

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): CA-504 - Santa Rosa/Petaluma/Sonoma County CoC

CoC Lead Organization Name: Sonoma County Continuum of Care Planning Group

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Sonoma County Continuum of Care Steering Committee

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

Non-legal entity housed by the Sonoma County Community Development Commission, which acts as fiscal agent and provides other leadership.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 70%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Unlimited non-voting "ex officio" memberships are allowed in order to help the Steering Committee to engage representatives from other systems of care. This gives the Steering Committee the role of ensuring partnerships with mainstream resources are brought to bear for the benefit of homeless families and individuals.

Briefly describe the selection process including why this process was established and how it works.

Three (3) members are appointed by the HUD-entitlement jurisdictions to ensure consistency with other local plans. Seven (7) private sector seats were established to achieve 70% private sector representation. Of these, 2 are private funder seats, 2 are reserved for the 2 agencies providing the largest number of beds/units for the homeless, and 1 seat is reserved for a county-wide homeless advocacy and convening agency. The reserved seats are appointed by seated Steering Committee members with confirmation by eligible voters of the Continuum of Care Planning Group (CCPG) at its annual election. If any of these seats are not filled in this way, they become at-large seats along with the 2 remaining private seats. Elections for at-large seats (and confirmation of appointed seats) are held annually at the Continuum of Care Planning Groups April meeting. Terms are staggered, 2-year terms with no term limits (to ensure turnover with consistency and to make best use of limited knowledgeable resources). This governance structure was developed by an expanded Steering Committee during the 10-year planning process (2006), and adopted by the CCPG with a single modification (adding a standing seat for the Sonoma County Task Force for the Homeless). It was done to streamline decision-making by empowering a smaller governing group with representation from the CCPG, while ensuring that HUD's preferences are met.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Chairs and co-chairs are elected to staggered 2-year terms by majority vote of seated Steering Committee members.

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Sonoma County Community Development Commission (CDC) hosts the Continuum of Care Planning Group and its HMIS, operates the County Housing Authority and its Shelter Plus Care contracts, and administers the County ESG, CDBG and HOME funds. Sonoma County CDC currently oversees applications for HUD CoC funding through a consultant. Sonoma County CDC could conceivably function as grantee and provide project oversight and monitoring. Whether the agency could realistically do this depends on the amount of monitoring required: the administrative funding for these activities would have to be commensurate with the range of duties required (unlike, for example, administering ESG funds).

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Continuum of Care...	Quarterly
So. Co. CoC Evalu...	Monthly or more
So. Co. CoC HMIS ...	Bi-monthly
So. Co. CoC Housi...	Monthly or more
So. Co. CoC Outco...	Semi-annually
So. Co. CoC Commi...	Monthly or more
Sonoma County Boa...	Annually
So. Co. CoC Menta...	Monthly or more
Santa Rosa City C...	Annually
Petaluma City Cou...	Annually
So. Co. CoC Housi...	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care Planning Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group is the open-to-the-public, community-wide setting for reporting on Continuum of Care activities and other ending homelessness planning, educational programs, formation of new initiatives, and election of Steering Committee membership.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Evaluation Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group monitors CoC projects and determines project priorities, meeting intensively in the several months preceding the annual Continuum of Care application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC HMIS Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group provides HMIS user training and develops policies and consensus with regard to the Sonoma County Homeless Management Information System.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Housing Development Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group determines unmet housing need; provides technical assistance and builds relationships between service providers and housing developers; reviews and recommends proposals for new CoC-funded projects; and monitors the pipeline of homeless housing in development.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Outcomes Assessment Planning Team

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This group developed a performance evaluation system for all components of the CoC including determining key outcomes to be measured and setting benchmarks for each outcome. It monitors implementation and outcomes of the evaluation system.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Committee on Homeless Veterans

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group develops strategies to stabilize and increase housing opportunities for homeless, disabled veterans; and to improve veterans' access to mental health, primary health, substance abuse treatment and other resources.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Sonoma County Board of Supervisors

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Advised by a Community Development Committee on all CoC, HMIS, CDBG, and Housing Authority affairs, the Sonoma County Board of Supervisors provides direct funding of emergency shelters and other projects, hears annual presentations by the CoC and approves County applications for funding, and unanimously endorsed the Sonoma County 10-Year Homeless Action Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Mental Health/Alcohol & Other Drug Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group is responsible for expanding mental health and substance abuse treatment capacity for homeless individuals, and improving their access to services.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Santa Rosa City Council

Indicate the frequency of group meetings: Annually

Describe the role of this group:

The Santa Rosa City Council provides direct funding of emergency shelters and other projects, hears annual presentations by the CoC, and provides an endorsement of the CoC Action Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Petaluma City Council

Indicate the frequency of group meetings: Annually

Describe the role of this group:

The Petaluma City Council provides direct funding of emergency shelters and other projects, hears presentations by the CoC, and provides an annual endorsement of the CoC Action Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: So. Co. CoC Housing Assistance Center Planning Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This ad hoc group has been engaged in designing a Housing Assistance Center in which disparate housing assistance services (tenancy preservation, tenancy education, rental assistance, housing search assistance) could be co-located and made more accessible to homeless clients.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Becoming Independent	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Buckelew Programs	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Burbank Housing	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Sonoma, City of	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Sonoma Overnight Support	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cloverdate Community Outreach Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Action Partnership Sonoma County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Foundation Sonoma County	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Housing Sonoma County	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
COTS (Committee on the Shelterless)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Council on Aging	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
California Parenting Institute	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Disability Services & Legal Center AKA Communit...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Support Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
Drug Abuse Alternatives Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Face to Face	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	HIV/AIDS
First 5 Sonoma County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Heritage Community Housing	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Interfaith Shelter Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Interlink	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
The Living Room	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
National Alliance for the Mentally Ill	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Seriously Me...
NorCal Affordable Homes	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
North Bay Vets Center	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
PEP Housing	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Petaluma, City of	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Redwood Community Health Coalition	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
River to Coast Children's Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Rohnert Park, City of	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Russian River Interfaith Coalition	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Santa Rosa Free Clinic	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Santa Rosa Economic Development and Hou...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Santa Rosa Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Social Advocates for Youth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
Sonoma County Adult & Youth Development	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	Youth
Senior Advocacy Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sonoma County Alcohol & Other Drug Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Abuse
Sonoma County Department of Health Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
So. Co. Human Services Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
So. Co. Human Services Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
So. Co. Planning Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
So. Co. Task Force for the Homeless	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
So. Co. Veterans Service Office	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
So.Co. Community Development Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
So.Co. Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Sonoma County Mental Health (includes Community...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Social Security Administration, Santa Rosa Regi...	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Joseph Health System	Private Sector	Hospital..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
State of California Dept of Disability Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
United Way of the Wine Country	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Veterans Administration Medical Clinic	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Sonoma County Vet Connect	Private Sector	Other	Committee/Sub-committee/Work Group	Veterans
Veterans for Peace	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Volunteer Center/Information & Referral	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Vietnam Veterans of America	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Vietnam Veterans of California - North Bay Vete...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
Women's Recovery Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
YWCA of Sonoma County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Sonoma Valley Health Center	Private Sector	Hospita..	None	NONE
Ca. Human Development Corp. (incl. Healdsburg L...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
City of Santa Rosa Neighborhood Revitalization ...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Russian River Winter Shelter Project	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Service Employees International Union Local 707	Private Sector	Other	None	NONE
Veterans Village	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Food for Thought	Private Sector	Non-pro..	None	HIV/AIDS
Goodwill Industries	Private Sector	Non-pro..	None	NONE
Housing Connections	Private Sector	Non-pro..	None	Seriously Me...
North County Community Services	Private Sector	Non-pro..	None	NONE
Petaluma People's Service Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
R House	Private Sector	Non-pro..	None	Substance Ab...
Redwood Gospel Mission	Private Sector	Faith-b...	None	NONE
Russian River Counselors	Private Sector	Non-pro..	None	Seriously Me...
Salvation Army	Private Sector	Faith-b...	None	Substance Abuse
Catholic Worker/Season of Sharing Fund	Private Sector	Faith-b...	None	NONE
Sonoma County Legal Aid Foundation	Private Sector	Non-pro..	None	NONE
West County Community Services	Private Sector	Non-pro..	None, Attend 10-year planning meetings during past 12 months	NONE

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
West County Health Centers	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Housing Advocacy Group	Private Sector	Funder...	None	NONE
Jewish Family & Children's Service	Private Sector	Non-pro..	None	NONE
La Luz Center	Private Sector	Non-pro..	None	NONE
Sonoma County Indian Health Project	Private Sector	Hospita..	None	NONE
Assembly Member Noreen Evans, 7th Assembly Dist...	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Ron Baldwin	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Bert Flack	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Greg Guidry	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Art Hoffman	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Jeffrey Miller	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Darwin Sager	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Andy Pyburn	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Bill Schilling	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
Michael Sullivan	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s
John Clark	Individual	Hom eles..	Committee/Sub-committee/Work Group	Seriously Me...
Leslie H	Individual	Hom eles..	Committee/Sub-committee/Work Group	Seriously Me...
Ekaterina Rumyan	Individual	Hom eles..	Committee/Sub-committee/Work Group	Seriously Me...
Rocky Haines	Individual	Hom eles..	Committee/Sub-committee/Work Group	Veteran s

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
Sonoma County Office of Education	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	Youth

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), i. Evaluate Project Readiness, j. Assess Spending (fast or slow), l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The HIC gives the impression of a loss of 40 beds, but in fact 18 new beds were added (10 at the Haven in Sonoma, 6 via the expansion of Wallace House, and 2 at the Ferro Motel in Cloverdale), and only 1 bed was actually lost (a homeless-designated substance abuse treatment bed at Women's Recovery Services -- they still serve this population despite the loss of funding). This would result in a net gain of 17 beds. Fifteen emergency beds were reclassified as transitional (5 at Catholic Charities' Nightingale House, which is now combined with the Homeless Service Center; and 10 at Redwood Gospel Mission) and 4 beds were reclassified as overflow beds (2 at Wallace House, 2 at Spare Room) to better reflect their use. The balance of the loss comes from a correction of the number of beds at the YWCA Safe House.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

There was a net gain of 8 beds, with almost as many beds lost as gained. Sonoma County Housing Authority's HOME TBA program added 26 family transitional housing beds; 14 beds were added through the expansion of Wallace House and at the Ferro Motel; 12 beds were added at Yukon I & II; 4 new transitional beds were added in Healdsburg; and DAAC self-funded another homeless-dedicated residential treatment bed, for a total of 57 new transitional beds. 18 beds were lost as two facilities closed, for a real net gain of 39 beds. The balance of the changes are due to reclassifications: 15 beds reclassified as transitional (from emergency); 6 beds reclassified to permanent (from transitional); and 40 of the HOME TBA beds reclassified as not homeless-dedicated (therefore they no longer appear on the HIC).

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Overall the HIC shows a net increase of 1 new bed and a loss of 24 CH beds. A dramatic story lies beneath the raw numbers. Sonoma County experienced a loss of 63 permanent supportive housing beds for chronically homeless individuals when California's 2008 budget was balanced by elimination of AB2034-funded projects (e.g. Project HOPE); and Face to Face closed two non-CoC-funded facilities serving homeless individuals with HIV (including 1 CH bed) for a loss of 70 beds including 64 CH beds.

In 2008, 47 chronically homeless Project HOPE clients were absorbed in another supportive housing program (SCIL), and 32 new beds (including a net increase of 15 CH beds) were created through wise administration of (and additions to) Sonoma County's Shelter Plus Care projects, for a total of 62 new CH beds created. In addition 43 PSH set-aside units were established in new affordable housing developments, and 6 beds were added through a Forensic Assertive Community Treatment program, for a total of 128 new permanent supportive housing beds.

The balance of the difference in both inventories comes from reclassifications and corrections. These include correcting double-counting of beds by more than one collaborative partner; reclassification of facilities from transitional to permanent and vice-versa; reclassification of CH beds to non-CH-dedicated or non-homeless-dedicated. This also accounts for an apparent discrepancy in section 4B, because the 2008 inventory corrects mistakes in the 2007 number entered there.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/17/2008

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/31/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS, Other
(select all that apply)

Must specify other:

Once HUDs requirements for the current HIC are announced, the CoC Coordinator conducts an after-the-fact survey, looking back to a single night in the 10-day period in January, specified by HUD for the survey. In this case, the survey gathered information for each of the three types of inventory (current, new, and under development) as of their respective end dates (1/31/2007 for current inventory, 1/31/2008 for new inventory, and the CoC competition deadline for inventory under development). The Coordinator compiles inventory reports by facility based on the prior inventory and HMIS bed lists as of the current inventory date. These are emailed (and in some cases, mailed by postal service) to providers with a request for updates. An email reminder is sent to all who do not respond within 1 week, and additional follow-up by telephone is conducted with all remaining providers until 100% of providers are reached and have responded. In 2008, the follow-up process and more specific HUD guidance led to very specific discussions - usually by extended phone conversations - with providers, which unearthed past duplications that have now been corrected. Any further discrepancies are discussed and answers confirmed by telephone. The HIC is then posted on the local CoC listserv along with Exhibit 1 and reviewed by members for accuracy, prior to submission.

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Local studies or non-HMIS data sources, HUD unmet need formula, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

During Sonoma County's 10-year planning process (2006), several methods for determining unmet need were analyzed (including, for instance, the Corporation for Supportive Housing's methodology, which yielded a similar unmet need to the HUD formula). During that process, participants formally agreed to use the HUD formula because it is the most reliant on actual data about actual persons, and requires the fewest assumptions to be made. Geographical and sub-population analysis of 2005 Count data were used in combination with provider guidance; the HUD unmet need formula was run for each geographical area and subpopulation, and then reconciled to overall projections.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: CA-504 - Santa Rosa/Petaluma/Sonoma County
(select all that apply) CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 09/01/2004
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems, HMIS unable to generate unduplicated count of homeless persons, Other
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Participation: CoC Coordinator, HMIS project coordinator and HMIS system administrator conduct an annual review, followed by 1-1 outreach in which ServicePoint HMIS is offered as robust (now cost-effective) software for client management with built-in technical support.

Legacy systems: Every system of care has software comparable to HMIS; none of them import from each other. COTS developed a shelter data management system prior to adoption of ServicePoint, and later developed a protocol that transfers data in their own data system into the HMIS; they may offer it as shareware.

Unduplicated count: HMIS will generate the sheltered count in 2009, but use by outreach workers is not extensive enough to use it for the unsheltered count.

Other Inadequate provider utilization of training and technical support capabilities: 1-2 providers now bring the trainer onsite monthly to provide training/troubleshooting; these agencies get the most out of HMIS. We use their example to explain to others that 1-1 training is available on call. Inadequate network capability has made group trainings a challenge, but for 2008-09, we will provide quarterly group training sessions at a site whose wireless internet capability allows all providers to log into ServicePoint at once, and quarterly group trainings are now planned.

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Sonoma County Community Development Commission
Street Address 1 1440 Guerneville Road
Street Address 2
City Santa Rosa
State California
Zip Code 95403
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Ms
First Name Cristin
Middle Name/Initial
Last Name Tuiden
Suffix
Telephone Number: 707-565-7524
(Format: 123-456-7890)
Extension 95403
Fax Number: 707-565-7557
(Format: 123-456-7890)
E-mail Address: ctuiden1@sonoma-county.org
Confirm E-mail Address: ctuiden1@sonoma-county.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	65-75%

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	14%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	1%
* Disabling Condition	1%	2%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	1%	18%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

The HMIS system administrator/trainer has designed data quality reports, distributed them to participating agencies, and asked them to run these reports on a monthly basis to identify data quality issues. The HMIS system administrator is available on a full-time basis to provide 1-1 consultation and technical assistance on data quality issues to participating agencies; this is discussed regularly in HMIS Policy Group meetings as well. Participating agencies HMIS data quality is examined annually and included in the scoring of renewal projects for CoC project priorities.

Note for other charts in this section: 2G, validation of off-site storage of HMIS data is done on a daily basis. Data is aggregated to a central location on a daily basis. We stated monthly only because it is the most frequent option offered in the drop-down menu. Also, the Policies and Procedures manual is in development and will be completed by November 30, 2008. For 2H, all trainings provided are offered on call and as required - often more than monthly (but we have marked monthly as it's the most frequent option offered in the drop-down menu).

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Over the course of 2007-08, the CoC Coordinator led a series of discussions at HMIS Policy Group meetings to assist participating agencies in developing common and/or consistent standards for ensuring valid program entry and exit dates. Because programs are so varied, each participating agency was assisted to define entry and exit in its own consistent way. Information sharing helped agencies to create local procedures as needed in the context of a common practice.

Beyond the programmatic definitions of entry and exit, ongoing on call training enabled several agencies to refine their use of HMIS so that it reflects the reality of how clients move through the system. Extensive 1-1 training is being used as the chief method of ensuring valid program entry and exit dates are recorded; now that a group training facility has been secured we expect to include this topic in group trainings as well.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? No

If 'Yes' indicate date of last review or update by CoC:

If 'No' indicate when development of manual will be completed: By March 31, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Never
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/31/2007

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	55	71	23	149
Number of Persons (adults and children)	175	200	51	426
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	256	125	404	785
Number of Persons (adults and unaccompanied youth)	278	129	481	888
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	311	196	427	934

Santa Rosa/Petaluma/Sonoma County CoC			COC_REG_v10_000152	
Total Persons	453	329	532	1,314

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	79	218	297
* Severely Mentally Ill	185	130	315
* Chronic Substance Abuse	284	240	524
* Veterans	47	75	122
* Persons with HIV/AIDS	13	12	25
* Victims of Domestic Violence	175	113	288
* Unaccompanied Youth (under 18)	2	1	3

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/23/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Shelter and transitional housing staff reported numbers in residence, verifying occupancy. The sheltered population dropped 19% (85 people) from the 2005 Count. 43% of this drop was among households with dependent children, and the balance were among households of adults and unaccompanied youth. This could be due to several factors: closure of a number of family transitional housing facilities with a net loss of 21 beds; the addition of 86 permanent supportive housing beds in 2006-07 (and others in the previous year, including 72 family permanent supportive housing beds); and data errors.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The vast majority of information came from PIT interviews. Two providers could not participate in PIT interviews, but after the fact provided subpopulation data for the night of the Count, based on client records.

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

An additional question regarding mental illness, substance abuse, and physical disability was added to the 2007 survey and yielded 12% higher rates of reported physical disabilities and 3% higher rates of mental illness, than in 2005. The 2007 Count found 47 fewer chronically homeless individuals than the 2005 Count; however HUD Count guidance allowed CoCs to count individuals about to be released into homelessness from public institutions, but 2007 Count guidance did not, lowering the number Sonoma County could report as chronically homeless by 19. 30 additional chronically homeless individuals were identified during the outreach week prior to the 2007 Count, who were not seen on Count Day. Therefore the total number of chronically homeless was essentially the same as in 2005.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The survey for the Point-In-Time Count was pilot-tested at a large shelter and then revised to assure data quality.

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Providers filled out the same survey forms as were used for interviews among unsheltered homeless, which included client initials, date of birth, and gender to ensure de-duplication. All were entered into a single database and de-duplication protocols were run to identify and eliminate duplicate records. This was particularly important because outreach was conducted and additional information collected over the week prior to the Count to ensure the most complete information possible; therefore a de-duplication protocol was required to identify those who might have been unsheltered early in the week but who became sheltered by Count day.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

To reach the maximum number of people in a large (>1,500 sq. mi.) rural county, volunteers produced 12 one-time service events in varying locations, designed to draw people who self-identified as homeless. Outreach workers traveled to encampments throughout rural Sonoma County for a week prior to the 1-night Count, interviewing people and encouraging them to come to events to be officially counted. This yielded information about an additional 386 additional, unduplicated homeless, beyond those who were seen during the 1-night Count for a total homeless population of 1,700. Of this weeklong total, 327 chronically homeless individuals were in emergency shelter or unsheltered.

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Other

If Other, specify:

If e-snaps offered this option, we would check both Known Locations and Other. 400 Count volunteers produced 12 special service events (most of them in areas with few, if any, services) and conducted extensive outreach to engage homeless people spread across a broad rural expanse. Count Outreach workers worked for a month prior to the Count with law enforcement, postal workers, local business and community representatives, and homeless individuals, as well as using computer mapping systems, to identify where homeless people and encampments might be found. They visited these places in advance to establish rapport, inform the people encountered about the Count events throughout the county and the purposes of the upcoming Count. They also identified people who might need transportation assistance so special service vans could bring these people to Count events. During the week prior to the one-day Count the outreach workers re-visited these areas, interviewed people there, and encouraged them to attend one of 12 Count events on the day of the Count. Outreach workers also revisited a number of encampments on Count Day to interview people not attending events. Hot meals and incentive gifts were offered at events to maximize participation, with smaller incentive gifts offered to those in encampments.

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

The same techniques were used as with the sheltered survey: Survey forms included client initials, date of birth, and gender to ensure de-duplication. All were entered into a single database and de-duplication protocols were run to identify and eliminate duplicate records. Again, this was important because outreach was conducted and additional information collected over the week prior to the Count to ensure the most complete information possible; therefore a de-duplication protocol was required to identify those who might have been unsheltered early in the week but who became sheltered by Count day.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The 10-year planning process shed light on effective practices in moving families out of homelessness, including case management, financial education, parenting skills, life skills, conflict resolution, and extending staff resources through volunteer mentoring. This year the Community Foundation Sonoma County convened a best practice discussion on ending family homelessness, to be followed by a long-term initiative.

Recently family shelters have extended stays to 6 months to give residents a better shot at graduating to stable housing. Outcomes assessment has resulted in a solid improvement in exits to permanent housing throughout this CoC. Children are now screened for a range of risks in all family shelters.

Unsheltered families with children often come to family shelters without outreach, but in rural areas without family shelters, outreach is needed. Motel vouchers are available for short stays as possible; the persistent belief that Child Protective Services will take children away based on homeless status alone complicates the challenge. Unsheltered families with children turn to churches and the police, who in turn refer them to service providers.

The Sonoma County Office of Education's McKinney-Vento program makes sure homeless children are identified and ensured their rights in attending school. Together we are working to educate district homeless liaisons about services for homeless families, and to engage them in the homeless count.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

A monthly meeting of 15-20 community health outreach workers (CHOWS) began about 18 months ago. These include staff from the Drug Abuse Alternatives Center, Face to Face, North Bay Veterans Resource Center, Social Advocates for Youth, Sonoma County Mental Healths Community Intervention Program and Interlink programs, and Southwest Health Center. From an initial focus on trends and case conferencing, outreach workers have visited parks, soup kitchens, and needle exchange sites together as The Outreach Team on at least a weekly basis, since February of 2008. So far the focus has been the city of Santa Rosa, where unsheltered homeless are easily found in the parks during the day. Recently the Outreach Team has begun serving Petaluma and Guerneville, and have been teaming up with homeless individuals for street outreach as well. They plan to expand to Sonoma and Cloverdale soon.

These developments coincided with the CoCs efforts on behalf of homeless veterans, which were driven by goals set in Sonoma Countys 10-year plan. In that process, homeless veterans helped to design an outreach program that would serve veterans effectively. They designed Sonoma County Vet Connect, which in May 2008 began providing a weekly drop-in program at the Santa Rosa Free Clinic, drawing dozens of homeless veterans every week and linking them with services. In addition to the homeless veterans who engage veterans on the street, service providers such as Sonoma County Veterans Service Office, the VA Medical Clinic, and North Bay Veterans Resource Center are present to enroll veterans in services. More than 100 unduplicated homeless veterans were served before Sonoma County Vet Connect was produced at the Guerneville Veterans Building on August 14th, serving 37 veterans in its first session. Guerneville Vet Connect is now scheduled alternate Thursdays and the program will shortly expand to Sonoma, Petaluma, Cloverdale and neighboring Mendocino County.

Sonoma Countys 1-night count in 2007 found 237 fewer unsheltered homeless than during the same period in 2005. In actuality, 242 fewer people were found in families with dependent children a precipitous and confounding 72% drop! At the same time, 376 more homeless individuals were found, an 87% increase. These huge changes required much analysis to come up with an explanation:

- 1) Half of this shift came due to HUDs clarification that families of adults were not to be grouped with families with dependent children. The actual drop in the number of homeless families with children was closer to 30%.
- 2) 63 new permanent supportive housing beds for families came into use in the period between the 2005 Count and the 2007 Count, and could account for more than 1/3 of the remaining discrepancy.
- 3) The coincidental, widespread Immigration and Customs Enforcement raids in the winter of 2008 discouraged many immigrant families from allowing themselves to be detected; we estimate another 1/3 of the remaining discrepancy to be due to either ICE or other sweeps and cleanups that took place amidst the 2007 despite organizers best efforts.
- 4) When all other factors are taken into account, we still found about a 10% drop in the number of homeless families with children, both in the shelters and among unsheltered families. This could be due to families successfully getting themselves into market-rate housing, families simply leaving this high-cost area, or other factors.

Even taking into account the shift from families to individuals based on HUD guidance mentioned above, the 2007 Count still found 231 more unsheltered individuals than were found in 2005 (more than 50% increase over 2005). We believe the main reason for this change was the intensive, weeks-long outreach effort prior to the 2007 Count, including a full week of interviewing and outreach in encampments prior to Count Day. These additional efforts meant organizers identified 371 more unsheltered people than in 2005 (a 48% increase) over the

week, asking them to come to service sites to be counted on Count Day. Due to the sweeps and cleanups mentioned above, many of these did not present themselves on Count Day.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Open at least 3 new Shelter Plus Care beds for chronically homeless with mental illness	Leased Housing Manager, Sonoma County Housing Authority
Action Step 2	Develop 4 PH beds for chronically homeless in Cloverdale	Exec. Dir., Cloverdale Community Outreach Committee
Action Step 3	Develop formal capacity building effort to help more service providers own and operate permanent supportive housing.	Exec. Dir. Community Housing Sonoma County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	185
Numeric Achievement in 12 months	218
Numeric Achievement in 5 years	352
Numeric Achievement in 10 years	524

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Full embrace of the Recovery model & consumer empowerment into leadership. In 2008-09, expand leadership group from 4 to 12 persons.	Deputy Director, Buckelew Programs
Action Step 2	Outreach & consultations to housing developers, property managers & private landlords on renting to homeless persons, including how to collaborate with service providers.	Deputy Director, Buckelew Programs; Leased Housing Mgr, SCHA
Action Step 3	Unlimited as-needed access to case managers, including living skills education, and assistance with accessing other community services, interventions to prevent evictions should clients decompensate, and client education on being a good tenant.	Deputy Dir., Buckelew Programs; Supportive Housing Dir., CSN; Leased Housing Mgr, SCHA

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	84
Numeric Achievement in 12 months	85
Numeric Achievement in 5 years	85
Numeric Achievement in 10 years	85

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Maintain high performance by offering tenant education and mentoring (preparing for transition to independent housing), and by addressing root causes of homelessness such as chemical dependency, mental health issues, childhood and adult trauma and neglect.	Program Dir., COTS; Housing Dir, Catholic Charities; Housing Dir., CAP-SC
Action Step 2	Increase success of homeless persons moving to PH by establishing 9 homeless-dedicated substance abuse treatment beds, & initiating substance abuse homeless outreach, education, assessment & placement services throughout Sonoma County.	Division Mgr, So. Co. Dept. of Health Services, Alcohol & Other Drug Services
Action Step 3	Maintain success of homeless persons moving to PH by providing outreach and linkage to mental health assessment, case management, and other services. Provide 1,000 assessments/year; about 15% will be eligible for public mental health services.	Community Intervention Program Mgr, So. Co. Dept. of Health Services, Mental Health Division

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	74
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Maintain current high achievement through employment support programs, including employment counseling, resume writing assistance, computers for online job search and applications, help preparing for interviews (including appropriate appearance, interviewing and stress management), mentored internships, financial education, linkage with JobLink, Career Fairs, temporary agencies & employers, and placement with employer partners.	Prog. Dir., COTS; Hsg Dir., CAP; Hsg Dir., Cath. Charities; Prog. Dir., VVC; Exec. Dir., IFSN
Action Step 2	Provide Employment Services for mentally ill clients; and refer clients to Wellness Center and Guernevilles Empowerment Center for peer counseling training, internships, and jobs; assist clients to enroll in the Dept. of Vocational Rehabilitation.	Deputy Director, Buckelew Programs; Supportive Housing Dir., CSN
Action Step 3	Provide homeless youth assessment and training for employment readiness and employment case management. Increase the percentage of homeless youth exiting with employment income from 32% to 40% in the coming year.	Director of Residential and Crisis Services, SAY

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	39
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	40
Numeric Achievement in 10 years	40

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Open 24 units of family permanent supportive housing at Vida Nueva	Assoc. Exec. Dir., COTS
Action Step 2	Implement long-term initiative to end family homelessness.	VP for Programs, Community Foundation Sonoma County
Action Step 3	Add perinatal substance abuse treatment beds to serve 6 more families	Exec. Dir., Drug Abuse Alternatives Center

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	149
Numeric Achievement in 12 months	136
Numeric Achievement in 5 years	85
Numeric Achievement in 10 years	20

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol:	Protocol in Development
Health Care Discharge Protocol:	Initial Discussion
Mental Health Discharge Protocol:	Protocol in Development
Corrections Discharge Protocol:	Initial Discussion

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Collaborating partners include the Sonoma County Human Services Department, Children & Families Division, the Sonoma County Community Development Commission and the Sonoma County Continuum of Care Planning Group. The So. Co. Human Services Department currently has several programs in place that act as a safety net for approximately 60% of the youth aging out of foster care each year. The Continuum of Care Planning Group has developed resources for some of the youth who have, until now, fallen into homelessness. A draft protocol describes both the current efforts and commitments of So. Co. Human Services Department and the partnership to expand program services to meet the balance of the need. The draft is the result of multiple discussions between the partners over 2008-09, a meeting on April 2, 2008 and the sharing of SCHSD documents with the Continuum of Care shortly after that. The draft was brought to the So. Co. Continuum of Care Steering Committee for review on September 3, 2008. The Sonoma County Health and Human Services Coordinating Committee (comprised of County department and division directors) agreed on September 8, 2008 to a process to finalize the protocol. The protocol is projected to be finalized by March 31, 2009.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Initial discussions took place via planning for a Health Care for the Homeless (HCH) Collaborative, through a state-funded planning process for frequent users of emergency departments, and during Sonoma County's 10-Year planning process. Hospital discharge planners attended CoC meetings, requesting assistance with placing homeless patients appropriately. New state legislation now calls for improvements in hospital discharge of homeless patients across the state. The Hospital Council of Northern California convened a meeting at Sutter Medical Center, Santa Rosa on 9/11/2007 attended by 26 people. Respite care emerged as both the most significant gap and most promising opportunity. In its report, the Hospital Council proposed the continuing engagement of hospitals in local collaboratives to: strengthen communication, coordination, referrals, and follow-up; collect and monitor data regarding hospital care of homeless patients, and discharge policies and referral processes; and provide internal staff training on homeless needs.

Sonoma County's HCH Collaborative has since had success in expanding health care for homeless individuals, building partnerships with key players such as St. Joseph Health System, Memorial Hospital, Sutter Hospital, and most of the clinics and health centers in Sonoma County. In 2008-09, the CoC will work with the HCH Collaborative to further discuss discharging homeless patients toward the goal of designing a full health care discharge protocol.

Mental Health Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

So. Co. Mental Health already provides its severely and persistently mentally ill clients with wraparound case management including a housing placement specialist. The CoC MH/AODS Committee is co-chaired by a County Mental Health Program Manager who has brought that division into a closer partnership with the CoC. In July and August 2008, the CoC's Mental Health/Alcohol & Other Drug Services (MH/AODS) Committee convened discussions of discharge procedures at the 23-hour Psychiatric Emergency Services (PES), which since closure of the Psych Inpatient Unit is the only county-run mental health facility. Information was shared about procedures for several homeless populations seen at PES: those already enrolled in county mental health services, those meeting the criteria for county mental health services but not yet enrolled, and those not meeting those criteria. Gaps were identified and brainstorming on solutions took place. These discussions, along with the relevant State regulations concerning discharge requirements, are summarized in a draft protocol which has been through two edits and was reviewed in a meeting with the Mental Health Division Director and Assistant Director of the Department of Health Services on October 20, 2008. It is anticipated that procedures will be designed through the partnership established in the CoC MH/AODS Committee, over November 2008-March 2009. A final protocol will be finalized by September 2009.

Corrections Discharge

For initial discussion, indicate the collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Partners in Sonoma County's draft Corrections Master Plan contacted the So. Co. Community Development Commission (CDC) to bring housing entities into its process, which builds on long efforts to link offenders with community services. Sheriff and Police Departments have for years brought inebriated homeless to a 6-hour detox hold in lieu of booking. So. Co. Mental Health's mental health probation program prevents criminal recidivism and ended homelessness; its Jail Mental Health program offers discharge planning, mental health services, housing resources, and case management.

Midnight releases from County Jail currently mean release to homelessness. Up to 18% in alternative sentencing are homeless on admission. A Court Homeless Protocol was initiated by the Superior Court with community partners, to divert homeless who cycle through the courts and jail, into housing and treatment. A pilot began January 2008, led by the California Human Development Corporations Project Intercept. The Corrections Master Plan recommends the Court Homeless Protocol model, as well as a minimum security residential facility with a range of social services as a transition to the community. Services would be designed to address criminal risk, but would also impact homelessness. At the 9/8/08 Health and Human Services Coordinating Committee, senior County staff encouraged CDC and CoC to make specific contacts to ensure discharge housing supports are included in the Corrections Master Plan.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

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Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

To promote new and existing day centers, emergency shelters, transitional housing facilities and services that will coordinate and improve the continuum of care system for homeless residents of Sonoma County.

Provide day center services, emergency shelter beds, and transitional housing with supportive services to homeless persons, some with special needs.

Provide mental health, other health and social services, counseling, employment training, education, childcare, parenting education, substance abuse treatment, domestic violence intervention, self-sufficiency skills, and transportation assistance, to homeless persons living on the streets or in emergency shelters, including outreach to the street homeless and assessment of individual and family needs.

Some of the assisted persons will be from special needs subpopulations.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

Chronic Homelessness:

Help hundreds of chronically homeless mentally ill people and chronically homeless people with addictions to access treatment by creating 110 gateway beds linked to mental health or substance abuse treatment;

Divert 40 chronically homeless repetitive misdemeanor offenders each year from jail into housing and treatment;

House hundreds of homeless veterans by linking them with treatment, and creating 116 new transitional beds and 137 permanent supportive housing units for veterans with disabilities.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	22	Beds	-8	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	82	%	84	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	65	%	74	%
Increase percentage of homeless persons employed at exit to at least 18%	28	%	39	%
Ensure that the CoC has a functional HMIS system	80	%	79	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	344	118
2007	297	191
2008	297	185

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 62 (but loss of State funding meant net loss of 8)

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$1,632,798	\$1,620,197	\$1,020,019	\$2,765,239
Operations	\$272,684			\$51,028	\$42,254
Total	\$272,684	\$1,632,798	\$1,620,197	\$1,071,047	\$2,807,493

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	37
b. Number of participants who did not leave the project(s)	128
c. Number of participants who exited after staying 6 months or longer	24
d. Number of participants who did not exit after staying 6 months or longer	114
e. Number of participants who did not leave and were enrolled for 5 months or less	17
TOTAL PH (%)	84
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	103
b. Number of participants who moved to PH	76
TOTAL TH (%)	74

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 424

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	82	19 %
SSDI	25	6 %
Social Security	3	1 %
General Public Assistance	15	4 %
TANF	68	16 %
SCHIP	6	1 %
Veterans Benefits	2	0 %
Employment Income	164	39 %
Unemployment Benefits	3	1 %
Veterans Health Care	4	1 %
Medicaid	34	8 %
Food Stamps	66	16 %
Other (Please specify below)	19	4 %
school grants, scholarships (4); pension (1); tribal income (1); child support (4); private disability insurance (1); unspecified (8)		
No Financial Resources	51	12 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

APRs are systematically analyzed by the CoC Coordinator as part of the annual renewal project evaluation process. Results are shared with evaluation committee members, are discussed with project staff at site visits, and go into the overall scoring schema that generates project priorities. As a result of this process, both record-keeping (e.g., the HMIS software does not roll up children's receipt of CHIP benefits to the adult on whom the APR report is based), and programmatic issues (e.g., the major local initiative to enroll all low-income children in CHIP has ceased operating) have been identified.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

Committee on Homeless Veterans meets monthly to improve homeless veterans' access to VA and other services: 11/1/07, 12/6/07, 1/3/08, 2/7/08, 3/6/08, 4/3/08, 5/1/08, 6/5/08, 7/10/08, 8/7/08, 9/4/08. On 6/26/08, Committee and Steering Committee members present their work at a HUD/VA focus group convened to help CoCs build partnerships with the VA. For other mainstream programs, this function lies in the CoC Steering Committee due to participation of other systems of care as ex officio members. 2008-09 activities included: 10/30/07 - Members attend meeting to build partnerships with the Social Security Administration (SSA); 1/2/2008 - SSA staff discuss joint efforts to improve the outcomes of disability claims for homeless; 1/17/2008 - SSA and State Dept. of Disability Determination provide training at CoC Planning Group; 4/23/2008 - SSA, So. Co. Human Services Department and CoC provide community-wide training on improving disability claims for homeless.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Several providers participated in trainings in Spring 2008. However, many have had no exposure to SOAR and we hope to bring trainings to Sonoma County in the coming year.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	95%
By case managers/benefits advocates/eligibility workers at initial intake/assessment and on followup	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	20%
Most providers report mainstream programs insist on their own forms for reasons of compliance and/or confidentiality. As possible providers have fashioned internal needs assessment tools addressing mainstream programs such as Social Security program eligibility, General Assistance, TANF and other income benefits, and health care needs.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	75%
4a. Describe the follow-up process:	
Case managers follow up with clients ensuring all forms and supporting documentation are completed; case managers assist clients to make phone contact to track progress of applications.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	No
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Homeless Managem e...	2008-09-26 18:18:...	1 Year	Sonoma County Com...	135,329	Renewal Project	SHP	HMIS	F15
Buckelew SHP (Son...	2008-09-25 23:36:...	1 Year	Buckelew Programs	166,344	Renewal Project	SHP	PH	F6
Caring Communities	2008-10-03 18:38:...	1 Year	Communit y Action ...	107,000	Renewal Project	SHP	SSO	F7
Petaluma Veterans...	2008-10-16 17:02:...	1 Year	Vietnam Veterans ...	44,500	Renewal Project	SHP	TH	F17
Rent Up	2008-10-21 15:30:...	1 Year	Communit y Action ...	40,624	Renewal Project	SHP	SSO	F10
Soroptimist House	2008-10-06 17:29:...	1 Year	Interfaith Shelte...	24,780	Renewal Project	SHP	TH	F2
The Family Connec...	2008-09-19 15:56:...	1 Year	Committee on the ...	16,000	Renewal Project	SHP	SSO	F11
Rent Right	2008-10-21 18:06:...	1 Year	Committee on the ...	29,744	Renewal Project	SHP	SSO	F9
Work Right Transi...	2008-09-19 15:58:...	1 Year	Committee on the ...	75,000	Renewal Project	SHP	TH	F1
Transitiona l Hous...	2008-09-26 18:12:...	1 Year	Committee on the ...	76,667	Renewal Project	SHP	TH	F4
Slater @ Meadow Lane	2008-10-06 17:28:...	1 Year	Interfaith Shelte...	60,114	Renewal Project	SHP	TH	F5
Yulupa Supportive ...	2008-10-14 16:49:...	1 Year	Social Advocates ...	40,000	Renewal Project	SHP	TH	F12
Housing Options	2008-10-08 21:50:...	1 Year	Catholic Charitie...	74,963	Renewal Project	SHP	TH	F3

Santa Rosa/Petaluma/Sonoma County CoC							COC_REG_v10_000152	
Shelter Plus Care...	2008-10-08 18:47:...	1 Year	Sonoma County Com...	189,984	Renewal Project	S+C	TRA	U19
Franklin Court	2008-10-12 21:37:...	3 Years	CCOC	132,643	New Project	SHP	PH	S16
Homeless Interven...	2008-09-18 16:12:...	1 Year	YWCA Sonoma County	52,500	Renewal Project	SHP	SSO	F14
Stony Point Commons	2008-10-08 18:53:...	1 Year	Communit y Support...	40,842	Renewal Project	SHP	PH	F13
Shelter Plus Care...	2008-10-03 18:03:...	1 Year	Sonoma County Com...	393,552	Renewal Project	S+C	TRA	U18
Communit y Turning...	2008-10-08 21:33:...	1 Year	Catholic Charitie...	79,999	Renewal Project	SHP	TH	F8

Budget Summary

FPRN	\$1,064,406
Rapid Re-Housing	\$0
Samaritan Housing	\$132,643
SPC Renewal	\$583,536
Rejected	\$0