local PHAs.

2.CoC IDENTIFIES families/individuals w/ the LONGEST LOTH: A) Tracked in HMIS in Adult/Family/TAY CE, available on an online dashboard reviewed monthly; B) LOTH CE assessment scoring increased from 2 to 10 pts cumulative in terms of years, ensuring prioritization of those /the lengthiest LOTH; C) FY21/22 the local PHAs issued 284 EHV's to those experiencing homelessness, directed at CH individuals with longer LOTH via CE. Collaboration w/ PHAs/Homeless providers to utilize the EHV's with wraparound services/housing navigation & documentation collection for expedited placement; D) Mandatory CE Case Conferencing to facilitate placement of individuals w/the longest LOTH; E) Sonoma County is a Built for Zero (BFZ) community, focusing on functional zero for CH. BFZ efforts are focused on adjusting/creating a by Names List to better track most vulnerable/longest LOTH & improving collaboration among outreach providers to better reach CH clients; F) Implementation of a centralized housing location program in 2023 (with \$4 million in local funds) will generate private market housing leads for all supportive housing participants. Funds incentivize voucher/supportive housing programs to landlords & reduce barriers to housing through credit repair & utility/move-in cost assistance. These efforts will reduce the amount of time a voucher holder takes to find housing.

3.OVERSIGHT: CoC Lead Agency, the Coordinated Entry Advisory Committee provides input and the & the CoC Board has ultimate responsibility.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
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2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

In FY22, 728 individuals exited ES/TH/PH-RRH to permanent housing destinations; successful exits DECREASED from 43% to 41%. The decrease in exits is likely due to impacts of COVID19, rapidly escalating rents, vacancy rates as low as 1.5%, & the CA Eviction Moratorium during the pandemic (which further impacted unit availability). Rates of exits to PH & retention of permanent housing in PH programs INCREASED from 93% in FY21 to 96% in FY22.

1. STRATEGIES for INCREASING EXITS to PH from ES/TH/RRH: A) Monthly HMIS data via online platform monitoring exits to PH from all ES/TH/RRH and fully aligning contracts by increasing contractual outcomes to include higher outcome rates of PH exits; B) Increased training in Housing First and client choice; C) 1:1 TA from CoC staff for ES/TH/RRH providers; D) Removing the requirement of ES referrals through CE to allow for increased/timely PH placements through a housing focused system redesign; E) 284 Emergency Housing Vouchers (EHV) dedicated homeless/at-risk of homelessness; & F) Homeless Action Plan & county-wide Strategic Plan increasing the number of people exiting to PH by 10% by 2024.

2. STRATEGIES for RETAINING/EXITING TO PERMANENT DESTINATIONS: A) Collaboration with local FQHCs/CoC PSH and leveraged services for PSH including in-kind services over \$500,000 from FQHCs; B) Wraparound services with High Needs Homeless (aka Whole Person Care)/County Behavioral Health supporting w/higher needs via direct collaboration with CE; C) Increased data sharing w/ County Human/Health/Probation identifying clients in need of higher level of care & in-home outreach; D) Weekly CE Case Conference identifying individuals at-risk of eviction in need of transfer; E) Collaboration w/ PHAs/Homeless Services providers/FQHCs/hospitals utilizing 284 EHV's with wrap-around services/housing navigation. EHV's target subpopulations including: RRH at risk of homelessness, Move-on PSH, Chronically Homeless, youth, domestic violence, and homeless families all w/wrap around supportive services (housing navigation/stabilization); F) Scoring CoC Projects APR submissions during the annual CoC NOFO on retention/exit to PH rates; G) Homeless Action Plan & county-wide Strategic Plan to reduce number of persons who return to homelessness after exiting homelessness to permanent housing by 12.5% by 2024.

3. OVERSIGHT: CoC's Funding and Evaluation Committee has primary oversight, reports to the CoC Board.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

In the field below:

1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

FY22, of 1400 individuals exiting to permanent housing (PH) from ES/TH/PH, 94 returned to homelessness (7%) over a 6-month period & 53 (4%) returned in the 6-12 month period. Overall returns to homelessness over a 24-month period were 14%, a 1% decrease from the year prior.

1. STRATEGY to IDENTIFY: CoC identifies individuals who return via HMIS Report of exited individuals for non-CoC providers & APR reports for CoC-providers on returns of exited individuals, posted publicly monthly on an online dashboard. CoCs 5 subregional street outreach teams and County IMDT Clinical Outreach team both track individuals in unsheltered situations by utilizing VISPDAT assessment info & coordinate directly w/CES staff to identify common factors contributing to returns. Common factors include high utilization of emergency services, length of time homeless, lack of family contacts (TAY specific), & exits to PH without attached supportive services. 2022 PIT data indicates obstacles in obtaining PH (in 2022, 64% of individuals confirmed they could not afford rent).

2. STRATEGIES to REDUCE the rate of returns: A) Prioritization of individuals in PSH who are at-risk for eviction/returns to homelessness via biweekly CES case conferencing. CoC/ESG/Local/State funded providers are required to attend case conference & report on housed individuals who may be at risk of returning to homelessness & reassessed for project transfers; B)Eviction prevention services: Legal Aid of Sonoma County, accessible benefits assistance/eviction prevention C)County Interdepartmental Multidisciplinary Team: intensive case management to vulnerable individuals who are housing in PSH/other homeless projects; D)CES utilizes a Diversion Tool to assist individuals w/ maintaining housing/linkage to mainstream benefits to prevent returns; & E)Emergency Housing Vouchers:31/153 families at risk in RRH dedicated & 46/153 PSH Move-on dedicated, allowing additional PSH openings for more vulnerable clients while providing long term subsidy needed for housing stability/retention; and F) prioritizing enhanced funding for existing PSH/PH projects (\$500,000+) in local/state funding to provider greater support to individuals in housing to reach a goal of 20:1 ratio in staffing/client systemwide.

3. OVERSIGHT: CoC’s Funding & Evaluation Committee provides oversight, reporting directly to the CoC Board, which has primary oversight.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

(limit 2,500 characters)

In FY22, 27 of 88 (31%) leavers in CoC-funded projects increased their total income, an increase from 18% in FY21.

1. Strategies for INCREASING EMPLOYMENT INCOME: A) Homeless Employment Program (HEP): includes partnering CoC organizations, Department of Rehabilitation headed by the Sonoma County Human Services Division (SCHSD) Job Link; B) CoC Strategic Planning Committee; C) Scoring CoC APR submissions on project performance rates of increasing cash income; & D) Partnering with 211 to update resources with community partners.

2. The CoC WORKS with MAINSTREAM EMPLOYMENT organizations to increase cash income for individuals/families experiencing homelessness. Initiated in 2021, the CoCs HEP with SCHSDs Job Link, the Department of Rehabilitation, and local homeless providers provides direct referrals, including individualized employment training, a temporary work experience project, job search, supportive services, gift card incentives for achievements, job counseling, mock interviews, subsidized employment & connections to employers. This project is uniquely designed with supportive counseling services to help transition to employment and meets monthly to identify additional flexible funding for incentives and resource collaboration. Prior to the pilot of this program, in-depth client surveys were collected at local homeless services projects to develop needs assessment. In addition, Job Link employment specialists were cross trained in trauma-informed care/evidenced-based practices to provide the best support possible to those experiencing homelessness. Since the HEP begun, the program has received 176 referrals, 98 of which were from FY2022 alone; exemplifying the traction and popularity of the new program. In FY22, the HEP launched two separate homeless-dedicated job fairs, one of which was the largest the CoC has ever held, and HEP is currently planning its next one for 2024. The events were the first big events held since the pandemic and included haircuts, service booths, raffles, local employers, food, guest speakers, etc. The program recently received a request from the State of CA Workforce Association on Exemplary Workforce Programs in Serving the Hardest to Serve, and they are seeking information on the group’s innovative approaches to support those who have difficulty finding employment.

3. OVERSIGHT of CoCs STRATEGY to INCREASE income: Funding and Evaluation Committee reviews data and CoC Board has oversight.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC’s strategy to access non-employment cash income; and
2.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,500 characters)

The rate on program stayers that increased income from non-employment cash sources remained the same between FY21 and FY22 at 48%

1. Strategies for ACCESS to non-employment cash benefits include: A) Trainings provided by the local Social Security Administration Office (SSA). The last training provided in FY21/22 included People Facing Barriers provided by the SSA. The training included a local streamlined method for providers to verify benefits & ensure clients are quickly connected w/ SSA to file initial claims and the CoC and all providers have direct access to the SSA office via SOAR strategies. Due to a change in management at the local SSA, the CoC was unsuccessful in securing a training date in 2023/2023 and is working to schedule the next training for 23/24. All CoC agencies are required to have staff trained in SOAR, are scored on this in the local competition for funds, and CoC Lead Agency staff serve as the local SOAR TA leads; B) Dedicated outreach from Sonoma Works/CalFresh staff to CoC projects also acting as a CE access point with a single application for accessing resources; CoC Lead Agency staff also directly link families experiencing homelessness to Sonomaworks for interim-housing solutions and benefits; C) Trainings provided by SonomaWorks, the CoCs TANF provider, which include active partners providers of the CoC to link these benefits to families; D) Biannual training from CalFresh to the CoCs providers (22/23 the CoC held three separate trainings); E) Enhanced partnership w/ 211, providing resources to the community partners to ensure benefits, including employment opportunities/collaborations, are easily accessible to providers working with individuals experiencing homelessness and those seeking assistance; F) The CoC Coordinator and local SSVF provider provide linkage from the CoC's Homeless Veteran providers to local Vet Connect for homeless veterans in need of VA benefits and the CoC supports monthly review of the Veteran By Names List to identify veterans who are eligible for VA benefits; G) Scoring CoC Projects APR submissions on their projects performance rates of increasing non-employment income.

2. OVERSIGHT of CoCs STRATEGY to INCREASE income: CoC's Funding and Evaluation Committee reviews data and reports to the CoC Board which has primary oversight.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
Elderberry Commons	PH-PSH	12	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Elderberry Commons

2. Enter the Unique Entity Identifier (UEI): CGNNSBQHDT55

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 12

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/21/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/21/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/21/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/19/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/18/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competitio...	09/18/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/19/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/18/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/18/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/18/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/19/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/21/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	08/01/2023
1B. Inclusive Structure	09/21/2023
1C. Coordination and Engagement	09/21/2023
1D. Coordination and Engagement Cont'd	09/20/2023
1E. Project Review/Ranking	09/21/2023
2A. HMIS Implementation	09/21/2023
2B. Point-in-Time (PIT) Count	09/18/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/21/2023
3B. Rehabilitation/New Construction Costs	09/20/2023
3C. Serving Homeless Under Other Federal Statutes	09/20/2023

4A. DV Bonus Project Applicants	09/21/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Attachment 1C-7

PHA Homeless Preference

1. Attachment 1C-7 PHA Homeless Preference cover sheet (pg. 1)
2. Sonoma County Housing Authority Admin Plan Excerpt: Homeless Preference/ In-Place Homeless Prevention Preference, Limited Preference Chronic Homeless, Emergency Housing Voucher (pg.2-8)
3. Santa Rosa Housing Authority's Admin Plan: Limited Homeless Preference Excerpts (pg.9-11)
4. Santa Rosa Housing Authority's Project Based Vouchers: PHA Policy Excerpts (pg. 12-14)
5. Santa Rosa Housing Authority's Emergency Housing Vouchers (EHVs) Temporary Policy Supplement Excerpts (pg. 15-17)
6. Sonoma County Housing Authority's MOU Continuum of Care and Emergency Housing Vouchers Excerpts (pg. 28-20)
7. Santa Rosa Housing Authority's MOU Continuum of Care and Emergency Housing Vouchers Excerpts (Pg. 21-24)

SONOMA COUNTY HOUSING AUTHORITY

**ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM**

Approved April 4, 2023

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these units under a Special Admission procedure.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

A family displaced because of demolition or disposition of a public or Indian housing project;

A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990; and

A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term.

C. TARGETED FUNDING [24 CFR 982.204(e)]

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

D. HCV LOCAL PREFERENCES [24 CFR 982.207]

In addition to a randomly assigned applicant number, the Housing Authority has preferences used to select families from the wait list when families eligible for such preferences are present on the waitlist. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and how it affects applicant position on the wait list.

When verifying preferences, the Housing Authority reserves the right to verify the authenticity of any document it deems to be questionable or contains a discrepancy.

The Housing Authority has adopted the following preference system:

- a. **In-Place Homeless Prevention Super Preference.** Subject to the availability of Annual Contributions Contract authorized voucher units, an absolute preference for Housing Choice Vouchers will be made available for in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy tied to a specific facility or unit and the loss of the restriction or subsidy places the occupant at imminent risk or high-risk of losing stable housing and/or becoming homeless. In order for an applicant to be eligible for this super preference, they must be meet all eligibility requirements of the Housing Authority. In order to implement this preference, the Housing Authority must receive notification

from a local municipality or partner agency of the Sonoma County Community Development Commission (“Commission”). All notifications are subject to Commission determination that the loss of stable housing and/or homelessness for in-place resident(s) is eminent.

This preference will also apply to in-place, income eligible households whose rental assistance is being terminated due to insufficient funding or term expiration of other rental assistance programs administered by the Housing Authority or whose rental assistance is being terminated due to insufficient funding of other rental assistance programs funded through the Sonoma County Continuum of Care.

b. Other Preference. Preference points will be granted to applicants with household members in the following groups. Preference points are cumulative.

- Seniors (1)
- Persons with disabilities (1)
- Persons with disabilities who are transitioning out of a mental health care institution or other segregated settings or at serious risk of institutionalization. (1)

c. Homeless Preference. To promote ending homelessness, and subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority may allocate up to 20% of its annual turn-over Housing Choice Vouchers per calendar year for households referred from the Coordinated Entry System and/or households who have successfully participated in a transitional housing, interim housing or an emergency shelter program within the County of Sonoma and or homeless-services initiatives within the County of Sonoma. Households who are referred should be able to maintain independent housing with minimal supportive services. These vouchers will be issued based on referrals from either the Sonoma County Coordinated Entry System or Sonoma County supportive service providers participating in the Sonoma County Continuum of Care who have entered a Memorandum of Understanding with the Sonoma County Housing Authority. If referral is made from a supportive services provider, the supportive services provider is expected to provide housing navigation assistance and one year of housing stabilization services for those referred through this program. Eligible households referred through this program will be granted an absolute preference on the Housing Authority Waiting List. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referred applicants must meet Housing Authority income and

considered under this program are subject to an Informal Review per the procedures outlined in Section 19.B. At its discretion, the Housing Authority will annually evaluate whether to renew this Program. This preference will be available even when the waiting list is closed to other applicants. Applicants for this Reentry Program must be drawn from the waitlist and will be given an absolute preference. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referred applicants must meet Housing Authority income requirements and be drawn from the waitlist.

Exceptions to the suitability standards would not be extended to the following HUD required denials [24 CFR 960.204] to the following individuals:

- Persons convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing;
- Any person subject to a lifetime registration requirement under a state sex offender registration program.

f. Limited Preference for Households Experiencing Chronic Homelessness.

Subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority may allocate up to 10% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference will only be implemented when funding is available for supportive services and the service provider or funder has entered into an MOU with the SCHA. To receive this preference applicants must be referred from Coordinated Entry (CE) via a Housing First model of homeless services. Any applicants for these vouchers must be provided with case management, housing search assistance and housing stabilization services for one year after housing placement. Initial screening for applicant's chronic homeless status will be completed by Coordinated Entry, based upon information gained through the Coordinated Entry process. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Eligibility, including background checks, will be confirmed for all members of the household pursuant to this Administrative Plan.

Chapter 4

ESTABLISHING PREFERENCES AND MAINTAINING A WAITING LIST

[24 CFR Part 5, Subpart D; 982.54(d)(1); 982.204, 982.205, 982.206, 982.207]

INTRODUCTION

It is the Housing Authority's objective to ensure that families are selected from waiting lists for admissions in accordance with the policies in this Administrative Plan.

This Chapter explains the local preferences which the Housing Authority has adopted to meet local housing needs, defines the eligibility criteria for the preferences and explains the Housing Authority's system of applying them. An applicant does not need to be eligible for local preferences in order to be eligible for assistance.

By maintaining an accurate waiting list, the Housing Authority will be able to perform the activities which ensure that an adequate pool of qualified applicants will be available so that program funds are used in a timely manner.

A. WAITING LISTS [24 CFR 982.204]

Housing Choice Voucher (HCV) and Mainstream Voucher Programs

The Housing Authority uses a single waiting list for admission to its HCV and Mainstream Voucher tenant-based assistance programs. The Housing Authority may opt to accept only the number of applicants who may be expected to be reached within one year in accordance with the policies outlined within this Chapter. Applicants who will be placed on the waitlist will be selected by random lottery. All applicants will be notified of their waitlist status within a reasonable time after waitlist close in accordance with the policies included in Chapter 3.

Except for Special Admissions, defined below, applicants will be selected from the Housing Authority waiting list in accordance with HCV policies and preferences outlined in this chapter.

Emergency Housing Voucher Program

The Housing Authority uses a single waiting list for admission to its Emergency Housing Voucher (EHV) waitlist. All applicants admitted to the EHV waitlist must be referred by the Sonoma County Coordinated Entry System or by a service provider serving victims of domestic violence or human trafficking. The Housing Authority may opt to accept only the number referred who may be expected to be reached within a three-month period.

Eligibility for the Emergency Housing Voucher (EHV) program is limited to individuals and families who are (1) homeless¹; (2) at risk of homelessness²; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. [PIH 2021-15 (HA)]

Applicant Information for Waitlist

The Housing Authority will maintain information that permits proper selection from the waiting lists.

The waiting lists include, but are not limited to, collecting and maintaining the following information for each applicant listed:

Applicant Name

Family Unit Size (number of bedrooms family qualifies for under Housing Authority subsidy standards)

Randomly assigned applicant identification number

Qualification for any preferences administered locally

Racial or ethnic designation of the head of household

B. SPECIAL ADMISSIONS [24 CFR 982.54(d)(e), 982.203]

If HUD awards the Housing Authority program funding that is targeted for specific families, the Housing Authority will admit these families under a Special Admission procedure.

Special Admissions families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list.

The Housing Authority maintains separate records of these admissions.

Applicants who are admitted under Special Admissions, rather than from the waiting list, are identified by codes in the automated system.

If HUD awards a Housing Authority program funding that is targeted for families living in specified units, the Housing Authority must use the assistance for the families living in

¹ The meaning of "homeless" is as such term is defined in section 103(a) of the McKinney Vento Homeless Assistance Act (42 U.S.C. 11302(a)), which is codified in HUD's Continuum of Care Program regulations at 24CFR 578.3

² The meaning of "at risk of homelessness" is as such term is defined in section 401(1) of the McKinney Vento Homeless Assistance Act (42 U.S.C. 11360(1)), which is codified in HUD's Continuum of Care Program regulations at 24CFR 578.3

ADMINISTRATIVE PLAN

FOR THE CITY OF SANTA ROSA HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

Homeless Preference

Approved by the HA Board of Commissioners: April 24, 2017

Administrative Plan -Table of Contents

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Homeless preference see:



"Limited Preference for Families Experiencing homelessness"

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. The preference will be in effect for three years from the termination date.

Limited Preference for Families Experiencing Homelessness

Twenty-four (24) vouchers are targeted for limited preferences for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These vouchers will be issued based on referrals from agencies participating in the Sonoma County Continuum of Care and that have adopted a Housing First model of homeless services programming.

↑ Homeless Preference

Chapter 17

PROJECT-BASED VOUCHERS

INTRODUCTION

This chapter describes HUD regulations and PHA policies related to the project-based voucher (PBV) program in nine parts:

Part I: General Requirements. This part describes general provisions of the PBV program including maximum budget authority requirements, relocation requirements, and equal opportunity requirements.

Part II: PBV Owner Proposals. This part includes policies related to the submission and selection of owner proposals for PBV assistance. It describes the factors the PHA will consider when selecting proposals, the type of housing that is eligible to receive PBV assistance, the cap on assistance at projects receiving PBV assistance, subsidy layering requirements, site selection standards, and environmental review requirements.

Part III: Dwelling Units. This part describes requirements related to housing quality standards, the type and frequency of inspections, and housing accessibility for persons with disabilities.

Part IV: Rehabilitated and Newly Constructed Units. This part describes requirements and policies related to the development and completion of rehabilitated and newly constructed housing units that will be receiving PBV assistance.

Part V: Housing Assistance Payments Contract. This part discusses HAP contract requirements and policies including the execution, term, and termination of the HAP contract. In addition, it describes how the HAP contract may be amended and identifies provisions that may be added to the HAP contract at the PHA's discretion.

Part VI: Selection of PBV Program Participants. This part describes the requirements and policies governing how the PHA and the owner will select a family to receive PBV assistance.

Part VII: Occupancy. This part discusses occupancy requirements related to the lease, and describes under what conditions families are allowed or required to move. In addition, exceptions to the occupancy cap (which limits PBV assistance to 25 percent of the units in any project) are also discussed.

Part VIII: Determining Rent to Owner. This part describes how the initial rent to owner is determined, and how rent will be redetermined throughout the life of the HAP contract. Rent reasonableness requirements are also discussed.

Part IX: Payments to Owner. This part describes the types of payments owners may receive under this program.

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5; FR Notice 1/18/17; Notice PIH 2017-21]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with the PHA's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

PHA Policy

In Resolution 1377 dated March 26, 2007, the City of Santa Rosa Housing Authority authorized the creation of a PBV program to achieve the following goals:

- Give interested owners the opportunity and incentive to develop, maintain and revitalize affordable housing
- Provide an incentive for owners to establish affordable, accessible housing for seniors and people with special needs
- Increase and maintain the lease-up rate for the Housing Choice Voucher Program
- Create a new housing model for the City of Santa Rosa
- Address the expiration of the Project-Based Certificate Program by offering a similar opportunity under a substantially revised program

The PHA will operate a project-based voucher program using up to 25 percent of its authorized units for project-based assistance.

The summary of PBV Development information is available upon request and will generally be posted on the PHA website.

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, the PHA is not required to reduce the number of these units if the number of authorized units is subsequently reduced. However, the PHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC, regardless of whether the PHA has vouchers available for project-basing [FR Notice 1/18/17].

Additional Project-Based Units [FR Notice 1/18/17; Notice PIH 2017-21]

The PHA may project-base an additional 10 percent of its units above the 20 percent program limit. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.

PHA Policy

The PHA may set aside an additional 5 percent above the 20 percent program limit for units that are:

- Specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3; or
- Specifically made available to house families that are comprised of or include a veteran.

Units Not Subject to the PBV Program Limitation [FR Notice 1/18/17]

PBV units under the RAD program and HUD-VASH PBV set-aside vouchers do not count toward the 20 percent limitation when PBV assistance is attached to them.

In addition, units that were previously subject to certain federal rent restrictions or were receiving another type of long-term housing subsidy provided by HUD are not subject to the cap. The unit must be covered under a PBV HAP contract that first became effective on or after April 18, 2017.

PHA Policy

The PHA will not project-base any units not subject to the 20 percent cap.

CHAPTER 19

Temporary Policy Supplement

EMERGENCY HOUSING VOUCHERS (EHVs)

INTRODUCTION

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP) (P.L. 117-2). Section 3202 of the ARP appropriated \$5 billion for the creation, administration, and renewal of new incremental emergency housing vouchers (EHVs) and other eligible expenses related to COVID-19.

On May 5, 2021, HUD issued Notice PIH 2021-15, which described HUD's process for allocating approximately 70,000 EHVs to eligible PHAs and set forth the operating requirements for PHAs who administer them. Based on criteria outlined in the notice, HUD notified eligible PHAs of the number of EHVs allocated to their agency, and PHAs were able to accept or decline the invitation to participate in the program.

PHAs may not project-base EHVs; EHVs are exclusively tenant-based assistance.

All applicable nondiscrimination and equal opportunity requirements apply to the EHV program, including requirements that the PHA grant reasonable accommodations to persons with disabilities, effectively communicate with persons with disabilities, and ensure meaningful access for persons with limited English proficiency (LEP).

This chapter describes HUD regulations and PHA policies for administering EHVs. The policies outlined in this chapter are organized into seven sections, as follows:

Part I: Funding

Part II: Partnering Agencies

Part III: Waiting List Management

Part IV: Family Eligibility

Part V: Housing Search and Leasing

Part VI: Use of Funds, Reporting, and Financial Records

Except as addressed by this chapter and as required under federal statute and HUD requirements, the general requirements of the HCV program apply to EHVs.

PART I: FUNDING

TPS-I.A. FUNDING OVERVIEW

The American Rescue Plan Act of 2021 (ARP) provides administrative fees and funding for the costs of administering emergency housing vouchers (EHVs) and other eligible expenses defined in Notice PIH 2021-15. These fees may only be used for EHV administration and other eligible expenses and must not be used for or applied to other PHA programs or vouchers. The PHA must maintain separate financial records from its regular HCV funding for all EHV funding.

PART II: PARTNERING AGENCIES

TPS-II.A. CONTINUUM OF CARE (CoC)

PHAs that accept an allocation of EHV's are required to enter into a Memorandum of Understanding (MOU) with the Continuum of Care (CoC) to establish a partnership for the administration of EHV's.

SRHA Policy

The PHA has entered into an MOU with the Sonoma County Continuum of Care effective July 22, 2021. See Exhibit TPS-I for a copy of the MOU.

TPS-II.B. OTHER PARTNERING ORGANIZATIONS

The PHA may, but is not required to, partner with other organizations trusted by persons experiencing homelessness, such as victim services providers (VSPs) and other community partners. If the PHA chooses to partner with such agencies, the PHA must either enter into an MOU with the partnering agency or the partnering agency may be added to the MOU between the PHA and CoC.

SRHA Policy

SRHA's MOU with the CoC includes VSPs and other community providers serving EHV eligible populations. SRHA may choose to enter into additional MOUs directly with other organizations in the future, or amend the MOU dated July 22, 2021 to include additional partners.

TPS-II.C. REFERRALS

CoC and Partnering Agency Referrals

The primary responsibility of the CoC under the MOU with the PHA is to make direct referrals of qualifying individuals and families to the PHA. The PHA must generally refer a family that is seeking EHV assistance directly from the PHA to the CoC or other referring agency for initial intake, assessment, and possible referral for EHV assistance. Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHV's. The CoC or other direct referral partner must provide supporting documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

SRHA Policy

The Sonoma County CoC is responsible for establishing and implementing a system to identify EHV- eligible individuals and families and make referrals to the PHA. The CoC agency must certify that the EHV applicants they refer to the PHA meet at least one of the four EHV eligibility criteria. The PHA will maintain a copy of the referral or certification from the CoC or other partnering agency in the participant's file along with other eligibility paperwork.

PART IV: FAMILY ELIGIBILITY

TPS-IV.A. OVERVIEW

The referring CoC agency determines whether the individual or family meets any one of the four eligibility criteria described in Notice PIH 2021-15 and then refers the family to the PHA. The PHA determines that the family meets other eligibility criteria for the HCV program, as modified for the EHV program and outlined below.

TPS-IV.B. REFERRING AGENCY DETERMINATION OF ELIGIBILITY

In order to be eligible for an EHV, an individual or family must meet one of four eligibility criteria:

- Homeless as defined in 24 CFR 578.3;
- At risk of homelessness as defined in 24 CFR 578.3;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking (as defined in Notice PIH 2021-15), or human trafficking (as defined in the 22 U.S.C. Section 7102); or
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as determined by the CoC or its designee in accordance with the definition in Notice PIH 2021-15.

As applicable, the referring CoC agency must provide documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance. The PHA must retain this documentation as part of the family's file.

TPS-IV.C. PHA SCREENING

Overview

HUD waived 24 CFR 982.552 and 982.553 in part for the EHV applicants and established alternative requirement for mandatory and permissive prohibitions of admissions. Except where applicable, PHA policies regarding denials in Chapter 3 of this policy do not apply to screening individuals and families for eligibility for an EHV. Instead, the EHV alternative requirement listed in this section will apply to all EHV applicants.

The mandatory and permissive prohibitions listed in Notice PIH 2021-15 and in this chapter, however, apply only when screening the individual or family for eligibility for an EHV. When adding a family member after the family has been placed under a HAP contract with EHV assistance, the regulations at 24 CFR 982.551(h)(2) apply. Other than the birth, adoption, or court-awarded custody of a child, the PHA must approve additional family members and may apply its regular HCV screening criteria in Chapter 3 in doing so.

Mandatory Denials

Under alternative requirements for the EHV program, mandatory denials for EHV applicants include:

- 24 CFR 982.553(a)(1)(ii)(C), which prohibits admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
- 24 CFR 982.553(a)(2)(i), which prohibits admission to the program if any member of the

Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on

July 26, 2021, between

Public Housing Agency (PHA)

Sonoma County Housing Authority (CA085)

1440 Guerneville Road

Santa Rosa, CA 95403

Continuum of Care (CoC)

Sonoma County Continuum of Care

CA-504 – Santa Rosa, Petaluma – Sonoma County CoC

Sonoma County Community Development Commission

1440 Guerneville Road

Santa Rosa, CA 95402

The purpose of this MOU is to outline the partnership between the above-named parties in the administration of the **Emergency Housing Voucher** program as required in Public and Indian Housing (PIH) Notice 2021-15 Emergency Housing Vouchers – Operating Requirements, as of the date of this MOU or any subsequent amendments to this program.

I. Introduction and Goals:

- a. PHA and CoC's commitment to administering the EHV's in accordance with all program requirements.
- b. PHA goals and standards of success in administering the program.
- c. Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.

Lead PHA EHV Liaison: Martha Cheever, Housing Authority Manager

Responsibilities of the PHA EHV liaison:

- Coordination with Sonoma County Continuum of Care Ending Homelessness Program Manager
- Administration of Emergency Housing Voucher rental assistance
- Accept referrals for Emergency Housing Vouchers as prescribed in this Memorandum of Understanding

Responsibilities of the CoC EHV Liaison :

- Coordinate with Manager of the Sonoma County Housing Authority
- Coordinate communications with Continuum of Care Board and Continuum of Care Member Agencies
- Data sharing and collaboration with Coordinated Entry System

II. Define the populations eligible for EHV assistance to be referred by CoC.

As of the date of the execution of this MOU, the Sonoma County Housing Authority is expected to receive 153 Emergency Housing Vouchers. The number of vouchers is subject to change based on future funding adjustments through the Department of Housing and Urban Development (HUD).

Eligibility for Emergency Housing Vouchers is limited by PIH Notice 2021-15 to: individuals and families¹ who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

The parties acknowledge that there are not enough Emergency Housing Vouchers to meet the needs of all persons experiencing homelessness in Sonoma County. Therefore, this MOU further defines the target populations that will be prioritized for referrals by the CoC to the PHA for Emergency Housing Voucher assistance as follows:

Percentage of populations targeted:

- **30% Chronically Homeless** (approximately 46 vouchers out of 153)
 - Must be actively engaged with case management and/or consistently engaged with street outreach and beginning active engagement with case management
- **30% Chronically Homeless and currently in PSH program** (approximately 46 out of 153)
 - Chronically homeless/formerly chronically homeless in Permanent Supportive Housing and ready to move on to other permanent housing
- **10% Chronically Homeless and identified as high users of emergency medical services** (approximately 15 vouchers out of 153)

¹ Under the Housing Choice Voucher program regulations at 24 CFR 982.4, the term "family" is a person or a group of persons, as determined by the PHA consistent with 24 CFR 5.403, approved to reside in a unit with assistance under the program. The term "family" used in EHV and HCV context always includes a family that is comprised of a single individual as well as a group of persons.

- 20% to homeless families or formerly homeless families participating in Rapid Rehousing program and at risk of homelessness/housing instability (approximately 31 vouchers out of 153)
- 5% Survivors of Domestic Violence/Human Trafficking (approximately 8 vouchers out of 153)
- 5% Transitional Age Youth Experiencing Homelessness (approximately 8 vouchers out of 153)

III. Services to be provided to eligible EHV families by the CoC service providers

1. CoC service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; CoC service providers will provide direct assistance to households in addressing barriers or ensure that households receive the necessary support to complete PHA paperwork and obtain necessary documentation.
2. CoC service providers will support PHAs in ensuring that households receive appointment notifications and will assist eligible households in getting to meetings with the PHA, returning phone calls to the PHA and responding to correspondence from the PHA.
3. CoC service providers will provide housing search assistance for eligible individuals and families.
4. CoC service providers will provide counseling on compliance with rental lease requirements and provide ongoing housing stability counseling for at least the first year of households' participation in EHV.
5. CoC service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
6. CoC service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. PHA Roles and Responsibilities

1. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.
2. Commit the necessary resources to ensure that the application, certification, and voucher issuance processes are completed.
3. Commit resources to ensure that inspections of units are completed in a timely manner.
4. Designate staff to serve as the lead EHV liaison.
5. Comply with the provisions of this MOU and the provisions of PIH Notice 2021-15.

Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on
July 22, 2021 between

Public Housing Agency (PHA)

City of Santa Rosa Housing Authority (CA088)
City of Santa Rosa Department of Housing and Community Services
90 Santa Rosa Avenue
Santa Rosa, CA

and

Continuum of Care (CoC)

Sonoma County Continuum of Care
CA-504 – Santa Rosa, Petaluma/Sonoma County CoC
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95402

The purpose of this MOU is to outline the partnership between the above-named parties in the administration of the **Emergency Housing Voucher** program as required in Public and Indian Housing (PIH) Notice 2021-15 Emergency Housing Vouchers – Operating Requirements, as of the date of this MOU or any subsequent amendments to this program.

I. Introduction and Goals:

- a. PHA and CoC commitment to administering the EHV's in accordance with all program requirements.
- b. PHA goals and standards of success in administering the program.
- c. Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.

Lead PHA EHV Liaison: Rebecca Lane, Housing and Community Services Manager

Responsibilities of the PHA EHV liaison:

- Coordination with Sonoma County Continuum of Care Ending Homelessness Program Manager
- Administration of Emergency Housing Voucher rental assistance
- Accept referrals for Emergency Housing Vouchers as prescribed in this Memorandum of Understanding

Lead CoC EHV Liaison: Michael Gause, Ending Homelessness Program Manager

Responsibilities of the CoC EHV liaison:

- Coordinate with City of Santa Rosa Housing and Community Services Manager
- Coordinate communications with Continuum of Care Board and Continuum of Care Member Agencies
- Data sharing and collaboration with Coordinated Entry System

II. Define the populations eligible for EHV assistance to be referred by CoC

As of the date of the execution of this MOU, the City of Santa Rosa Housing Authority is expected to receive 131 Emergency Housing Vouchers. The number of vouchers is subject to change based on future funding adjustments through the Department of Housing and Urban Development (HUD).

Eligibility for Emergency Housing Vouchers is limited by PIH Notice 2021-15 to: individuals and families¹ who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

The parties acknowledge that there are not enough Emergency Housing Vouchers to meet the needs of all persons experiencing homelessness in the city of Santa Rosa. Therefore, this MOU further defines the target populations that will be prioritized for referrals by the CoC to the PHA for Emergency Housing Voucher assistance as follows:

- **30% to Chronically Homeless (approximately 39 vouchers out of 131)**
 - Must be actively engaged with case management and/or consistently engages with street outreach and beginning active engagement with case management
- **30% to Chronically Homeless and currently in PSH program (approximately 39 vouchers out of 131)**
 - Chronically homelessness/formerly chronically homeless in PSH and ready to move on
- **10% to Chronically Homeless and identified as high users of emergency medical services (approximately 13 vouchers out of 131)**

¹ Under the Housing Choice Voucher program regulations at 24 CFR 982.4, the term “family” is a person or a group of persons, as determined by the PHA consistent with 24 CFR 5.403, approved to reside in a unit with assistance under the program. The term “family” used in EHV and HCV context always includes a family that is comprised of a single individual as well as a group of persons.

- **20% to homeless families or formerly homeless families participating in RRH and at risk of homelessness/housing instability (approximately 26 vouchers out of 131)**
- **5% to Survivors of Domestic Violence/Human Trafficking (approximately 6 vouchers out of 131)**
- **5% to Transitional Age Youth Experiencing Homelessness (approximately 6 vouchers out of 131 vouchers)**

III. Services to be provided to eligible EHV families by the CoC service providers

1. CoC service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; CoC service providers will provide direct assistance to households in addressing barriers or ensure that households receive the necessary support to complete PHA paperwork and obtain necessary documentation.
2. CoC service providers will support PHAs in ensuring that households receive appointment notifications and will assist eligible households in getting to meetings with the PHA, returning phone calls to the PHA and responding to correspondence from the PHA.
3. CoC service providers will provide housing search assistance for eligible individuals and families.
4. CoC service providers will provide counseling on compliance with rental lease requirements and provide ongoing housing stability counseling for at least the first year of households' participation in EHV.
5. CoC service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
6. CoC service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. PHA Roles and Responsibilities

1. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.
2. Commit the necessary resources to ensure that the application, certification, and voucher issuance processes are completed.
3. Commit resources to ensure that inspections of units are completed.
4. Designate a staff to serve as the lead EHV liaison.
5. Comply with the provisions of this MOU and the provisions of PIH Notice 2021-15.

Attachment 1C-7

PHA Moving On Preference

1. PHA Moving on Preference Coversheet (pg.1)
2. Sonoma County Housing Authority's (SCHA) Administrative Plan for the Housing Choice Voucher Program- Coversheet (pg. 2)
3. SCHA Administrative Plan Table of Contents excerpt referencing "Local Preferences" Section d (pg. 3)
4. SCHA Administrative Plan "HCV Local Preferences" Section D "d- Move On Allocation" (pg. 4-5)
5. SCHA 5 Year Plan excerpt- Move-on Program(pg. 6-7)

SONOMA COUNTY HOUSING AUTHORITY

**ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM**

Approved April 4, 2023

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these units under a Special Admission procedure.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

A family displaced because of demolition or disposition of a public or Indian housing project;

A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990; and

A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term.

C. TARGETED FUNDING [24 CFR 982.204(e)]

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

D. HCV LOCAL PREFERENCES [24 CFR 982.207] Section d- Move on Allocation

In addition to a randomly assigned applicant number, the Housing Authority has preferences used to select families from the wait list when families eligible for such preferences are present on the waitlist. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and how it affects applicant position on the wait list.

When verifying preferences, the Housing Authority reserves the right to verify the authenticity of any document it deems to be questionable or contains a discrepancy.

The Housing Authority has adopted the following preference system:

- a. In-Place Homeless Prevention Super Preference. Subject to the availability of Annual Contributions Contract authorized voucher units, an absolute preference for Housing Choice Vouchers will be made available for in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy tied to a specific facility or unit and the loss of the restriction or subsidy places the occupant at imminent risk or high-risk of losing stable housing and/or becoming homeless. In order for an applicant to be eligible for this super preference, they must be meet all eligibility requirements of the Housing Authority. In order to implement this preference, the Housing Authority must receive notification

other eligibility requirements and be drawn from the waitlist. (Revised 2023)

- d. Move On Allocation. Subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority will allocate up to 20% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference is referral based and is intended for formerly homeless households who have successfully participated in a Permanent Supportive Housing (PSH) program (see Glossary for definition) or Rapid Rehousing Program within Sonoma County and have been determined by the supportive services provider to be ready to move into housing without attached supportive services. Issuing these households tenant-based vouchers will create vacancies in PSH and Rapid Rehousing programs thereby allowing additional homeless households in need of services to be housed. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist. At its discretion, the Housing Authority will annually evaluate whether to renew this preference. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referrals will be taken from an approved PHA third party who have verified Permanent Supportive Housing units.

- e. Housing Access and Reentry Program. Subject to the availability of Annual Contributions Contract authorized voucher units, up to five (5) Housing Choice Vouchers may be made available per calendar year for persons exiting incarceration, who are actively engaged in supportive services, and who have a high potential of becoming homeless. Individuals referred through this program would otherwise be ineligible for housing assistance. All referrals made through this program must come from approved partner agency/ies who have entered into an agreement with the Sonoma County Probation Department or other law enforcement agency to provide supportive services to persons exiting incarceration. Referred applicants may be considered for housing based on adjusted policy criteria associated with the program's suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. There is no proposed cap on the number of individuals allowed to join a Housing Authority assisted household for the purpose of reunifying other family member households. All persons

HUD-50075-HCV-5Y



Sonoma County Community Development Commission

HOUSING AUTHORITY OF THE COUNTY OF SONOMA

CA085

FY 2020 – 2025 PHA 5 Year Plan

Public Comment Period: February 2, 2020 – March 18, 2020

Public Hearing: March 18, 2020

Board Approval: April 7, 2020

HUD Submission Deadline: April 16, 2020

HUD Approval: June 16, 2020

B.2

Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low- income, very low-income, and extremely low- income families for the next five years.

5-Year Goals and Objectives for FY 2020-2025

PHA Goal: Maintain High Performer SEMAP score

Objective: Maintain the Housing Authority’s status as High Performing Agency

PHA Goal: Expand rental assistance opportunities for low-income, vulnerable populations

Objective: Apply for new rental assistance funding as HUD opportunities become available through the Mainstream Voucher Program, Continuum of Care, Veterans Assistance Supportive Housing, Family Unification Program, or any other opportunity deemed appropriate.

PHA Goal: Continue to partner with local non-profit agencies to provide housing navigation to low-income and/or hard to serve populations

Objective: Connect clients of special rental assistance programs with housing navigation services by continuing partnerships with local supportive services agencies. Special program clients include, but are not limited to the Reentry Pilot Program, the Move-On program, the VASH program, and the Mainstream Voucher program, and any other program deemed appropriate.

PHA Goal: Expand collaboration with the Sonoma County Accessing Coordinated Care and Empowering Self-Sufficiency (ACCESS) program, an initiative developed to holistically support clients with complex needs.

Objective: Develop a referral based system in order to provide rental assistance resources for some of the most vulnerable residents in the community who have been identified by the ACCESS program.

Objective: When client is willing, have client sign a Release of Information allowing Sonoma County governmental “safety net” organizations to work collaboratively in assisting client to maintain stable housing.

PHA Goal: Expand the supply of affordable housing

Objective: Expand the availability of the Project Based Voucher program to allow for 20% of the Housing Authority’s Annual Contribution Contract units, or 564 vouchers, to be available for project basing in order to create and maintain affordable housing in Sonoma County.

Objective: With HUD approval, utilize the 10% exception to the Project Based Voucher program to allow an additional 282 project based vouchers (beyond the 564) be made available for permanent supportive housing and/or homeless dedicated housing.

Objective: Increase rental units available to program participants by gaining 10 new private market landlords or 30 new available units per fiscal year

PHA Goal: Promote self-sufficiency

Objective: Increase the Family Self-Sufficiency Program to a minimum of 35 families

Objective: Designate 15% of Family Sufficiency Program to serve clients of the Family Unification Program

PHA Goal: Ensure equal opportunity and affirmatively further fair housing.

Attachment 1D-11a

Letter Signed by Working Group

1. Attachment 1D-11a Active CoC Participation of Individuals with Lived Experience of Homelessness Cover sheet (pg. 1)
2. Letter signed by Sonoma County Lived Experience and Advisory Planning Board (LEAP) Chair (pg. 2-4)
3. Sonoma County CoC Governance Charter, Board Composition Lived Experience and Planning Board -Election (pg. 5-7)
4. LEAP Board Meeting Minutes, Board Chair Voted in by Board (Pg. 6-9)

Sonoma County Lived Experience and Advisory Planning Board (LEAP)



Committee members: Rebekah Sammet, Chair | Chessy Etheridge, Co-Chair | Heather Jackson, Secretary | Nicole Catoe-Sweeney | Victoria Yanez | Juanita Butterfly | James Di Stefano | Alice Linn | Jessica Wolfe | Wendell Coleman | Mikeal O' Toole | Olga Izquierdo

U.S. Department of Housing and Urban Development
Community Planning and Development
Continuum Care Notice of Funding Opportunity 2023

Subject: Active CoC Participation of Individuals with Lived Experience of Homelessness

Dear U.S. Department of Housing and Urban Development,

As the Chair of the Sonoma County Lived Experience Advisory Planning (LEAP) Board, I am writing in support of the Sonoma County Continuum of Care and their efforts to include the voices and expertise of people with lived experience of homelessness in the decision-making and planning processes of the CoC's work.

Sonoma County CoC staff was instrumental in helping us originally create the LEAP Board and now remains involved in a lesser, more technical aspect including providing compensation for the LEAP Board's advisory. The Lived Experience Advisory and Planning (LEAP) Board is currently comprised of twelve members with lived experience of homelessness, with an emphasis on racial and ethnic diversity in its composition. The purpose of the LEAP is to advise Sonoma County on homeless-related programs, policies and how to spend money targeted for homeless services. The LEAP Board advises and plans with the Continuum of Care Board and homeless service agencies how to improve homeless programs, services, shelters, and housing.

There are currently two seats on the CoC Board that are reserved specifically for people with lived experience of homelessness. The two seats include an adult seat and one reserved for someone 18-24 years old. As the LEAP Board Chair, I represent the LEAP Board as a non-voting member on the Sonoma County Continuum of Care Board, able to participate in all conversations and discussions as well as provide advisory over various funding decisions and policies. I also share an update during each CoC Board meeting about the LEAP Board's current work.

The LEAP Board is responsible for the electing the adult Lived Experience seat on the CoC Board and we currently have at least one LEAP Board or lived experience member serving on each standing committee of the CoC Board. We also have multiple members which serve on the CoC's Competition Evaluation workgroup which is responsible for overseeing the local CoC Program competition rating factors, evaluation process, and Final Priority Listing. Lived experience members are compensated for their time and expertise on these standing committees and workgroup as well.

The LEAP Board has been very involved in the CoC's work, providing input and feedback to multiple consultants and lead staff for the development of various programs and projects including the CoC's strategic plan, new emergency shelter site, cooling and warming centers, re-development of the CoC's Coordinated Entry process, and case conferencing. Outreach efforts remain ongoing to recruit more people with lived experience of homelessness to participate in these efforts. We are pleased with the County's inclusion of people with lived experience in its efforts to try to end homelessness in our community and look forward to contributing even more.

Sincerely,

Rebekah Sammet

Chair, Lived Experience Advisory Board

Signature:  _____

Rebekah Sammet (Sep 13, 2023 15:31 PDT)

Email: sammetstyle@gmail.com







CoC Lived Experience Support letter

Final Audit Report

2023-09-13

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By:	Andrew Akufo (andrewakufo@gmail.com)
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Sonoma County Continuum of Care Governance Charter April 26, 2023

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- i. Actively seeking participation from organizations listed above that are eligible for membership
 - j. Ensuring transparent governance within the Continuum of Care and monitoring potential conflicts of interest
 - k. Delegating activities to and overseeing committees
 - l. Designating the HMIS Lead to manage the HMIS system in Sonoma County and entering into the HMIS Lead agreement with the HMIS Lead.
 - m. Ensuring consultation of ESG recipients throughout planning and implementation of Continuum of Care activities.
 - n. Taking a holistic view of all funding to address homelessness in Sonoma County in its decisions, and offering recommendations on funding decisions by other bodies as it deems appropriate.
3. Only the Board may designate an individual or entity to speak for the Continuum of Care or its components.
- a. With the exception of removal policies in this Charter, any grievance related to the Continuum of Care or CoC Program will follow HUD policies and contracts.
4. Individual Members: Individuals serving on the Board must:
- a. Commit to preventing and ending homelessness
 - b. Attend meetings of the Board meetings
 - c. Participate as an active member of the Continuum of Care
 - d. Seek out input from the peers, industry, and/or population he/she represents
 - e. Bring that input to Board deliberations, while remaining attentive to un-represented views
 - f. Communicate Board work to the peers, industry, and/or population he/she represents
 - g. Adhere to all Governance Charter policies

Board Composition and Terms

1. Board Composition: The Board shall have seventeen voting members, including nine appointed seats:
 - a. One representative from the City of Santa Rosa, designated by the City Council.
 - b. One representative from the City of Petaluma, designated by the City Council.
 - c. One representative from the Sonoma County Board of Supervisors, appointed by that Board.
 - d. One senior management representative of a department within the County of Sonoma that has a direct connection to the homelessness system of care as selected by the County Administrator. The representative may not be in the same Department nor have any reporting relationship to a County Department serving as the Lead Agency, Collaborative Applicant, or HMIS Lead.”
 - e. One representative from the northern region of the County, including Cloverdale, Healdsburg, and Windsor, selected by the City/Town Councils of those cities.
 - f. One representative from the Sonoma Valley, including the City of Sonoma, selected by the Sonoma City Council.
 - g. One representative from the western region of the County, including Sebastopol and Guerneville, selected by the Sebastopol City Council.
 - h. One representative from Rohnert Park and Cotati, selected by the City Councils of those

two cities.

- i. One representative of the largest homeless services agency, as measured by total number of shelter, transitional housing and permanent housing beds cataloged in the current CoC Housing Inventory.

All appointing bodies may select an alternate to represent the appointee.

Eight elected seats including:

- j. One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members.
- k. One representative from a licensed health care organization, as elected by CoC voting members.
- l. One individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Lived Experience and Planning body if functioning (as determined by the Board) or if not then by the CoC voting membership.
- m. One individual representing homeless transitional age youth (age 18-24 at the time of election) currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Youth Action Board if functioning (as determined by the Board) or if not then by the CoC voting membership.
- n. One homeless advocate or representative of a homeless advocacy organization, as elected by CoC voting members.
- o. Three at large seats as selected by voting CoC members; the candidates need not be members themselves.

Terms for elected members will be two years and staggered.

Appointing authorities and voting members will be asked to consider these factors in voting for the “at-large” seats:

1. Geographic representation;
2. Diversity of representation, including the criminal justice system, housing development or property management, business interests, and private hospitals or health agencies;
3. Representation of the people we serve, including sub-populations of people experiencing homelessness and communities of color disproportionately affected by homelessness.

No term limits shall be set for Board membership, and indefinite re-election is permissible. Board Member Elections

1. Process: Elections shall take place annually at the last membership meeting of the calendar year.
 - a. Staff to the CoC Board shall determine a preliminary list of members eligible to vote, based on requirements for voting members. The resulting list of voting members shall be published through the CoC’s electronic mailing lists and website.
 - b. Challenges may be made regarding members eligible to vote as well as applications for CoC Voting Member status. The CoC Board shall consider voting eligibility for any

LEAP BOARD MEETING See item number 7

February 7, 2022

1:30pm -3:00pm

MINUTES

1. WELCOME/CALL TO ORDER/GROUND RULES/STAFF INTRODUCTIONS: (1:35 pm)

In attendance:

Andrew Akufo (Staff), Karissa White (Staff), Alea Tantarelli (Staff), Nora Mallonee (Staff), Albert Bruin, Eduardo Alvarez, Chessy Ethridge, Victoria Yanez, Jasmine Palmer, Rebekah Sammet, Nicole Sweeney, Heather Jackson, Karla McLaren

Absent:

Brian Ambrose, Louise Crediford, Mary Ruffatto, Pamela Peavler, Felix Crus

2. STAFF AND BOARD MEMBER INTRODUCTIONS:

- a. Nora gave background information for where the idea to form a board of members with lived experience originated. Bay Area Regional Health Inequities (BARHI) and Racial Equity Action Lab (REAL) did a lot of work with identifying systemic problems and inequities within homeless services. Andrew will email information about both. Nora also suggested that this board define the purpose and relation to the COC Board.
- b. Andrew – receiving emails about people who are not on the board wanting to attend meetings. Discussion with decision to wait until we have established ourselves as a board before inviting others with lived experience to attend meetings. We will discuss again at a future meeting.
- c. Heather let everyone know she was taking minutes.

3. ADDITIONS TO AGENDA:

- a. Albert concerned with not all who were elected being at this meeting.
- b. Victoria made a motion to increase the number of board members. No second. Requests to move on with the agenda. Heather mentions giving those not in attendance an opportunity to attend the next meeting as perhaps they were not able to rearrange work schedules yet. Andrew mentions that we can discuss at a future meeting, but the LEAP Prep board had discussed having back up applications on file.

4. INTRODUCTION TO COC & PURPOSE OF LEAP BOARD:

- a. Andrew encouraged board members to attend CoC meetings and familiarize themselves with current topics being discussed. He previously sent out an email with links. Will send out information for the next meeting which will be February 23rd.

5. EXPECTATIONS AND BOARD REQUIREMENTS:

- a. Some discussion about day and time of meeting and if we will change this in the future. Andrew will send out a poll.
- b. Andrew read the rules for the board

6. NON-ANGENDIZED ITEM:

- a. Albert would like to formally acknowledge the contributions of those who were part of forming this board who were not elected to the board or in attendance at this meeting.
- b. Heather – time check and request to put agenda up so we can see what we need to try and get through during this meeting. **(2:40 pm)**

7. BOARD LEADERSHIP ELECTIONS:

a. CHAIR (2:42 pm)

- i. Rebekah and Chessy both volunteered

- 1. All were in favor of Rebekah as Chair and Chessy as Co-Chair

b. SECRETARY (2:47 pm)

- 1. Heather, Eduardo & Nicole S. volunteered. Discussion. Rebekah motion for all three to share the duty. Jasmine 2nd. All were in favor.

c. TIME KEEPER (2:55 pm)

- i. Albert & Eduardo both volunteered. Discussion. All were in favor.

8. STIPENDS (3:00 pm)

- a. Compensation for board members \$50 per month/\$25 per meeting.
- b. Andrew needs information from each of us with addresses.
- c. Can pick up at the DHS office. Andrew can give that address to folks who let him know they need it.

9. ADJOURN: (3:08 pm)

- a. Karissa - February 21st is a county holiday.
- b. Andrew reminding folks that the lived experience position on the CoC is open. As it currently stands the LEAP Board will vote to elect the Lived Experience seat at the CoC. Some discussion at CoC where it was mentioned that this board may not be the best to do this due to the exclusivity of service providers from this board.

Attachment 1D-2a

Housing First Evaluation

1. Attachment 1D-2a Coversheet (pg.1)
2. Renewal Evaluation Questionnaire Excerpt, due May 1, 2023 see section 2 Housing First questions 3 through 10 (pg.2-5)
4/4 points
3. Housing First Assessment Tool. Evaluation for West County Community Services (WCCS), April 21, 2023. (pg.6-17) 97%
or 2.9/3 points
4. Final WCCS Renewal project scoring sheet, housing first section 6 (pg. 18-20)
Project Total score = 6.9/7 for housing first

Note- CoC staff conduct in person file **reviews for compliance** of their submission responses prior to final scoring.

Sonoma County Continuum of Care Program

2023 Renewal Evaluation Application Questionnaire – Due May 1st

Agency Name: **West County Community Services**

Project Name(s): **Mill Street Supportive Housing (MSSH)**

Project Type: **PSH**

Please answer the following questions related to your Continuum of Care (CoC) renewing project(s). If you have multiple renewing projects, please answer each of the following questions with reference to all projects, separated by name. In situations in which policies/practices are the same, please answer the question confirming this in your responses.

Section 1: Project(s) Overview (Not Scored)

1. What does your project do? What's working and not? Include any key barriers the agency has faced in serving clients and how these were addressed. Also include any specific populations that your project serves (ex: veterans, families, transition-aged youth, victims of domestic violence, etc.).

Since opening Mill Street's doors on 2/5/13, we have served disabled homeless and chronically homeless adults in a shared living environment that provides (8) units of housing. A few years ago we changed the target population to only accept residents who qualify as Chronically Homeless and last year the requirements where changed to except only those sent through the Coordinated Entry system.

Active case management and supportive services have assisted residents in securing disability benefits, medical services, and subsidized housing. At this time, all residents have some form of income benefits (SSI, or GA for those with disabilities) and are able to make rental payments, receive non- cash benefits such as CalFresh and have medical benefits (Medi-Cal).

We are having difficulty managing the higher acuity residents referred per the CE system as some of their needs are beyond our scope, available local services and funding. Rental Housing law makes it difficult for housing providers to intervene in the moment. In order to try to have the property operate at an acceptable level WCCS has received a grant to provide more hours of supported services from another funding source and the addition of Whole Person Care has allowed some additional support to resident for a few months after move in. This has had mixed results and the behaviors at the property are still very problematic as sadly Whole Person care has ended in our rule area.

2. If this is your first year operating a project, please describe your process for ramping up and starting the project. If your project is not at full capacity in terms of bed utilization, please detail

your timeline for finalizing the full ramp-up. If this does not apply to you, please respond with not applicable.

Not Applicable

Section 2: Housing First Practice

3. Does your project require a background screening prior to program entry (including criminal and credit)? If any background check is required, please describe the rationale for the background check below, why it is conducted, and if there is an appeal process.

It is important to note that this property has an owner that has contracted with a property management firm. This funding is for the services that WCCS is contracted to provide.

The owner's property management firm conducts background checks, not WCCS, on potential tenants. WCCS has developed a good relationship with the owner and property manager who understand the requirements of the funding and defer to WCCS for selection. Rental law requires property managers to treat all applicants alike so they still run the standard legally allowable reports. This has changed over the years and very little, if any, criminal history is now even available in a rental background report.

There has not been a denial to entry based on background screenings conducted and if there was a denial there is a formal appeals/grievance process in place if someone were to be rejected. Mill Street House receives several funding sources and as a result background checks are conducted to ensure contract compliance.

4. Does your project require participants to be sober prior to program entry or during program stay? If so, please describe the reason and whether or not this was approved by HUD.

There is no sobriety requirements for MSSH. Use of Alcohol or drugs in and of itself is not considered a reason for rejection of initial application or eviction (without other lease violations). Tenancy is behavior based.

5. Does the project require participants to have a mental health evaluation/screening prior to program entry? If so, is the evaluation used to ensure that the most vulnerable individuals are prioritized for project placement/services or is the evaluation used to screen out individuals?

There is no mental health screening or evaluations required. A Certification of Disability is required from a licensed professional to establish Chronic Homeless status but that could be other types of disabilities as well.

6. Does the project require participants to have income at time of program entry? Please describe your procedure for ensuring that individuals with little or no income are placed into your program.

This project, does not require anyone to have a minimum level of income. We have accepted people with no income and worked with them to at least get GA to provide rental assistance and some basic living funds. The services provider is one of WCCS' SOAR certified employees and has helped residents navigate the benefits applications process. We also utilize SOS/HCA funds for deposits.

7. Does the project require participants to participate in supportive services as a term of enrollment (such as vocational training, budgeting, life skills classes, etc.)?

No, participants are not "required" to participate in supportive services of any kind. Staff may suggest/encourage but they are not required. They are not even required to attend house or property wide meetings.

Supportive services emphasize engagement and problem-solving over therapeutic goals. Service plans are highly tenant-driven without predetermined goals. Since the "goals" are tenant driven, if they are not progressing in the completion of their goals staff try to assess whether or not this goal is truly something they value or does the tenant perhaps want to reevaluate the plan. If it is something they truly want then it is important to see if we can identify the barriers and actively work on mitigating those factors.

8. Does the project include any requirements, outside of those in a standard lease, for initial housing readiness or ongoing tenancy? Please discuss your rationale for any provisions not found in a standard lease (e.g., curfews, required "lights" out time, guest policy, etc.).

No. The property management firm uses standard industry rental contracts and uses CA rental law standards only.

9. Does housing management have a role or authority in providing services to participants? Please detail if there is a division between service provision and property management.

As stated above, the owner contracts with a Property Management Company to oversee all rental processes such as rental paperwork, collect and maintain the rent and deposits, arranges for property maintenance, manages the legal notices, tenant move outs, evictions if necessary etc.

WCCS, as the contracted social services provider, provides the supportive services primarily through the Case Manager/Support Service staff assigned to the property. During times when this staff is unavailable other WCCS staff are willing to help, this includes but is not limited to, the Housing Director, Executive Director and at times the Financial Director.

10. Are services participant-driven? Please discuss the ways in which participants guide their service plans.

Each person does a services plan with the service provider individual to try to target what each individual feel is important to their wellbeing and/or enhancement to their lives.

The services case manager does a needs assessment/service plan with all new tenants soon after move-in and periodically during their residency. Needs are also gleaned during discussions at both staff and individual 1:1 meetings by both the Case Manager and the Director of Housing and Homeless Services. Flyers, notices and announcements are also made available as an informational tool which often sparks conversation around need.

Supportive services emphasize engagement and problem-solving over therapeutic goals. Service plans are highly tenant-driven without predetermined goals. Since the “goals” are tenant driven, if they are not progressing in the completion of their goals staff try to assess whether or not this goal is truly something they value or does the tenant perhaps want to reevaluate the plan. If it is something they truly want then it is important to see if we can identify the barriers and actively work on mitigating those factors.

Please complete the HUD Housing First Assessment Tool to submit with your application. Note, if you have multiple projects, please complete one for each.

Section 3: Coordinated Entry Participation

11. Please discuss your agency’s involvement with Coordinated Entry, including participation in Coordinated Entry Case Conferencing and Coordinated Entry Advisory Committee meetings if applicable.

WCCS was been actively involved in the Coordinated Entry meetings that later evolved into two different groups, Coordinated Entry Referral Committee and Coordinated Entry Access Committee.

Now several of WCCS staff participate in CE Case Conference meetings, the Executive Director is a member of the Strategic Planning Coordinated System of Care committee and the Director of Housing and Homeless Services has been involved with all the Program Standards updating groups, the EHV groups, Built for Zero, Centralized Housing Location and Sonoma Front End meeting.



Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system’s fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to

Provider Info tab: The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the **Project Name, Project Type, Target Sub-Population served, and Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The “Tab” chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: “Say It”, “Document It”, and “Do It” (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark “Always” for each scoring criteria. Use the drop down in the three columns to the right to select “Always” or “Somewhat” or “Not at

- “Say It” means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.

- “Document It” means that there is written documentation that supports the project’s compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.

- “Do It” means that the assessor was able to find evidence that supports the project’s compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose
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Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



Provider Information

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	West County Community Services
Acronym (If Applicable)	WCCS
Year Incorporated	1978
EIN	94-2277740
Street Address	16390 Main Street
Zip Code	95446

Project Information	
Project Name	Mill Street Supportive Housing (MSSH)
Project Budget	\$97,842
Grant Number	CA0956L9T042109
Name of Project Director	Dannielle R Danforth
Project Director Email Address	dannielle.danforth@westcountyservices.org
Project Director Phone Number	707-8231640 x115
Which best describes the project *	Permanent Supportive Housing
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	None of the above

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	Tim Miller
CEO Email Address	tim.miller@westcountyservices.org
CEO Phone Number	707-823-1640 X 101
Name of Staff Member Guiding Assessment	Dannielle R Danforth
Staff Email Address	dannielle.danforth@westcountyservices.org
Staff Phone Number	707-823-1640 X 115

Assessment Information	
Name of Assessor	Dannielle R Danforth
Organizational Affiliation of Assessor	WCCS
Assessor Email Address	dannielle.danforth@westcountyservices.org
Assessor Phone Number	707-823-1640 X 115
Date of Assessment	Apr 21 2023



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source. <i>Optional notes here</i>	Always	Always	Always
Access 2	Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. <i>Optional notes here</i>	Always	Always	Always
Access 3	Access regardless of sexual orientation, gender identity, or marital status	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/ <i>We curently have residents who identify with various groups covered in this question. People who indentife as transgendered are housed in the residence that is for persons of the group they identify with.</i>	Always	Always	Always
Access 4	Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable. <i>Optional notes here</i>	Always	Always	Always

Access 5	Intake processes are person-centered and flexible	<p>Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.</p> <p><i>This grant funding only supports 16 hrs of services staff. WCCS has acquired additional funding for another position that allocates hours to this project making it more flexible timewise for participants. While the service staff does change his hours around between the properties to accommodate people as much as possible there are limitations.</i></p>	Always	Always	Always
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	<p>Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.</p> <p><i>WCCS has actively participated in the CoC CE process. Referrals have only been rejected due to the referral declining or unable to be located. All spaces were filled through CE</i></p>	Always	Always	Always
Access 7	Exits to homelessness are avoided	<p>Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	<p>Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	<p>Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.</p> <p><i>WCCS has formerly homeless persons on our Board of Directors and has invited former services participants. A past MSSH Resident has served on our BOD and was able to provide a unique perspective, feedback and insights from firsthand experience. Staff has broached the subject of an advisory board, on multiple occasions, the tenants, however, are not interested in doing so, opting for a key tenant type of structure. Although we have had BBQ's and gardening</i></p>	Always	Somewhat	Always



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. <i>Optional notes here</i>	Always	Always	Always
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. <i>Optional notes here</i>	Always	Always	Always
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. <i>Optional notes here</i>	Always	Always	Always
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. <i>Optional notes here</i>	Always	Always	Always

Leases 5	Measures are used to prevent eviction	<p>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</p> <p><i>Unfortunately we have had 2 occasion to do a lease bifurcation at another property previously so it is a practice of the director and property manager. The results have been extremely positive.</i></p>	Always	Always	Always
Leases 6	Providing stable housing is a priority	<p>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	<p>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</p> <p><i>Optional notes here</i></p>	Always	Always	Always



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1 Projects promote participant choice in services	<p>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</p> <p><i>Most of the tenants are utilizing various community based services such as the senior center, the Empowerment Center, food distributions and are made aware of other opportunities that arise in the community like low cost of free yoga, women's groups, free veterinarian services etc. During fireflood and COVID residents were provided services from other WCCS programs, such as masks and breathing treatments during fire, and testing for COVID</i></p>	Always	Always	Always
Services 2 Person Centered Planning is a guiding principle of the service planning process	<p>Person-centered Planning is a guiding principle of the service planning process</p> <p><i>Each person does a services plan with the service provider individual to try to target what each individual feels is important to their wellbeing and/or enhancement to their lives.</i></p>	Always	Always	Always
Services 3 Service support is as permanent as the housing	<p>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Services 4 Services are continued despite change in housing status or placement	<p>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</p> <p><i>Support staff has visited them in hospitals, coordinated with IHSS workers, family members and even transported when appropriate.</i></p>	Always	Always	Always

Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time. <i>Service staff provides tenants with availability schedule as well as the ability to contact through cell phone and email. There is a weekly house meeting for those who want to attend and most do. Service staff offers suggestions for activities like right now several are interested in getting the raised garden beds planted. Lack of feeling safe has been a theme this last couple of years from resident. They point to roommates that are difficult and invite unsafe guests, leave doors unlocked or open, produced a fire in the kitchen. They also shared that during the COVID shut down they felt more</i>	Always	Always	Somewhat
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them). <i>Optional notes here</i>	Always	Always	Always
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices. <i>Optional notes here</i>	Always	Always	Always
Standard		Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants. <i>Optional notes here</i>	Always	Always	Always
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/	Always	Always	Always

		<i>The property management firm that is contracted to the property uses a standard rental application from the California Apartment Association. On the rare occasion that eviction becomes a possibility they always consult a lawyer they have on retainer.</i>			
Housing 3	The rules and regulations of the project are centered on participants' rights	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	Always	Always	Always
		<i>While we make accommodations for pets, companion and service animal, we do still have an animal agreement/responsibilities addendum.</i>			
Housing 4	Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	Always	Always	Always
		<i>Optional notes here</i>			



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	<p>Quick access to RRH assistance</p> <p>A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.</p> <p><i>We have limited available services in our rule community and as they are not within our control all we can do is try.</i></p>	Somewhat	Somewhat	Somewhat
Project 2	<p>PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing</p> <p>Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers.</p>	Always	Always	Always
Project 3	<p>Property Management duties are separate and distinct from services/case management</p> <p>In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy.</p> <p><i>The owner has contracted EBMC Property Management for the actual property management portion of the project and we have a good, responsive relationship that benefits the property and program.</i></p> <p>No additional standards</p> <p><i>Optional notes here</i></p>	Always	Always	Always



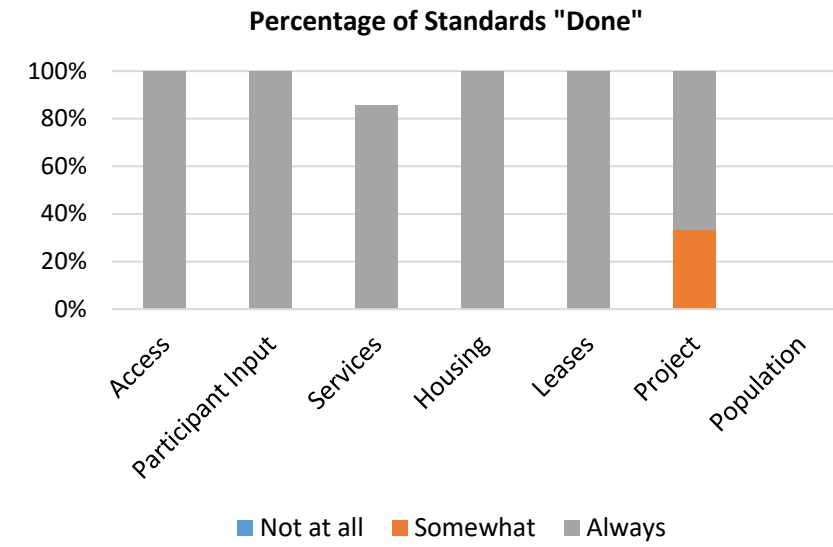
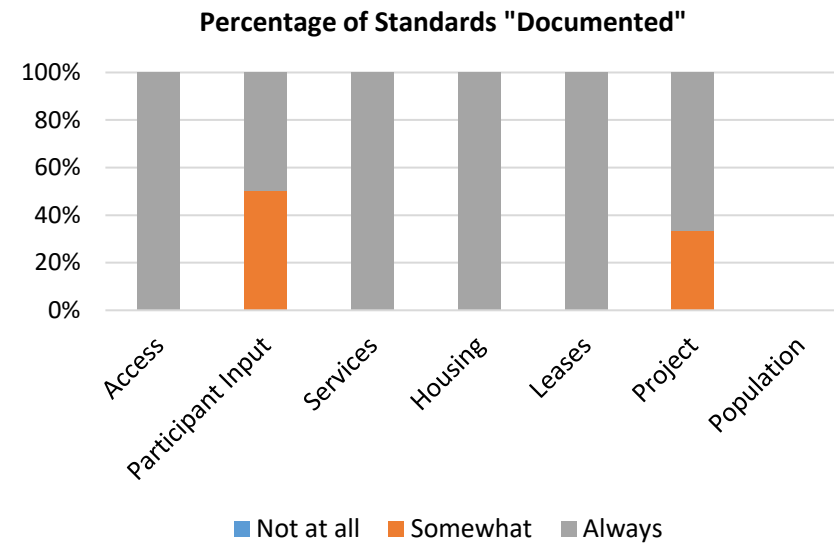
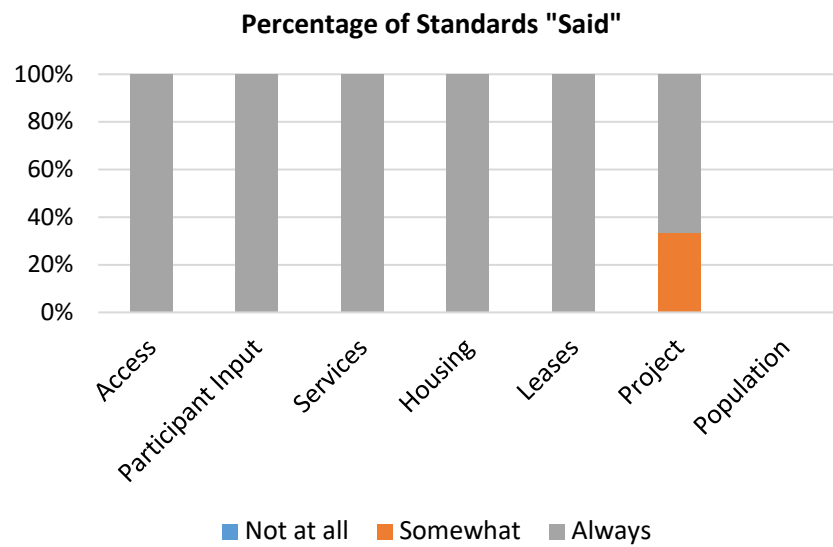
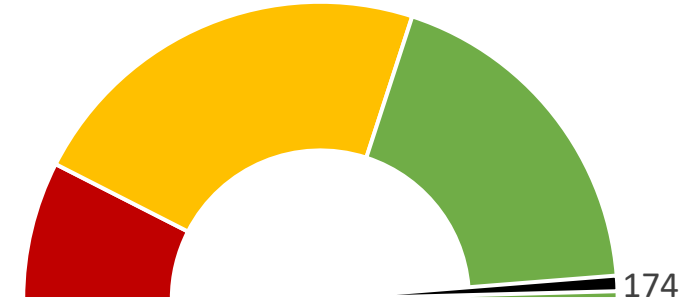
Housing First Standards: Assessment Summary

West County Community Services
21-Apr-23

Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Your score: 174
Max potential score: 180

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.



Applicant	WCCS
Project	Mill Street Supportive Hsg
APR Term Reviewed	2021-2022
Component	PSH
2021-2022 Award plus match	\$ 120,319
Total spent including match	\$ 120,319
Cost per PSH Outcome (Stable housing)	\$ 15,040
APR Operating Year End Date	05/31/22
TOTAL SCORE	73.45
PERFORMANCE TOTAL	43.03
AGENCY MANAGEMENT & CAPACITY TOTAL	30.42
Q2 Total Beds	8
Q5a Total Served	8
Q5a Adults Served	8
Q5a Stayers	7
Q5a Leavers	1
1a. PSH Housing Outcome: % of leavers and stayers stably housed at YE	
Q23c Exits Perm	1
Subtotal	1
% Stably Housed	100%
Points (89% = 6pts)	6.00
1b. CH-dedicated beds	
Q26b CH Served	8
% CH-dedicated	100%
Points (100% = 6 pts)	6.00
1.c. Cost Per PSH Housing Outcome	
Cost per PSH Outcome (Stable housing)	3.00
3b1. % increasing income from employment	
Q19a1+2 Earned Inc. Retained & Increased	0
Q19 1+2 Earned Inc. Did Not Have & Gained	0
% Increasing	0%
Points (100% = 5 pts)	0.00
3b2. % increasing income from other sources	
Q19a1+2 Other Income Retained & Increased	
Q19 1+2 Other Income Did not have & gained	0

See next page with red arrow for housing first score.

% increasing	38%
Points (100% = 5 pts)	1.88
4. % accessing Mainstream Resources	
Q20b2 No sources stayers	4
Q20b2 No sources leavers	1
Subtotal No sources	5
% accessing Mainstream Resources	38%
Points (100% = 5 pts)	1.88
5. Year-End Utilization	
PSH Q2 and 5a Bed Utilization, stayers ÷ total beds. RRH Q08a. PH placement/ Households served	88%
Points (100% = 5 pts)	4.38
6. Housing First Practice - checklist and narrative (7 pts)	6.9
7. Collaboration with Coordinated Entry (7 pts)	7
Local priorities	
Corrections collab. (Justice Partners)	0.5
SOAR advocacy	1
Upstream/Health Action alignment	1
Attach Docs next year	1
Mainstream Resource Training/screening	0.5
supporting volunteering, community engagement, and employment services	1
Coordination w/ Health Care	1
Coordination w/ Housing Providers	1
Total Local Priorities Points (Max 6)	6
Financial/Audit:	
Financial/Audit: process, timeliness; findings/management letter, overall fiscal health (Up to 4 pts)	2
Contract administration:	
CoC APR Review	
accuracy & timeliness of reporting (Up to 4 pts)	4



Spend-down/match- (row 6 total expended on APR including match/total HUD award plus match) (Up to 4 pts)	4
Cultural Competency (3 points)- include attachments	3
Client/lived experience Feedback Process (3 points)	3
Racial Equity and Anti-discrimination Practices & Policies (4 points)	3
Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals (Up to 5 points)	4.5
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place. (Up to 5 pts)	5
High data quality, timeliness and coverage of all programs serving homeless (up to 8 pts)	7.92
CoC Coordinator Comment	

Attachment 1E-1

Web Posting of Local Competition Deadline

1. Cover Sheet (page 1)
2. Local 2023 FY CoC Competition deadline Website
Screenshot (Page 2-3)

Date released: 8/2/2023

Date Due: 8/23/2023 by 5:00pm

- Continuum of Care
- What We Know About Homelessness
- CoC Board +
- Committees +
- CoC Quarterly Meetings +
- Strategic Plan
- Continuum of Care Competition**
- Annual Homeless Services Consolidated NOFA
- CoC Governance and Compliance
- News +
- Calendar
- Subscriber Links
- Back to CONTINUUM OF CARE

Continuum of Care Competition

The Sonoma County Continuum of Care (CoC) reviews eligible renewal projects on an annual basis prior to the opening of the annual CoC Competition Notice of Funding Opportunity (NOFO). Preliminary analysis is conducted during this process by the CoC Competition Evaluation Committee comprised of impartial Continuum of Care Board members and community partners. The CoC Competition Evaluation Committee then provides recommendations on rating and ranking to the Sonoma County CoC Board for renewing projects, typically in May- June of each year. After the NOFO is released, the CoC Competition Evaluation Committee rates and ranks all renewal and new projects for the competition (including new projects from reallocated funding and/or new projects for bonus project funding). The CoC Board makes final decisions on rating and ranking of all projects in Tier 1 and Tier 2 funding during the NOFO period. CoC Board meetings are open to the public, and community feedback is welcomed.

2023 Notice of Funding Opportunity CoC Program Competition and Sonoma County CoC Request for Proposals

On July 5th, 2023, the U.S. Department of Housing and Urban Development (HUD) issued the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) for the 2023 Continuum of Care Funds.

Notice is hereby given for the **FY 2023 Continuum of Care Funds Sonoma County Request for Proposals (RFP)**, as a part of the FY 2023 Continuum of Care Competition. Please review the local RFP carefully for timeline and pertinent deadlines. Approximately \$290,828 in competitive bonus funding is now available for one (1) or more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, HMIS, or Coordinated Entry projects. Approximately \$234,975 competitive bonus funding is also available for one (1) or more bonus projects serving victims of domestic violence (see NOFO for more details). Finally, approximately \$0 is available for reallocation for one or more permanent supportive housing projects (PSH), rapid rehousing projects (RRH), joint transitional housing-rapid rehousing projects (TH-RRH), HMIS projects (HMIS Lead only), or Coordinated Entry projects. Reallocation amounts could be subject to change based on addendums to the RFP.

The RFP outlines FY 2023 CoC Program local competition process, relevant deadlines, and potential funding available for new projects, including the funds available with reallocation, Domestic Violence Bonus, and CoC Bonus project funding. **The local deadline for new and renewal projects is August 23, 2023 at 05:00 PM PST.**

MANDATORY Bidder's Conference for NEW Projects, August 9th



Meeting ID: 937 0168 2556
Passcode: 121421

Applicants new to the Continuum of Care funding stream are strongly encouraged to apply and should contact Continuum of Care Coordinator Karissa White directly at Karissa.White@sonoma-county.org or by telephone at (707) 565-4080 as soon as possible.

Please review the provisions of this local RFP in full, and note the local and final deadlines as follows:

- Bidder's Conference for NEW Projects- August 9th
- Technical Assistance Session (e-snaps/project applications) August 16th
- Office Hours August 21st
- Local Submissions in E-Snaps and new project supplemental materials August 23rd
- Final Submission by CoC September 25th

- [2023 Local CoC Request for Proposals \(PDF: 671 kB\) »](#)
- [2023 Local CoC Program Timeline \(PDF: 223 kB\) »](#)
- [2023 New Project Scoring \(PDF: 230 kB\) »](#)
- [2023 New Project Evaluation Application Questionnaire \(PDF: 229 kB\) »](#)

FY 2023 CoC Renewal Evaluations: Rating & Ranking Process for the 2023 Continuum of Care Competition

Publish Date: April 3, 2023

Renewal Application materials are due by 5:00 pm on May 01, 2023

The Department of Housing and Urban Development (HUD) requires that local CoC's prioritize all renewal and new projects submitted in our consolidated application. As in previous years, CoC staff will work on the evaluation of existing projects, also called "renewal" projects, prior to the release of HUD's Continuum of Care Program Notice of Funding Availability.

Project priorities will be generated by a scoring system, site visits and interviews by the CoC Competition Evaluation Workgroup, made up of impartial members of the Sonoma County Continuum of Care Board, community partners, and those with lived experience of homelessness. The evaluation workgroup will be open to the public, all documents will be published and noticed publicly. Workgroup meetings will be posted on our website, which you can access here:

<https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/committees/coc-competition-evaluation-workgroup>

HUD has yet to release information on the opening of its application period but has indicated it would likely open the

Attachment 1E-2

Local Competition Scoring Tool

1. Attachment Cover Sheet (pg.1)
2. 2023 CoC Renewal Scoring (Page 2-5)
2. 2023 CoC New Project Scoring (pg. 3-9)

Scoring for the 2023 CoC Competition – Renewal Projects
Project Performance Measurement and Local Priorities (Subject to Revision by CoC Competition
Evaluation Workgroup)

Performance Measurement	Scoring Methodology	Points	Scoring Key
<i>1. Housing performance</i>			
1a. PSH Housing Outcome: % of leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher. - Staff scored	5	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pt
1b. % of PSH beds dedicated to chronically homeless people \RRH prioritizing Chronic Homeless	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds. - Staff scored	5	Pro-rated by % CH dedication Ex: 100% = 5 pts 50% = 2.5 pts
1c. Cost Per PSH/RRH Outcome	From APR Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)- Staff scored	5	Less than \$5,000 per outcome = 5 points \$5,000 - \$9,999 = 4 points \$10,000 - \$14,999 = 3 points \$15,000 - \$19,999 = 2 points \$20,000 = 1 point
<i>2. Income performance</i>			
2a. Clients exiting with earned income (HUD System Performance Measure 4)	From APR Q17 Cash Income sources - leavers, number of adults with Earned Income ÷ Q5a. total number of adults. - Staff scored	5	Pro-rated by % exiting with earned income Ex: 100% = 5 pts 50% = 2.5 pts
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR: (Q19a. 1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	5	Pro-rated by % exiting w/ increased income Ex: 100% = 5 pts; 50% = 2.5 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR: (Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	5	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	5	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts

Performance Measurement	Scoring Methodology	Points	Scoring Key
4. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points. - Staff Scored	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to <i>Questionnaire Section 2: Housing First Practice</i> and HUD Housing First Assessment Tool	8	.5 pts/4pts total awarded per question Housing First Practice Section; 4 pts for Housing First Fidelity Tool
6. Coordinated Entry Participation (Total 6pts)	Percentage of accepted eligible referrals from Coordinated Entry- Reporting Period- 2021-2022 (HMIS Coordinator will score)	3	3 pts- 100% accepted 2 pts- 99-80% accepted 1 pt 79-70% accepted 0 pt less than 70% accepted
	Percentage of enrollments in the project with CES referrals- Reporting Period- 2021-2022 (HMIS Coordinator will score)	3	3 pts- 100% referrals accepted from CES- in compliance; 2 pts- 99-90% of referrals accepted from CES- not in compliance CAP needed; 1 pt- 89-80% of referrals accepted from CES- not in compliance CAP needed; 0 pt- 79% or below referrals accepted from CES- not in compliance CAP needed
Local & HUD Priorities			
7. Alignment with 10-year plan goals and priorities in the HUD NOFO	<i>Questionnaire Section 4: Local and HUD Priorities</i> - 1 point for each goal that is a focus of the project, up to 6 points. Goals include (options a-f below):	6	Full pts for detailed examples of collaboration in each component.
a. Evidence of Project's collaborations with corrections partners b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. c. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases d. Access to mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) e. Promotion of/supporting volunteering, community engagement, and employment services f. Coordination with Healthcare and Housing Partners			
Total Points for Performance/Local Priorities		60	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/ Accounting staff & <i>Questionnaire Section 5: Financial Management Section</i>	4	4 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
9. Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Staff & <i>Questionnaire Section 6: Contract Administration</i>	4	4 pts: timely submission & no inaccuracy of reporting 2-3 pts: 2-3 errors in submission 1 pts: late submission no errors 0 pts: late submission & errors
10. Spend down of funds/match	Review of APR by CoC Coordinator (staff scored) <i>Questionnaire Section 7: Contract Spenddown of Funds and Match</i> Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
11. Cultural Competency	<i>Questionnaire Section 8: Cultural Competency & Disability Access</i>	3	.5 pt per question total of 3 pts. Includes answering the questions as well as the required attachments
12. Client/lived experience Feedback Process	<i>Questionnaire Section 9: Lived Experience Feedback Process</i>	3	1 pt per question, full pts for having a client advisory board, full explanation and examples
13. Racial Equity and Anti-discrimination Practices & Policies	<i>Questionnaire Section 10: Racial Equity and Anti-Discrimination Practices & Policies</i>	4	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
14. Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals	<i>Questionnaire Section 11: Data Informed Program Research</i>	5	Full pts for complete description of data informed practices and examples of project performance review , 2.5 pts for each question
15. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure	<i>Questionnaire Section 12: Change Management and</i>	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated

Performance Measurement	Scoring Methodology	Points	Scoring Key
transmission of program and grants management knowledge when staff changes take place.	<i>Institutionalization of Knowledge</i>		pts for lack of formal procedures
16. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	<p>There are 3 criteria:</p> <ol style="list-style-type: none"> 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean <ol style="list-style-type: none"> 1. Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		40	
Total Possible Points		100	



Sonoma County Continuum of Care New Project Scoring Tool 2023 CoC Program Competition

Section	Measure	Scoring Methodology	Points Possible
1.	Housing Stability (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome. Highest percentage of project participants remaining permanently housed at year-end earns full points. 6 points are prorated from highest to lowest percentage of project participants permanently housed at year end, to lowest.	7– staff will calculate
2.	Exits to Permanent Housing (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome. Highest rate of proposed exits to permanent housing destinations earns full points. 6 points prorated for the highest percentage of project participants that exit to permanent destinations.	7– staff will calculate
3.	Increase in Earned Income (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. Highest rate of income growth for participants at annual assessment and exit earns full points. 5 points prorated for the highest percentage of project participants increasing employment income at annual assessment and exit.	5– staff will calculate
4.	Increase in Non-Employment Income (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome. Highest rate of other income growth for participants at annual assessment and exit earns full points. Points prorated for the highest percentage of project participants increasing other income at annual assessment and exit.	5– staff will calculate
5.	Maximizing the use of mainstream resources (System Performance Measure)	Proposed percentage of clients served in the project receiving outcome mainstream health, social, and employment programs. Points prorated for the highest percentage of project participants increasing other income at annual assessment and exit.	4– Staff will calculate
6.	Housing First Approach and Coordinated Entry	A Housing First approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most, utilizing the Coordinated Entry System as the sole source for referrals. The extent to which the narrative reflects how the agency is working to implement a Housing First approach. (Add CES Language) <ul style="list-style-type: none"> • Supplemental Scoring questionnaire 4 points • HUD Housing First Assessment Tool 3 points 	7
7.	Improving Assistance for LGBTQ+ Individuals	Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies. <ul style="list-style-type: none"> • Full points for addressing service needs, employment opportunities at the organization, training for current staff, hiring practices, and having an agency anti-discrimination policy; 	4

		<ul style="list-style-type: none"> • Half points for addressing the needs, but do not have an anti-discrimination policy; and • zero points for no action/work pertaining to meeting the needs of this population. 	
8.	Racial Equity	<p>Emphasizing system and program changes to address racial equity using proven approaches and partnerships with racially diverse stakeholders who have experience serving underserved populations. The extent to which the narrative reflects how agency is working to eliminate barriers to improve racial equity and to address disparities. Such as review procedures, and processes with attention to identifying barriers that result in racial disparities and taking steps to eliminate barriers to improve racial equity and to address disparities.</p> <ul style="list-style-type: none"> • Full points for reviewing data and implementing a plan to address these needs as an agency; • half points for reviewing the data without implementing a plan; and • zero points for no action/work completed to address racial inequities in the agency's programming. 	5
9.	Persons with lived Experience	<p>Incorporating Persons with lived experience or those who have formerly experienced homelessness in program planning, policy development, employment, decision-making bodies, etc.</p> <ul style="list-style-type: none"> • Full points for the inclusion of those with lived experience on decision-making bodies and with employment opportunities at the organization, training for current staff; • half points for only meeting one of the two options for full points; • and zero points for no participation from those with lived experience. 	4
10.	Project Narrative/Design	<p>Narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible.</p> <ul style="list-style-type: none"> • <i>*Domestic violence projects will be evaluated based on the degree they improve safety for the population they serve and employ trauma-informed victim-centered approaches to service delivery.</i> 	8
11.	Coordination with Housing Partners	<p>Housing Partners (create new permanent supportive housing and rapid rehousing projects that coordinate with housing providers not funded through ESG/CoC Program)</p> <ul style="list-style-type: none"> • 0 Points if the project/agency has no planned/committed partnerships with housing providers directly related to the proposed project • 2 Points if the agency has a written commitment from a housing provider to provide subsidies (other than ESG/CoC) to the proposed units for PSH/participants served for RRH, but it is less than 25% of units/participants served proposed • 4 Points if the agency has a written commitment from a housing provider to provide subsidies other than ESG/CoC to the proposed units for PSH/participants served for RRH that will cover at least 25% of the units/participants served being proposed. 	4
12.	Coordination with Healthcare Partners	<p>Healthcare Partners (create new permanent supportive housing and rapid rehousing services projects that coordinate with healthcare providers to provide services to participants not funded through CoC or ESG Program):</p>	4

		<p>Scoring methodology (Healthcare):</p> <ul style="list-style-type: none"> • 0 Points If the project/agency has no planned/committed partnerships with healthcare providers directly related to the proposed project • 2 Points if the agency has a written commitment from a healthcare provider to provide in-kind services to the proposed project, but it is less than 25% of the total amount of application • 4- Points if the agency has a written commitment from a healthcare provider to provide in-kind services match with services totaling 25% of the total amount of the application 	
13.	Project Readiness	Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2024/2025 term). The extent to which the narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	5
14.	Budget	Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. Required match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated.	4
15.	Cost Effectiveness	Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application. 5 prorated points; lowest cost per successful projected housing outcome earns full points. The difference between the highest and lowest cost per successful outcome is spread over the 5 points to create a deduction factor per added dollar cost.	5
16.	Financial Audit and Health	<p>Scoring based on most recent audit including identification of agency as “low risk”, number (if any) of findings, documented match, etc.</p> <ul style="list-style-type: none"> • 4 points = no findings, timely audit, and documented match • 2-3 points = 1 finding in the past 3 years, inaccurate/inconsistent match; <p>0-1 points = multiple findings, late audit, etc.</p>	4- staff will calculate
17.	Organizational capacity and experience/ Demonstrated Capacity to Manage CoC Awards	<p>New Projects : If you are new to the CoC Program HUD notes that demonstrating capacity may include a description of other funds the project receives, which are either federal or state funding.</p> <p>Scores will be drawn from the 20223 CoC Project Evaluations</p> <ul style="list-style-type: none"> • Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions. 	5
18.	Local & Other HUD Priorities	<p>Alignment with 10-year plan goals and HUD priorities. 1 point for each goal this is in the project:</p> <ul style="list-style-type: none"> • Evidence of Project’s collaborations with corrections/Justice partners • Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. 	5

		<ul style="list-style-type: none"> • Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases • Staff training/screening for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) • Promotion of/supporting volunteering, community engagement, and employment services 	
19.	HMIS data quality, timeliness and coverage of all programs serving homeless	<p>There are 3 criteria:</p> <ul style="list-style-type: none"> • Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; • Assessment data is entered in HMIS 5 days or less after assessments are administered; • Data Validation Reports from HMIS are clean and data is 95% complete. <p>Full points for meeting all 3 criteria; pro-rated points for missing one or more criteria</p> <ul style="list-style-type: none"> • **For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information. 	8- staff will calculate
	Total Points Possible		
			100

Attachment 1E-2a

Scored Forms for One Project

1. Cover sheet for Attachment 1E-2a (pg.1)
2. One PSH Renewal Project Scored-West County Community Services (WCCS) (pg. 2-4)
3. Renewal Scoring for the 2023 CoC Competition - showing max. pt values for each section scored (pg. 5-8)

Applicant	WCCS
Project	Mill Street Supportive Hsg
APR Term Reviewed	2021-2022
Component	PSH
2021-2022 Award plus match	\$ 120,319
Total spent including match	\$ 120,319
Cost per PSH Outcome (Stable housing)	\$ 15,040
APR Operating Year End Date	05/31/22
TOTAL SCORE	73.45
PERFORMANCE TOTAL	43.03
AGENCY MANAGEMENT & CAPACITY TOTAL	30.42
Q2 Total Beds	8
Q5a Total Served	8
Q5a Adults Served	8
Q5a Stayers	7
Q5a Leavers	1
1a. PSH Housing Outcome: % of leavers and stayers stably housed at YE	
Q23c Exits Perm	1
Subtotal	1
% Stably Housed	100%
Points (89% = 6pts)	6.00
1b. CH-dedicated beds	
Q26b CH Served	8
% CH-dedicated	100%
Points (100% = 6 pts)	6.00
1.c. Cost Per PSH Housing Outcome	
Cost per PSH Outcome (Stable housing)	3.00
3b1. % increasing income from employment	
Q19a1+2 Earned Inc. Retained & Increased	0
Q19 1+2 Earned Inc. Did Not Have & Gained	0
% Increasing	0%
Points (100% = 5 pts)	0.00
3b2. % increasing income from other sources	
Q19a1+2 Other Income Retained & Increased	3
Q19 1+2 Other Income Did not have & gained	0

% increasing	38%
Points (100% = 5 pts)	1.88
4. % accessing Mainstream Resources	
Q20b2 No sources stayers	4
Q20b2 No sources leavers	1
Subtotal No sources	5
% accessing Mainstream Resources	38%
Points (100% = 5 pts)	1.88
5. Year-End Utilization	
PSH Q2 and 5a Bed Utilization, stayers ÷ total beds. RRH Q08a. PH placement/ Households served	88%
Points (100% = 5 pts)	4.38
6. Housing First Practice - checklist and narrative (7 pts)	6.9
7. Collaboration with Coordinated Entry (7 pts)	7
Local priorities	
Corrections collab. (Justice Partners)	0.5
SOAR advocacy	1
Upstream/Health Action alignment	1
Attach Docs next year	1
Mainstream Resource Training/screening	0.5
supporting volunteering, community engagement, and employment services	1
Coordination w/ Health Care	1
Coordination w/ Housing Providers	1
Total Local Priorities Points (Max 6)	6
Financial/Audit:	
Financial/Audit: process, timeliness; findings/management letter, overall fiscal health (Up to 4 pts)	2
Contract administration:	
CoC APR Review	
accuracy & timeliness of reporting (Up to 4 pts)	4

Spend-down/match- (row 6 total expended on APR including match/total HUD award plus match) (Up to 4 pts)	4
Cultural Competency (3 points)- include attachments	3
Client/lived experience Feedback Process (3 points)	3
Racial Equity and Anti-discrimination Practices & Policies (4 points)	3
Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals (Up to 5 points)	4.5
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place. (Up to 5 pts)	5
High data quality, timeliness and coverage of all programs serving homeless (up to 8 pts)	7.92
CoC Coordinator Comment	

Scoring for the 2023 CoC Competition – Renewal Projects

Project Performance Measurement and Local Priorities (Subject to Revision by CoC Competition Evaluation Workgroup)

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. PSH Housing Outcome: % of leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher. - Staff scored	5	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pt
1b. % of PSH beds dedicated to chronically homeless people \RRH prioritizing Chronic Homeless	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds. - Staff scored	5	Pro-rated by % CH dedication Ex: 100% = 5 pts 50% = 2.5 pts
1c. Cost Per PSH/RRH Outcome	From APR Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)- Staff scored	5	Less than \$5,000 per outcome = 5 points \$5,000 - \$9,999 = 4 points \$10,000 - \$14,999 = 3 points \$15,000 - \$19,999 = 2 points \$20,000 = 1 point
2. Income performance			
2a. Clients exiting with earned income (HUD System Performance Measure 4)	From APR Q17 Cash Income sources - leavers, number of adults with Earned Income ÷ Q5a. total number of adults. - Staff scored	5	Pro-rated by % exiting with earned income Ex: 100% = 5 pts 50% = 2.5 pts
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR: (Q19a. 1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	5	Pro-rated by % exiting w/ increased income Ex: 100% = 5 pts; 50% = 2.5 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR: (Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	5	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	5	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts

Performance Measurement	Scoring Methodology	Points	Scoring Key
4. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points. - Staff Scored	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to <i>Questionnaire Section 2: Housing First Practice</i> and HUD Housing First Assessment Tool	8	.5 pts/4pts total awarded per question Housing First Practice Section; 4 pts for Housing First Fidelity Tool
6. Coordinated Entry Participation (Total 6pts)	Percentage of accepted eligible referrals from Coordinated Entry- Reporting Period- 2021-2022 (HMIS Coordinator will score)	3	3 pts- 100% accepted 2 pts- 99-80% accepted 1 pt 79-70% accepted 0 pt less than 70% accepted
	Percentage of enrollments in the project with CES referrals- Reporting Period- 2021-2022 (HMIS Coordinator will score)	3	3 pts- 100% referrals accepted from CES- in compliance; 2 pts- 99-90% of referrals accepted from CES- not in compliance CAP needed; 1 pt- 89-80% of referrals accepted from CES- not in compliance CAP needed; 0 pt- 79% or below referrals accepted from CES- not in compliance CAP needed
Local & HUD Priorities			
7. Alignment with 10-year plan goals and priorities in the HUD NOFO	<i>Questionnaire Section 4: Local and HUD Priorities</i> - 1 point for each goal that is a focus of the project, up to 6 points. Goals include (options a-f below):		Full pts for detailed examples of collaboration in each component.
<ul style="list-style-type: none"> a. Evidence of Project's collaborations with corrections partners b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. c. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases d. Access to mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) e. Promotion of/supporting volunteering, community engagement, and employment services f. Coordination with Healthcare and Housing Partners 		6	
Total Points for Performance/Local Priorities		60	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/ Accounting staff & <i>Questionnaire Section 5: Financial Management Section</i>	4	4 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
9. Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Staff & <i>Questionnaire Section 6: Contract Administration</i>	4	4 pts: timely submission & no inaccuracy of reporting 2-3 pts: 2-3 errors in submission 1 pts: late submission no errors 0 pts: late submission & errors
10. Spend down of funds/match	Review of APR by CoC Coordinator (staff scored) <i>Questionnaire Section 7: Contract Spenddown of Funds and Match</i> Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
11. Cultural Competency	<i>Questionnaire Section 8: Cultural Competency & Disability Access</i>	3	.5 pt per question total of 3 pts. Includes answering the questions as well as the required attachments
12. Client/lived experience Feedback Process	<i>Questionnaire Section 9: Lived Experience Feedback Process</i>	3	1 pt per question, full pts for having a client advisory board, full explanation and examples
13. Racial Equity and Anti-discrimination Practices & Policies	<i>Questionnaire Section 10: Racial Equity and Anti-Discrimination Practices & Policies</i>	4	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
14. Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals	<i>Questionnaire Section 11: Data Informed Program Research</i>	5	Full pts for complete description of data informed practices and examples of project performance review , 2.5 pts for each question
15. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure	<i>Questionnaire Section 12: Change Management and</i>	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated

Performance Measurement	Scoring Methodology	Points	Scoring Key
transmission of program and grants management knowledge when staff changes take place.	<i>Institutionalization of Knowledge</i>		pts for lack of formal procedures
16. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	<p>There are 3 criteria:</p> <ol style="list-style-type: none"> 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean <ol style="list-style-type: none"> 1. Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		40	
Total Possible Points		100	

Attachment 1E-5

Notification of Projects Rejected-Reduced

1. Notification of Projects Rejected-Reduced (Page 1)
2. COC statement of no Rejected-Reduced projects during local competition (Page 2)



September 12, 2023

RE: FY 2023 Continuum of Care Competition for Funding
Section 1E-5 Projects Rejected/Reduced–Notification Outside of e-snaps.

The Sonoma County Continuum of Care (CA-504) **did not reduce or reject** any applications during our local FY 2023 CoC competition for funding.

CoC Program New and Renewal Project applicants were noticed on September 11, 2023 that all project applicants had been accepted and there **were no reduced or rejected** applications.

One project during the competition voluntarily gave up its funding prior to applications being submitted, and did not submit a renewal application. Therefore, it was not considered “reduced” since there was no application submitted.

Best,

Karissa White

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
Homelessness Services Division
707-565-4080

Attachment 1E-5a

Notification of Projects Accepted

1. Notification of Projects Accepted coversheet (Page 1)
2. September 11, 2023 Email notification of projects accepted to all project applicants -email notice sent to all CoC Program New and Renewal Applicants (Page 2-4)

From: [Karissa White](#)
To: [anita maldonado](#); [Chris Cabral](#); [chrisk@bucklew.org](#); [Dan Madden](#); [Daniel Overbury-Howland](#); [Dannielle Danforth](#); [Dave France](#); [Dennis Agnos](#); [Dorothy Norton](#); [Elizabeth Goldman](#); [erikak@bucklew.org](#); [Graham Thomas](#); [Helen Vohontseff](#); [Hunter Scott](#); [Jack Tibbetts](#); [Jamie Burke](#); [Jennielynn Holmes](#); [Jules Pelican](#); [Julie Lafranchi](#); [Kaitlin Carney](#); [Karissa White](#); [Kathy Sparrow](#); [KeniaL@bucklew.org](#); [KristiT@bucklew.org](#); [LaSette Sewell](#); [Martha Cheever](#); [Matthew Verscheure](#); [Michael Gause](#); [Mildred Williams](#); [Mistry Lujan](#); [moconnell@ywcasc.org](#); [pam@csn-mh.com](#); "Patti Cunningham"; [Sanford Robinson](#); [Shannon Wiseman](#); [stevehs@bucklew.org](#); [Tammie Trevino](#); [Thai Hilton](#); "Tim Miller"; [Tom Bieri - Community Support Network \(tom@csn-mh.com\)](#); [Uriel Brena](#); [Zachary Rosemoore](#); [Kerensa Mora](#); [Michelle Whitman](#)
Cc: [Araceli Rivera](#)
Subject: 2023 CoC Program Competition New and Renewal Applicants Notice of Projects Accepted (No Projects Rejected)
Date: Monday, September 11, 2023 8:08:00 AM

Dear Sonoma County CoC Program **New and Renewal Applicants**,

This message serves as notification of the Continuum of Care projects for the 2023 CoC Competition for funding that have been **accepted by the CoC Board**.

Please note, that **no projects were rejected** by the CoC Board for the 2023 competition.

The following projects for the FY 2023 CoC Local Competition for funding were approved for recommendation by the CoC Competition Evaluation Workgroup on August 29, 2023. The Sonoma County Continuum of Care Board approved the Final Priority Listing on September 6, 2023, which includes Renewal Projects and New Projects. You can also find this information on our website here: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/continuum-of-care-competition>

Although all projects have been accepted, there are still a number of projects that are considered at-risk as they are placed in tier 2 for funding.

Rank	Accepted/Rejected	Applicant Name	Project Name	Type	Request Amount	Score
1	Accepted	Sonoma County Community Development Commission	Renewal Rental Assistance - Persons with HIV/AIDS	PSH-Renewal	\$ 655,414	75.22
2	Accepted	West County Community Services	Mill Street Supportive Services	PSH-Renewal	\$ 97,842	73.45
3	Accepted	Committee on the Shelterless	Community Based Permanent Supportive Housing	PSH-Renewal	\$ 292,843	70.2
4	Accepted	Catholic Charities of the Diocese of Santa Rosa	Catholic Charities Permanent Supportive Housing Santa	PSH-Renewal	\$ 784,961	69.61

			Rosa 2			
5	Accepted	Individuals Now dba Social Advocates for Youth	SAY Sponsor-Based Rental Assistance Renewal	PSH-Renewal	\$ 305,329	68.79
6	Accepted	Young Women's Christian Association of Sonoma County	RRH for Vulnerable Survivors of DV	RRH-Renewal	\$ 260,040	68.24
7	Accepted	Community Support Network	Stony Point Commons	PSH-Renewal	\$ 59,334	64.2
8	Accepted	Society of St. Vincent de Paul Sonoma County	St Vincent de Paul Commons PSH	PSH-Renewal	\$ 303,360	N/A
9	Accepted	County of Sonoma	Coordinated Intake Expansion Project	CES/SSO-Renewal	\$ 549,993	N/A
10	Accepted	County of Sonoma	Homeless Management Information System (HMIS) Expansion	HMIS-Renewal	\$ 327,157	N/A
11	Accepted	Bucklew Programs	Sonoma SCIL	PSH-Renewal	\$ 266,270	62.79
12	Accepted	West County Community Services	Elderberry Commons	PSH-New	\$ 290,828	89.39
13	Accepted	Bucklew Programs	Samaritan FACT	PSH-Renewal	\$ 108,926	61.07
14	Accepted	Community Support Network	Sanctuary Villas	PSH-Renewal	\$ 62,554	60.55

Tier 2 Notes:

The following projects are considered at-risk of potentially not being funded.

Bucklew Programs SCIL- This project is partially at risk, with a majority of its funding in tier 1 and only \$38,682 in tier 2.

The West County Community Services Elderberry Commons project, Buckelew Program's Samaritan FACT project, and Community Support Network's Sanctuary Villas project are all considered to be at risk in tier 2.

Please feel free to contact us with any questions.

Best-

Karissa White

Continuum of Care Coordinator
Sonoma County Department of Health Services
Homelessness Services Division
707-565-4080

Looking to access homeless resources in Sonoma County? Please click [here](#).
Sonoma County CoC Information, click [here](#).
[Calendar](#) of upcoming CoC Events.

Attachment 1E-5b

Final Project Scores for All Projects

1. Attachment 1E-5b Local Competition Selection results Coversheet (pg.1)
2. Local Competition Selection Results- Final Project Scores for All Projects (pg.2)

Sonoma County Continuum of Care Final Project Scores for All Projects						
Project Name	Type	Score	Accepted or Rejected	Rank	Request Amount	Reallocated Funds
CoC Rental Assistance HIV/AIDS SCHA	PSH-R	75.22	Accepted	1	\$ 655,414.00	
Mill Street Supportive Housing-WCCS	PSH-R	73.45	Accepted	2	\$ 97,842.00	
Community Based PSH-COTS	PSH-R	70.2	Accepted	3	\$ 292,843.00	
PSH-2 Catholic Charities	PSH-R	69.61	Accepted	4	\$ 784,961.00	
SAY Sponsor Based Rental Assistance	PSH-R	68.79	Accepted	5	\$ 305,329.00	
YWCA RRH for Vulnerable Survivors of DV	RRH-R	68.24	Accepted	6	\$ 260,040.00	
Stony Point Commons-CSN	PSH-R	64.2	Accepted	7	\$ 59,334.00	
St. Vincent de Paul Commons	PSH-R	N/A	Accepted	8	\$ 303,360.00	
County of Sonoma-Coordinated Intake Grant	SSO-CES	N/A	Accepted	9	\$ 549,993.00	
County of Sonoma- Homeless Management Information System Grant	HMIS	N/A	Accepted	10	\$ 327,157.00	
Sonoma SCIL-Buckelew	PSH-R	62.79	Accepted	11	\$ 266,270.00	
WCCS-Elderberry Commons	PSH-N	89.39	Accepted	12	\$ 290,828.00	\$80,666.00
Samaritan FACT- Buckelew	PSH-R	61.07	Accepted	13	\$ 108,926.00	
Sanctuary Villas- CSN	PSH-R	60.55	Accepted	14	\$ 62,554.00	
CoC Rental Assistance Youth with Disabilities SCHA	PSH-R	67.2	Voluntarily Withdrew Funding Request prior to application submission	N/A	\$0	(\$80,666.00)

Attachment 2A-6

Longitudinal System Analysis (LSA) Submission in HDX 2.0

1. Attachment 2A-6 Coversheet (pg.1)
2. 2023 HDX Competition Report (pg. 2-19)

2023 HDX Competition Report

PIT Count Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	2745	2489	2893	2266
Emergency Shelter Total	738	592	575	703
Safe Haven Total	0	0	0	0
Transitional Housing Total	305	195	230	272
Total Sheltered Count	1043	787	805	975
Total Unsheltered Count	1702	1702	2088	1291

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	562	586	725	550
Sheltered Count of Chronically Homeless Persons	221	245	224	231
Unsheltered Count of Chronically Homeless Persons	341	341	501	319

2023 HDX Competition Report

PIT Count Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	80	62	48	62
Sheltered Count of Homeless Households with Children	77	59	46	59
Unsheltered Count of Homeless Households with Children	3	3	2	3

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	404	139	124	191	110
Sheltered Count of Homeless Veterans	77	47	32	45	36
Unsheltered Count of Homeless Veterans	327	92	92	146	74

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	855	765	839	91.18%	16	16	100.00%	781	91.35%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	370	320	370	86.49%	0	0	NA	320	86.49%
RRH Beds	494	413	436	94.72%	58	58	100.00%	471	95.34%
PSH Beds	1,211	459	1,211	37.90%	0	0	NA	459	37.90%
OPH Beds	228	161	228	70.61%	0	0	NA	161	70.61%
Total Beds	3,158	2,118	3,084	68.68%	74	74	100.00%	2,192	69.41%

2023 HDX Competition Report

HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

2023 HDX Competition Report

HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	518	657	552	639

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	136	60	74	134

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC				

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HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

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FY2022 - Performance Measurement Module (Sys PM)

Summary Report for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	1336	1796	121	139	18	71	79	8
1.2 Persons in ES, SH, and TH	1533	2079	129	155	26	77	93	16

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

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FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1642	2227	1186	1208	22	632	607	-25
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1825	2491	1151	1195	44	578	588	10

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FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	50	11	22%	2	4%	1	2%	14	28%
Exit was from ES	419	50	12%	26	6%	28	7%	104	25%
Exit was from TH	141	7	5%	4	3%	3	2%	14	10%
Exit was from SH	0	0		0		0		0	
Exit was from PH	790	26	3%	21	3%	20	3%	67	8%
TOTAL Returns to Homelessness	1400	94	7%	53	4%	52	4%	199	14%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		2893	
Emergency Shelter Total	592	575	-17
Safe Haven Total	0	0	0
Transitional Housing Total	195	230	35
Total Sheltered Count	787	805	18
Unsheltered Count		2088	

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	1924	2216	292
Emergency Shelter Total	1594	1840	246
Safe Haven Total	0	0	0
Transitional Housing Total	417	507	90

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FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	153	130	-23
Number of adults with increased earned income	13	11	-2
Percentage of adults who increased earned income	8%	8%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	153	130	-23
Number of adults with increased non-employment cash income	73	63	-10
Percentage of adults who increased non-employment cash income	48%	48%	0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	153	130	-23
Number of adults with increased total income	78	72	-6
Percentage of adults who increased total income	51%	55%	4%

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FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	119	88	-31
Number of adults who exited with increased earned income	9	9	0
Percentage of adults who increased earned income	8%	10%	2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	119	88	-31
Number of adults who exited with increased non-employment cash income	14	18	4
Percentage of adults who increased non-employment cash income	12%	20%	8%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	119	88	-31
Number of adults who exited with increased total income	22	27	5
Percentage of adults who increased total income	18%	31%	13%

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FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1580	1851	271
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	657	729	72
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	923	1122	199

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2411	2469	58
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	841	814	-27
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1570	1655	85

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	641	592	-49
Of persons above, those who exited to temporary & some institutional destinations	180	203	23
Of the persons above, those who exited to permanent housing destinations	132	69	-63
% Successful exits	49%	46%	-3%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1773	1787	14
Of the persons above, those who exited to permanent housing destinations	766	728	-38
% Successful exits	43%	41%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	454	515	61
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	424	495	71
% Successful exits/retention	93%	96%	3%

2023 HDX Competition Report

FY2022 - SysPM Data Quality

CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	705	722	718	375	341	371	968	1168	1194	617	375	393			
2. Number of HMIS Beds	611	633	688	203	290	289	458	423	471	541	309	338			
3. HMIS Participation Rate from HIC (%)	86.67	87.67	95.82	54.13	85.04	77.90	47.31	36.22	39.45	87.68	82.40	86.01			
4. Unduplicated Persons Served (HMIS)	1883	1634	1751	367	425	478	645	731	568	1401	1516	1425	1014	894	950
5. Total Leavers (HMIS)	1463	1274	1304	272	254	285	193	292	103	876	828	729	812	614	613
6. Destination of Don't Know, Refused, or Missing (HMIS)	143	23	67	27	21	9	2	4	11	33	13	29	295	8	11
7. Destination Error Rate (%)	9.77	1.81	5.14	9.93	8.27	3.16	1.04	1.37	10.68	3.77	1.57	3.98	36.33	1.30	1.79

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/27/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/16/2023	Yes

Attachment 3A-1

Health Care Formal Agreements

1. Attachment 3A-1 Coversheet (pg.1)
2. West County Community Services (WCCS) and West County Health Center (WCHC) MOU for healthcare services (pg 2-4)



16390 Main St, PO Box 325
Guerneville, CA 95446
Tel: 707-823-1640
www.westcountyservices.org

Memorandum of Understanding (MOU)

between West County Community Services (WCCS) and West County Health Centers
(WCHC) regarding client services
at Elderberry Commons

Agency information:

West County Community Services (WCCS): *Recipient Service Provider*
16390 Main St. Guerneville, CA 95446
Tim Miller, Executive Director
Tel: 707-823-1640 ext 101 e-mail: tim.miller@westcountyservices.org

West County Health Centers (WCHC): *In-Kind Medical Services Provider*
652 Sebastopol Ave Suite H
Sebastopol, CA 95472
Jason Cunningham, DO, CEO
Tel: 707-823-3166 e-mail: jcunningham@wchealth.org

Project: Elderberry Commons Permanent Supportive Housing Project

Introduction

Elderberry Commons (EC) is a 29 unit Permanent Supportive Housing (PSH) project in Sebastopol, CA. As a result of this MOU, WCHC will provide medical services to the residents of EC. WCCS will provide case management and service navigation to EC residents. All residents will be formerly chronically homeless individuals and selected for housing through Sonoma County's Coordinated Entry system. If awarded funding through the FY 2023 Continuum of Care Competition, this MOU is applicable from July 1, 2024 to June 30, 2025 or the HUD approved 12-month contract term for 2024 through 2025.

Founded in 1978, WCCS is a 501c3 non-profit organization and is western Sonoma County's leading provider of PSH case management and supportive services. WCCS is the applicant in this proposal.

Founded in 1974, WCHC is the major Medi-Cal service provider in Sebastopol, CA. West County Health Centers, Inc. is a private, non-profit Federally Qualified Health Center, receiving Section 330 grant funding from the federal government to provide quality health services to the whole community, regardless of ability to pay. WCHC is the in-kind medical services provider in this proposal.

Services Provided

WCCS will provide case management and service navigation services to EC residents. These will include introduction to health care providers, other social service agencies, designing individual plans, providing transportation to appointments, and easing these formerly chronically homeless individuals into the obligations and benefits of permanent housing. All WCCS staff will have at least one year of case management or service navigation experience. They will be supported by a Housing Manager with at least three years of housing experience and the Director Housing and Homeless Services who has more than 20 years of managing PSH and other supportive housing projects.

WCHC will provide full scope primary medical and dental care as well as mental health services. WCHC's health care team consists of licensed physicians, Family Nurse Practitioners, Physician Assistants, dentists, psychotherapists, nurses, and medical assistant staff. Individual care management plans will be created for each resident (some may already be WCHC patients) and they will have access to all applicable medical services. All employees are current in their necessary licensures. While it is

WCHC has provided front-line medical services to all economic levels of Sonoma County residents for more than 40 years. WCHC, under a HRSA grant, has operated a Healthcare for the Homeless clinic for more than seven years and understands the unique needs of our chronically homeless population.

The project anticipates that 29 clients will be served in Year 1.

Documentation of services match

Most if not all of the Elderberry Commons residents will be Medi-Cal patients. WCCS will provide WCHC with a secure monthly list of Elderberry clients. This list will be downloaded into the current WCHC medical database so the project can track resident interactions, services, and expenses accrued via WCHC medical staff. Services may be provided at the WCHC office 0.6 miles from Elderberry Commons, or at Elderberry itself. Monthly results will be returned and maintained by WCCS for contract performance and auditing purposes. Eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by WCHC.

Estimated value of services

The value of in-kind medical services will total at least \$72,707. In Year 1, an estimated 29 clients will receive medical/behavioral health services at WCHC. This

equals an average of \$2,507 per client. The average cost for people with disabilities (chronically homeless individuals are considered disabled) in 2020 was \$20,669:

<https://www.chcf.org/wp-content/uploads/2021/08/MediCalFactsFiguresAlmanac2021.pdf> *California Healthcare Foundation, page 46*. In this scenario, the in-kind value or medical services should total roughly \$599,000. The project will easily meet this in-kind threshold of \$72,707.

It is impossible to pre-determine, prior to opening, what type of medical service each resident will require. In-kind values of medical services will include:

Title	Hourly Rate
MD, DO	\$90.00
Nurse Practitioner	\$65.00
RN	\$45.00
Medical Assistant	\$22.00
LMFT	\$45.00
LCSW	\$50.00
Dentist	\$81.00
Dental Assistant	\$55.00

Respectfully,



Tim Miller, Executive Director



West County Health Centers