
2007 Continuum of Care Application: Exhibit 1

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Part I: CoC Organizational Structure

HUD-Defined CoC Name:	CoC Number
Santa Rosa/Petaluma/Sonoma County CoC	CA-504

A: CoC Lead Organization Chart

CoC Lead Organization: Sonoma County Continuum of Care Planning Group		
CoC Contact Person: Jenny Helbraun Abramson, Coordinator		
Contact Person's Organization Name: So. Co. Continuum of Care Planning Group		
Street Address: 708 Gravenstein Hwy No. #95		
City: Sebastopol	State: CA	Zip: 95472
Phone Number: (707) 824-2852	Fax Number: (707) 824-2852	
Email Address: ContinuumofCare@comcast.net		

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Santa Rosa	063396
Petaluma	062760
Sonoma County	069097

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	<i>Sonoma County Continuum of Care Steering Committee</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Role:	<i>This group sets agendas for full Continuum of Care Planning Group meetings, oversees project monitoring and other CoC initiatives, and provides final approval for CoC application and project priorities.</i>					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	<i>Sonoma County Continuum of Care Planning Group</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
Role:	<i>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.</i>					
Name:	<i>Sonoma County CoC Evaluation Committee</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
Role:	<i>This group monitors CoC projects and determines project priorities, meeting intensively in the first quarter of every year.</i>					
Name:	<i>HMIS Committee</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Role:	<i>This group provides HMIS user training and develops policies and consensus with regard to the Sonoma County Homeless Management Information System.</i>					
Name:	<i>Sonoma County CoC Housing Development Committee</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
Role:	<i>This group determines unmet housing need, provides technical assistance and builds relationships between service providers and housing developers, and monitors the pipeline of homeless housing in development.</i>					
Name:	<i>Sonoma Co. CoC Homeless Intervention Planning Group</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
Role:	<i>This group analyzes gaps in service among local homeless subpopulations, reviews best practices, and makes recommendations as to county-wide program priorities. This group's efforts in the 10-year planning process will lead to three new working groups in 2007.</i>					
Name:	<i>Sonoma Co. CoC Homeless Prevention Planning Group</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
Role:	<i>This group analyzes the sources of new homelessness, reviews best practices in homeless prevention, engages public systems in discussion to develop discharge planning protocols, and makes recommendations on county-wide prevention priorities.</i>					

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
Name:	<i>Sonoma Co. CoC Outcomes Assessment Planning Team</i>	X				13
Role:	<i>This group is developing a performance evaluation system for all components of the CoC – including determining key outcomes to be measured and setting benchmarks for each outcome. It engages funders of homeless services in a coherent funding strategy.</i>					
Name:	<i>Sonoma County CoC Homeless Count Committee</i>	X				34
Role:	<i>This group develops strategies to reach unsheltered homeless people in a large rural county, creates surveys, produces service events, engages partner agencies and homeless individuals to locate encampments, and involves hundreds of volunteers in Count activities.</i>					
Name:	<i>Sonoma Co. CoC Coordinated Shelter Referral Task Group (Ad Hoc group)</i>		X			7
Role:	<i>This group ensures that all people in search of emergency shelter can find it, and that emergency shelters experience the highest possible utilization so as to minimize the number of unsheltered homeless and mitigate the need for short-term shelter.</i>					
Name:	<i>Sonoma County Board of Supervisors</i>			X		1
Role:	<i>The Sonoma County Board of Supervisors hears presentations by the CoC, approves County applications for funding, provides direct funding of emergency shelters and other projects, and unanimously endorsed the Sonoma County 10-Year Homeless Action Plan.</i>					
Name:	<i>Santa Rosa City Council</i>			X		1
Role:	<i>The Santa Rosa City Council regularly hears presentations by the CoC on services planning within the city, provides direct funding of emergency shelters and other projects, and unanimously endorsed the Sonoma County 10-Year Homeless Action Plan.</i>					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Dept. of Vocational Rehabilitation	Sonoma County		
	LOCAL GOVERNMENT AGENCIES			
	Area Agency on Aging	Sonoma County, City of Santa Rosa, City of Petaluma		
	City of Sonoma	Sonoma County		
	Interlink	Sonoma County, City of Santa Rosa, City of Petaluma	SMI	
	City of Petaluma	City of Petaluma		
	City of Rohnert Park	Sonoma County		
	City of Santa Rosa	City of Santa Rosa		
	Sonoma County Human Services Department	Sonoma County, City of Santa Rosa, City of Petaluma		
	Sonoma County Community Development Commission	Sonoma County		
	Sonoma County Health Services Department, Alcohol and Other Drug Services Division	Sonoma County, City of Santa Rosa, City of Petaluma	SA	
	Sonoma County Health Services Department, Mental Health Division	Sonoma County, City of Santa Rosa, City of Petaluma	SMI	
	PUBLIC HOUSING AGENCIES			
	City of Santa Rosa Housing Authority	City of Santa Rosa		
Sonoma County Housing Authority	Sonoma County, City of Petaluma			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	Specific Names of All CoC Organizations
PUBLIC SECTOR	SCHOOL SYSTEMS / UNIVERSITIES			
	Sonoma County Office of Education	Sonoma County, City of Santa Rosa, City of Petaluma		
	LAW ENFORCEMENT / CORRECTIONS			
	City of Santa Rosa Police Department	City of Santa Rosa		
	Sonoma County District Attorney's Office	Sonoma County		
	Sonoma County Sheriff Department	Sonoma County		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Sonoma County JobLink	Sonoma County, City of Santa Rosa, City of Petaluma		
	OTHER			
	United States Veterans Administration – Outpatient Medical Clinic	Sonoma County, City of Santa Rosa, City of Petaluma	VET	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Becoming Independent	Sonoma County, City of Santa Rosa, City of Petaluma	Developmentally Disabled	
	Buckelew Programs	Sonoma County, City of Santa Rosa, City of Petaluma	SMI	

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS, <i>cont'd.</i>			
	Community Action Partnership Sonoma County (CAP-SC)	Sonoma County, City of Santa Rosa		
	Committee on the Shelterless (COTS)	Sonoma County, City of Santa Rosa, City of Petaluma		
	Community Resources for Independence (CRI)	Sonoma County, City of Santa Rosa, City of Petaluma	People with Disabilities	
	Community Support Network (CSN)	Sonoma County, City of Santa Rosa	SMI	SA
	Drug Abuse Alternatives Center (DAAC)	Sonoma County, City of Santa Rosa	SA	
	Face to Face	Sonoma County, City of Santa Rosa, City of Petaluma	HIV	
	The Living Room	Sonoma County, City of Santa Rosa		
	River Child Care Services	Sonoma County		
	Social Advocates for Youth (SAY)	Sonoma County, City of Santa Rosa	Y	
	Sonoma County Adult and Youth Development (SCAYD)	Sonoma County		
	Senior Advocacy Services	Sonoma County, City of Santa Rosa, City of Petaluma		

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS, <i>cont'd.</i>			
	Sonoma County Legal Services Foundation	Sonoma County, City of Santa Rosa, City of Petaluma		
	Vietnam Veterans of California/North Bay Veterans Resource Center	Sonoma County, City of Santa Rosa, City of Petaluma	VET	
	Volunteer Center of Sonoma County	Sonoma County, City of Santa Rosa, City of Petaluma		
	West County Community Services	Sonoma County		
	Women's Recovery Services	Sonoma County, City of Santa Rosa	SA	
	YWCA of Sonoma County	Sonoma County, City of Santa Rosa, City of Petaluma	DV	
	FAITH-BASED ORGANIZATIONS			
	Catholic Charities of the Diocese of Santa Rosa	Sonoma County, City of Santa Rosa, City of Petaluma		
	Cloverdale Community Outreach Coalition	Sonoma County		
	Interfaith Shelter Network	Sonoma County, City of Santa Rosa	SA	SMI
	Russian River Interfaith Coalition	Sonoma County		
	Salvation Army Petaluma	City of Petaluma		
	FUNDERS / ADVOCACY GROUPS			
	Community Foundation Sonoma County	Sonoma County, City of Santa Rosa, City of Petaluma		

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR	FUNDERS / ADVOCACY GROUPS, <i>cont'd.</i>			
	Farm Worker Housing Group	Sonoma County		
	Sonoma County Housing Coalition	Sonoma County, City of Santa Rosa, City of Petaluma		
	Sonoma County Task Force for the Homeless	Sonoma County, City of Santa Rosa, City of Petaluma		
	United Way of Sonoma-Mendocino-Lake Counties	Sonoma County, City of Santa Rosa, City of Petaluma		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Burbank Housing	Sonoma County, City of Santa Rosa, City of Petaluma		
	Dennis Campbell, realtor	City of Santa Rosa		
	DeDe's Rentals	Sonoma County, City of Santa Rosa		
	Meltzner & Assoc. (housing development consultant)	Sonoma County, City of Santa Rosa, City of Petaluma		
	PEP Housing (developer of senior housing)	Sonoma County, City of Santa Rosa, City of Petaluma		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Redwood Community Health Coalition	Sonoma County, City of Santa Rosa, City of Petaluma		

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR	HOSPITALS / MEDICAL REPRESENTATIVES			
	St. Joseph Health Systems/Santa Rosa Memorial Hospital	Sonoma County, City of Santa Rosa, City of Petaluma		
	West County Health Centers	Sonoma County		
	HOMELESS / FORMERLY HOMELESS PERSONS			
	35 homeless or formerly homeless persons were identified as participating in CoC activities in 2006-07. 30 took part <i>only</i> in the Homeless Count, but 5 also took part in CoC committee work.	Sonoma County, City of Santa Rosa, City of Petaluma		
	OTHER			
	3 other unaffiliated Community Residents	Sonoma County, City of Santa Rosa, City of Petaluma		

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input checked="" type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p><i>Sonoma County Community Development Commission (CDC) currently 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 FESG, 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 FESG funds).</i></p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>70</u> %</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p><input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer</p> <p><input checked="" type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____</p>	

4b. Briefly explain the selection process.

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 Group's 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, and adopted with modifications by the CCPG. It was done to create a governing board that both met HUD's apparent preferences and to streamline decision-making by empowering a smaller governing group with representation from the CCPG.

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

- Elected
 Appointed

- Assigned/Volunteer
 Other – specify: *Chairs and co-chairs are elected to staggered 2-year terms by majority vote of seated Steering Committee members.*

F: CoC Project Review and Selection Chart

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	d. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<input checked="" type="checkbox"/>
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation (<i>new projects only</i>)	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants (<i>as necessary</i>)	<input checked="" type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	d. One Vote per Organization	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	e. Consensus (general agreement)	<input type="checkbox"/>
c. All CoC Members Present Can Vote	<input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input type="checkbox"/>

G: CoC Written Complaints Chart

<p>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If Yes, briefly describe the complaints and how they were resolved.</p>	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Athena House											✓							
Becoming Independent									✓	✓						✓		
Buckelew Programs		✓	✓	✓		✓			✓	✓		✓				✓		✓
California Human Development Corporation		✓				✓					✓					✓		
California Parenting Institute															✓			
Casa Calmecac											✓							
Catholic Charities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catholic Worker		✓													✓			
City of Santa Rosa Housing Authority		✓																
City of Santa Rosa Neighborhood Revitalization Program				✓	✓			✓							✓			
Community Action Partnership-Sonoma County (overall admin. of HCA Prevention Fund; Fair Housing of Sonoma County)	✓	✓		✓	✓				✓	✓			✓		✓	✓	✓	✓
Community Child Care Council (4C's)																	✓	
Community Resources for Independence		✓	✓	✓	✓				✓	✓		✓				✓		
Community Support Network		✓	✓	✓		✓			✓	✓	✓	✓				✓		✓
COTS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

(1)	(2)					(3)			(4)									
	Prevention					Outreach			Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Council on Aging (representative payee services for seniors)					✓				✓									
Drug Abuse Alternatives Center (DAAC)						✓			✓	✓	✓	✓	✓	✓	✓		✓	✓
Empire College – Silvercrest (for seniors)					✓													
Face to Face	✓	✓	✓	✓		✓			✓					✓				
FISH Sonoma Valley		✓	✓	✓									✓					✓
Food For Thought														✓				
Goodwill Industries																✓		
Housing Advocacy Group					✓													
Housing Connections									✓	✓		✓						
InterFaith Shelter Network				✓		✓		✓	✓	✓	✓	✓			✓	✓		✓
Jewish Community Free Clinic													✓					
Jewish Family & Children's Services	✓	✓	✓												✓			
La Luz Center		✓	✓															
The Living Room					✓					✓		✓	✓		✓		✓	✓
North County Community Services		✓	✓			✓												
Oaks of Hebron									✓	✓								
Petaluma People Services Center		✓	✓		✓				✓			✓						
R House											✓							
Redwood Community Health Coalition													✓	✓				
Redwood Gospel Mission											✓							
River Child Care												✓					✓	

(1)	(2)					(3)			(4)									
	Prevention					Outreach			Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Russian River Counseling				✓		✓			✓		✓	✓		✓				
Salvation Army									✓	✓	✓				✓		✓	✓
Social Advocates for Youth									✓	✓		✓			✓			
Sonoma County Adult and Youth Development		✓		✓					✓	✓	✓	✓			✓	✓		
Sonoma County Alcohol & Other Drug Services - detox and treatment											✓							
Sonoma County Department of Health Services													✓	✓				
Sonoma County Housing Authority/Community Development Commission	✓	✓							✓	✓					✓		✓	✓
Sonoma County Human Services Department (cash aid/TANF, Information & Referral, SonomaWORKS, transitional programs for foster youth, Sonoma County JobLink, Medi-Cal, County Medical Services Program)	✓	✓	✓	✓	✓				✓		✓	✓	✓		✓	✓	✓	
Sonoma County Indian Health Project												✓	✓					

(1)	(2)					(3)			(4)									
	Prevention					Outreach			Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Sonoma County Legal Aid – Eviction Defense Program					✓													
Sonoma County Mental Health (Project HOPE, InterLink, housing specialist)		✓			✓	✓		✓	✓			✓				✓		✓
Sonoma County Office of Education															✓			
Sonoma County Public Health - Children Are People program						✓												
Sonoma County Public Health - Mobile Unit							✓											
Sonoma County/SEIU 707 Housing Assistance Program	✓	✓																
St. Anthony's Farm											✓							
St. Joseph Health Systems Mobile Medical/Dental Clinics							✓											
Vietnam Veterans of California		✓		✓	✓				✓	✓	✓		✓		✓	✓	✓	✓
Volunteer Center Information & Referral Program	✓	✓	✓	✓	✓				✓									
West County Community Services		✓	✓															
Women's Recovery Services		✓	✓						✓	✓	✓	✓	✓		✓		✓	✓
YWCA of Sonoma County		✓	✓	✓	✓			✓	✓	✓		✓			✓		✓	✓

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Catholic Charities	Family Support Center	PA	8	130	063396	FC		30	130	8	138	0	21
Catholic Charities	City of Santa Rosa Brookwood Center	PA	20	20	063396	M		5	20	20	40	0	6
Catholic Charities	Nightingale House (<i>adults needing bed rest</i>)	PA	5	0	063396	SMF		0	0	5	5	0	0
Catholic Charities	Sonoma County Russell Avenue Shelter	PA	30	0	063396	M		0	0	30	30	0	5
Catholic Charities	City of Santa Rosa Samuel Jones Hall	PA	80	0	063396	SMF		0	0	80	80	0	12
Community Action Partnership- Sonoma County	Sloan House	PA	20	2	063396	FC/SF		1	2	20	22	0	0
Cloverdale Community Outreach Coalition	Wallace House, Cloverdale	PA	0	3	069097	M		1	3	0	3	0	1
Community Support Network with So. Co. Dept. of Health Services, Mental Health Division	Opportunity House (<i>adults with serious, persistent mental illness</i>)	PA	10	0	063396	SMF		0	0	10	10	0	0
COTS	Center for Children and their Families	PA	0	30	062760	FC		11	30	0	30	0	0

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
COTS	Faith-Based Shelter - Churches and Synagogues <i>(school year only)</i>	PA	0	0	062760	FC		0	0	0	0	12	0
COTS	Mary Isaak Multi-Service Center	PA	100	0	62760	SMF		0	0	100	100	0	0
North County Community Services	Spare Room, Healdsburg	D	0	0	069097	SMF		0	0	4	4	0	0
Redwood Gospel Mission	Women's Shelter	N	0	0	063396	M		3	14	20	34	0	0
Redwood Gospel Mission	Men's Shelter	N	0	0	063396	SM		0	0	50	50	0	0
Social Advocates for Youth	Coffee House <i>(Youth)</i>	PA	6	0	063396	YMF		0	0	6	6	0	0
Women's Recovery Services	WRS/Hendley <i>(alcohol/drug dependent women)</i>	N	0	0	063396	FC		0	0	1	1	0	0
YWCA	Women's Shelter, Location Suppressed	DV	0	0	069097	M	DV	12	29	25	54	0	0
SUBTOTALS:			279	185	SUBTOTAL CURRENT INVENTORY:			63	228	379	607	12	45
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
River Child Care Services	Motel Voucher program	D	0	0	069097	FC		0	0	0	0	0	20

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds			
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.											
Russian River Interfaith Coalition	Winter Shelter	D	0	0	069097	SMF		0	0	0	0	22	0		
West County Community Services	Motel Voucher program	D	0	0	69097	FC		0	0	0	0	0	20		
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0	22	40		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date												
Cloverdale Community Outreach Coalition	Wallace House expansion		April-08		069097	M		1	2	2	4	0	0		
City of Sonoma	Sonoma Overnight Shelter		August-07		069097	M		2	6	4	10	0	0		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								3	8	6	14	0	0		
Unmet Need								UNMET NEED TOTALS:		27**	78**	98**	176**	0	0
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families										
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			385		6. Total Year-Round Family Emergency Shelter (ES) Beds:						236				
2. Number of DV Year-Round Individual ES Beds:			25		7. Number of DV Year-Round Family ES Beds:						29				
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			360		8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):						207				
4. Total Year-Round Individual ES Beds in HMIS:			279		9. Total Year-Round Family ES Beds in HMIS						185				
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			78%		10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						89%				

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
					A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*

*In the column labeled “O/V,” enter the number of Overflow and Voucher Beds

** The Unmet Need represented here includes beds for 2 families and 33 individuals in association with substance abuse services, and beds for 25 families and 50 individuals in association with mental health services, plus 15 individual emergency shelter beds (for details see *Housing Sonoma County’s Homeless*, available at www.sonoma-county.org/cdc/pdf/homelessestimates.pdf.) These could be provided as treatment, shelter, or safe haven beds, or a combination thereof; the exact form they are to take and how to fund them, are under discussion.

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Catholic Charities	DeMeo House	PA	0	6	063396	FC		3	6	0	6
Catholic Charities	Perinatal Housing Program <i>(pregnant women and women with newborns)</i>	PA	0	8	063396	FC		4	8	0	8
Catholic Charities	Homeless Service Center	PA	10	0	063396	SM		0	0	10	10
Catholic Charities	Housing Options *	PA	3	15	063396	FC		0	15	3	18
Cloverdale Community Outreach Coalition	Wallace House, Cloverdale	PA	0	3	069097	M		1	3	0	3
Community Action Partnership	Earle Street	PA	8	8	063396	FC		8	8	8	16
Community Action Partnership	Giffen House	PA	12	9	063396	FC		9	16	12	28
Community Support Network	Transitional Training Program/North House*	PA	8	0	069097	SMF		0	0	8	8
Community Support Network	TTP De Turk	PA	9	0	063396	SMF		0	0	9	9
COTS	Shared and Transitional Housing, Petaluma and Rohnert Park	PA	0	84	062760	FC		42	84	0	84
COTS	Shared Housing, Petaluma	PA	8	0	062760	SMF		0	0	8	8
COTS	Mary Isaak Multi-Service Center*	PA	30	0	062760	SMF		0	0	30	30

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Drug Abuse Alternatives Center	Turning Point	PA	3	0	063396	SMF		0	0	3	3
InterFaith Shelter Network	Barnett I & II	PA	10	0	063396	SM		0	0	10	10
InterFaith Shelter Network	Caronella	PA	8	0	063396	SF		0	0	8	8
InterFaith Shelter Network	Elsa House	PA	10	0	063396	FC		0	0	10	10
InterFaith Shelter Network	Soroptimist House*	PA	8	0	063396	SF		0	0	8	8
InterFaith Shelter Network	Slater @ Meadow Lane, Glen Ellen*	PA	12	0	069097	SMF		0	0	12	12
North County Community Services	Victory Apartments, Healdsburg	D	0	0	069097	FC		4	16	0	16
North County Community Services	Holbrook House, Healdsburg	D	0	0	069097	M		1	5	0	5
Redwood Gospel Mission	Manna House (<i>alcohol/drug dependent women & their children</i>)	N	0	0	063396	FC		2	8	8	16
Redwood Gospel Mission	Men's Shelter (<i>alcohol/drug dependent men</i>)	N	0	0	063396	SM		0	0	30	30
Redwood Gospel Mission	Master's House (<i>Men's Transitional Housing</i>)	N	0	0	063396	SM		0	0	15	15
Salvation Army, Petaluma	Petaluma Area Transitional Housing (PATH)	D	0	25	062760	FC		5	25	0	25
Salvation Army, Santa Rosa	Healdsburg Transitional Housing	D	0	0	069097	SM		0	0	6	6
Salvation Army, Santa Rosa	Windsor Transitional Housing	D	0	0	069097	SM		0	0	6	6

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Salvation Army, Santa Rosa	Santa Rosa Transitional Housing	D	0	0	063396	SM		0	0	15	15
Social Advocates for Youth	Tamayo House *	PA	8	0	063396	YMF		0	0	8	8
So.Co. Housing Authority/ Catholic Charities, CAP-SC	HOME Tenant-Based Assistance, Countywide	PA	0	55	069097	M		17	55	0	55
So.Co. Housing Authority/ YWCA	HOME Tenant-Based Assistance, Countywide	DV	0	0	069097	FC	DV	8	26	0	26
Vietnam Veterans of California	T-House Santa Rosa *	PA	0	9	063396	FC		4	9	0	9
Vietnam Veterans of California	T-House Petaluma*	PA	0	9	062760	FC		4	9	0	9
Vietnam Veterans of California	Petaluma Vet House*	PA	8	0	062760	SM	VET	0	0	8	8
SUBTOTALS:			155	231	SUBTOTAL CURRENT INVENTORY:			112	293	235	528
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Community Action Partnership	Aston Avenue Apartments	PA	0	37	063396	FC		10	37	0	37
InterFaith Shelter Network	Acacia I & II	PA	12	0	63396	SF				12	12
SUBTOTALS:			12	37	SUBTOTAL NEW INVENTORY:			10	37	12	49

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds		
					A	B	Fam. Units	Fam. Beds	Indiv. Beds			
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date									
Cloverdale Community Outreach Coalition	Wallace House expansion		April-08	069097	M		1	2	2	4		
North County Community Services	Victory Housing		April-08	69097	M		7	21	0	21		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							8	23	2	25		
Unmet Need							UNMET NEED TOTALS:		83	241	262	503
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families							
1. Total Year-Round Individual Transitional Housing Beds:			247	6. Total Year-Round Family Transitional Housing Beds:			330					
2. Number of DV Year-Round Individual TH Beds:			0	7. Number of DV Year-Round Family TH Beds:			26					
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			247	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):			304					
4. Total Year-Round Individual TH Beds in HMIS:			167	9. Total Year-Round Family TH Beds in HMIS			268					
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			68%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			88%					

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
Current Inventory			Ind.	Fam.							
(Available for Occupancy on or before January 31, 2006)											
Becoming Independent with Burbank Housing	Timothy Commons <i>(developmentally disabled adults)</i>	D	0	0	063396	SMF		0	0	2/0	2
Becoming Independent with Burbank Housing	The Springs	D	0	0	069097	SMF		0	0	2/0	2
Buckelew Programs	Project HOPE <i>(adults with serious, persistent mental illness)</i>	PA	63	0	069097	SMF		0	0	63/63	63
Buckelew Programs	Supportive Housing Program* <i>(adults with mental illness)</i>	PA	12	0	069097	SMF		0	0	12/12	12
Buckelew with Burbank Housing	Carrillo Place <i>(adults with mental illness)</i>	PA	5	0	063396	SMF		0	0	5/5	5
Buckelew with Burbank Housing	Old Elm Village <i>(adults with mental illness)</i>	PA	5	0	062760	SMF		0	0	5/5	5
Buckelew with Burbank Housing	Cypress Ridge <i>(adults with mental illness)</i>	PA	14	0	063396	SMF		0	0	14/14	14
Buckelew with Burbank Housing	Wilford Lane <i>(adults with mental illness)</i>	PA	4	0	069097	SMF		0	0	4/2	4
Buckelew with Burbank Housing	Timothy Commons <i>(adults with mental illness)</i>	PA	3	0	063396	SMF		0	0	3/2	3
Catholic Charities with Burbank Housing	Cypress Ridge	PA	0	72	063396	FC		17	72	0/0	72

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Community Support Network	Stony Point Commons* <i>(adults with mental illness)</i>	PA	16	0	063396	SMF		0	0	16/13	16
Community Support Network	Grand Ave	N	0	0	063396	SMF		0	0	5/3	5
Community Support Network	Dutton Annex	N	0	0	063396	SF		0	0	3/1	3
Face to Face	Condominium Units	D	0	0	063396	FC	HIV	1	3	2/1	5
Face to Face	Apple Valley	D	0	0	063396	FC	HIV	1	3	2/1	5
Face to Face	Henry House	D	0	0	063396	SMF	HIV	0	0	3/0	3
Housing Connections	Summerfield House	D	0	0	063396	SF		0	0	4/0	4
Oaks of Hebron with Burbank Housing	Wilford Lane <i>(developmentally disabled adults)</i>	D	0	0	069097	SMF		0	0	4/0	4
Oaks of Hebron with Burbank Housing	Panas Place	D	0	0	063396			0	0	3/2	3
Oaks of Hebron with Burbank Housing	West Oaks	D	0	0	063396			0	0	4/0	4
Social Advocates for Youth with Burbank Housing	Tamayo House	PA	4	0	063396	SMF		0	0	4/0	4
So. Co. Health Dept	Hermosillo <i>(men with mental illness)</i>	D	0	0	063396	SM		0	0	10/0	10
So. Co. Health Dept	Country Gardens <i>(adults with mental illness)</i>	D	0	0	063396	SMF		0	0	10/0	10

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name <i>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</i>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
So. Co. Health Dept/CSN	Brown St. <i>(women with mental illness)</i>	D	0	0	063396	SF		0	0	15/0	15
So. Co. Health Dept	Josephson <i>(men with mental illness)</i>	D	0	0	063396	SM		0	0	6/0	6
So. Co. Health Dept	Le Elen I <i>(men with mental illness)</i>	D	0	0	063396	SM		0	0	20/0	20
So. Co. Health Dept	Le Elen II <i>(men with mental illness)</i>	D	0	0	063396	SM		0	0	19/0	19
So. Co. Health Dept	Le Elen III <i>(adults with mental illness)</i>	D	0	0	063396	SMF		0	0	14/0	14
So. Co. Health Dept	Le Elen IV <i>(women with mental illness)</i>	D	0	0	063396	SF		0	0	6/0	6
So. Co. Health Dept	Jane's Care Home <i>(women with mental illness)</i>	D	0	0	063396	SM		0	0	4/0	4
So. Co. Health Dept	New Beginnings <i>(adults with mental illness)</i>	D	0	0	063396	SMF		0	0	6/0	6
Sonoma County Housing Authority	CSN Shelter + Care* <i>(persons with mental illness)</i>	PA	10	0	069097	M		0	0	10/4	10
Sonoma County Housing Authority	CRI Shelter + Care* <i>(persons with physical disabilities)</i>	PA	8	0	069097	M		0	0	8/8	8
Sonoma County Housing Authority	Face to Face Shelter + Care* <i>(persons with HIV/AIDS)</i>	PA	50	36	069097	M	HIV	13	36	50/14	86
Sonoma County Housing Authority	SAY Shelter + Care* <i>(former foster youth and youth with disabilities)</i>	PA	12	0	063396	SMF		0	0	12/4	12

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
YWCA with Burbank Housing	Wilford Lane, Cypress Ridge, Timothy Commons	DV	0	0	069097	FC/SF	DV	23	65	2/2	67
SUBTOTALS:			208	108	SUBTOTAL CURRENT INVENTORY:			55	179	352/ 156	531
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Becoming Independent with Burbank Housing	Olive Grove <i>(developmentally disabled adults)</i>	D	0	0	063396	SMF		0	0	10/0	10
Becoming Independent with Burbank Housing	The Arbors <i>(developmentally disabled adults)</i>	D	0	0	069097	SMF		0	0	2/0	2
Buckelew Programs with Burbank Housing	Olive Grove <i>(adults with mental illness)</i>	PA	8	0	063396	SMF		0	0	8/0	8
Buckelew Programs	Boulevard Apartments <i>(adults with mental illness)</i>	PA	14	0	062760	SMF		0	0	14/14	14
Buckelew Programs with Burbank Housing	Olive Grove <i>(adults with mental illness)</i>	PA	8	0	063396	SMF		0	0	8/8	8
Buckelew Programs with Burbank Housing	The Arbors <i>(adults with mental illness)</i>	PA	2	0	069097	SMF		0	0	2/2	2
Buckelew Programs with Burbank Housing	Larkfield Oaks <i>(adults with mental illness)</i>	PA	4	0	069097	SMF		0	0	4/4	4
InterFaith Shelter Network	Powderhorn	PA	6	0	063396	SMF		0	0	6/6	6
Oaks of Hebron with Burbank Housing	The Arbors <i>(developmentally disabled adults)</i>	D	0	0	069097	SMF		0	0	1/0	1

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
So. Co. Health Dept	AA Best Care / Three facilities (<i>adults with mental illness</i>)	D	0	0	063396	SMF		0	0	23/0	23
Sonoma County Housing Authority	SCMH Shelter + Care*	PA	4	0	069097	SMF		0	0	4/4	4
YWCA of Sonoma County	Shared Housing	DV	3	0	069097	FC/SF	DV	0	0	3/3	3
SUBTOTALS:			46	0	SUBTOTAL NEW INVENTORY:			0	0	85/41	85
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
Becoming Independent with Burbank Housing	Monte Vista (<i>developmentally disabled adults</i>)		July-07		063396	SMF		0	0	2/0	2
Buckelew Programs with Burbank Housing	Larkfield Oaks (<i>adults with mental illness</i>)		April-07		069097	SMF		0	0	2/0	2
Buckelew Programs with Burbank Housing	Monte Vista (<i>adults with mental illness</i>)		August-07		063396	SMF		0	0	12/6	12
Buckelew Programs	2006 Samaritan Initiative*		July-07		069097	SMF		0	0	6/6	6
CAPSC with Burbank Housing	Monte Vista (<i>formerly homeless families & individuals</i>)		August-07		063396	M		2	5	3/0	8
Face to Face with Burbank Housing	Monte Vista (<i>adults with HIV/AIDS</i>)		August-07		063396	SMF		0	0	5/0	5

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
					A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds			
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date									
Oaks of Hebron with Burbank Housing	Monte Vista <i>(developmentally disabled adults)</i>		August-07	063396	SMF		0	0	5/0	5		
COTS	Vida Nueva, Rohnert Park <i>(formerly homeless families)</i>		July-08	069097	FC		24	75	0/0	75		
Burbank Housing <i>(with Buckelew, CAPSC, Face to Face)</i>	Rowan Court, Santa Rosa		October-08	063396	M		2	5	5	10		
Episcopal Homes Foundation	Jennings Court, Santa Rosa <i>(seniors)</i>		May-08	063396	SMF		0	0	5	5		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							28	159	45/12	204		
Unmet Need							UNMET NEED TOTALS:		238	690	518/327	1,208
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families								
1. Total Year-Round Individual Permanent Housing Beds:	437	6. Total Year-Round Family Permanent Housing Beds:				179						
2. Number of DV Year-Round Individual PH Beds:	5	7. Number of DV Year-Round Family PH Beds:				65						
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	432	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):				114						
4. Total Year-Round Individual PH Beds in HMIS:	254	9. Total Year-Round Family PH Beds in HMIS				108						
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	59%	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):				95%						

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: Data as of 1/31/2007, completed 5/9/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>100</u> %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey. <i>As necessary.</i>
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input checked="" type="checkbox"/>	Other – specify: <i>Geographical and sub-population analysis of 2005 Count data in combination with provider guidance; the HUD unmet need formula was run for each geographical area and subpopulation. We plan to update these figures from the 2007 Count data in summer 2007.</i>
(6b) If more than one method was used in 6a, please describe how these methods were used.	
<i>During our 10-year planning process we analyzed several methods (including, for instance, the Corporation for Supportive Housing's methodology, which yielded a similar unmet need to the HUD formula). During that process, we 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.</i>	

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count:		01/31/2007		
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <u>with</u> Dependent Children:	55	71	23	149
1a. Total Number of Persons in these Households (adults and children)	175	200	51	426
2. Number of Households <u>without</u> Dependent Children**	256	125	404	785
2a. Total Number of Persons in these Households	278	129	481	888
Total Persons (Add Lines 1a and 2a):	453	329	532	1314
Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	79		218	297
b. Severely Mentally Ill	185		130	315
c. Chronic Substance Abuse	284		240	524
d. Veterans	47		75	122
e. Persons with HIV/AIDS	13		12	25
f. Victims of Domestic Violence	175		113	288
g. Unaccompanied Youth (Under 18)	2		1	3

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)
 For "sheltered" chronically homeless subpopulations, persons in emergency shelter only are listed as per HUD guidance.

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input checked="" type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information. <i>The vast majority of information came from PIT interviews. Two providers could not participate in PIT interviews. They were asked after the fact to provide subpopulation data for the night of the Count, based on client records. They filled out the same survey forms as were used for interviews, 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.</i>	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input checked="" type="checkbox"/>	Other –specify: <i>The survey for the Point-In-Time Count was pilot-tested at a large shelter and then revised to assure data quality.</i>
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: January 2009	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input checked="" type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input checked="" type="checkbox"/>	Other – specify: <i>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.</i>
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input checked="" type="checkbox"/>	Other –specify: <i>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.</i>
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement

<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Homeless and/or formerly homeless persons
<input checked="" type="checkbox"/>	Other – specify: <i>Religious Community/Churches, City and County Officials</i>
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input checked="" type="checkbox"/>	Other – specify: <i>The survey was pilot-tested in a large homeless shelter and revised based on feedback. Every completed survey form was also checked by the Count Coordinator for accuracy, consistency, and clarity prior to data entry.</i>
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: 1/2009	

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Sonoma County Community Development Commission	Contact Person: Mark Krug, Community Development Manager
Phone: (707) 565-7509	Email: mkrug@sonoma-county.org
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>	

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #
Santa Rosa/Petaluma/Sonoma County CoC	CA-504

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC 09/2004	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
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Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

Sonoma County's Phase 2 HMIS system went live on May 1, 2006. As described in our 2006 submission, conversion of our previous paper-based HMIS was prohibitively expensive, therefore providers had to either recreate their data or begin completely fresh with the new Bowman Systems software. As of the 2006-07 fiscal year, recipients of County CDBG and FESG funding that serve the homeless are required to participate in the Sonoma County HMIS, bringing the number of participating providers to ten (10).

Providers have experienced far more start-up pains with the new system than expected. One serious challenge has been the persistent belief on the part of front-line staff that the confidentiality protections in the ServicePoint software and its implementation locally, are inadequate. In this, they reflect overall societal concerns about the safety of on-line personal information, as well as additional challenges we've faced in making the new software report useful information back to providers. As a result of this and other challenges (see below), front-line staff have been doing the bare minimum, with the consequent result of many missing values and other forms of compromised data input.

We have been evaluating Bowman Systems' ART report-writing software, which appears to provide one of the few rays of hope in offering any added value to HMIS participants that could fully engage staff commitment at every level. Providers are clear that at this time, the amount of labor required to input data into the Sonoma County HMIS is both overwhelming and significantly detracts from their ability to serve their client population. *Programs report actually restricting clients' access to services for no other reason than that case managers cannot keep up with the required recordkeeping.* Even the agencies that are most committed to this form of client recordkeeping – the early adapters who researched our HMIS options and have represented Sonoma County in regional client data efforts – say that at this early stage in our implementation, it is a struggle to keep front-line staff attitudes even neutral (much less positive).

As a result of the legal rulings regarding domestic violence providers, the YWCA of Sonoma County has ceased inputting data into the Sonoma County HMIS. However, the YWCA continues to collect universal and program data elements in its own client data system, and is prepared to provide this information without personally identifying information and in the aggregate, to complement HMIS data. Similarly, another provider that is a licensed alcohol and drug treatment facility and receives CDBG funding for the equivalent of less than a bed, claims that her licensing prohibits inputting client data. (This is not to mention that HMIS is duplicative of similarly complex State of California Alcohol and Drug Programs Department data management requirements – and neither of the two systems allows importing of data from the other.) This agency, too, will provide written aggregate reports of homeless participants – records likely duplicated within the HMIS.

2. HMIS Data and Technical Standards Final Notice requirements:

Participants in Sonoma County's HMIS do not find the Data and Technical Standards technically challenging. However, we must communicate that the amount of data required is not only unreasonable but unnecessary for many programs. For example, the universal data elements represent much more data than makes sense for short-term programs such as outreach, drop-in, and brief shelter stays. Providers report that the universal data elements represent an "amazing" amount of data for so little service – and this is only about 20% of what HUD would like them to collect.

Along these lines, providers are vehement in pointing out that HMIS was created as an *information-gathering* system – and only secondarily as a *program management* system. One agency has created its own Access-based software that gives them the data they need on a day-to-day basis to operate and evaluate their programs. This software is geared to local program operations, and to save data-entry time, the agency has written a protocol that simulates data entry into the ServicePoint screens. Providers suggest that perhaps HUD could sponsor an effort to modify HMIS requirements to require HMIS software to actually address program operation needs.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	0	0
2005	3,343	1,879
2006	1,981	1,981

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

Paper-based data gathering began September 1, 2004 but entry into the Access database (used in Phase I) began in early 2005. Similarly, as described above, conversion of the Phase I Access HMIS data was prohibitively expensive, therefore records were input anew as of May 1, 2006 (none were carried forward from previous years). Despite these gaps, due to increasing participation the number of records has increased each year. Under the new HMIS, no duplicate records are allowed due to a system-wide policy of prohibiting anonymous entries.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.*

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	1.9%
Social Security Number	2.6%	Veteran Status	23.3%
Date of Birth	3.5%	Disabling Condition**	**0%
Ethnicity	3.9%	Residence Prior to Program Entry	23%
Race	5.3%	Zip Code of Last Permanent Address	26%

**The HMIS was not used for the point-in-time count. The HMIS system administrator reports he cannot report on null/missing values as of a specific date in the past; these figures represent null/missing values as of April 9, 2007.*

***Until May 2007, HMIS users had agreed to enter only data needed for the APR. In the ServicePoint software, disability information for the APR is a separate assessment; local HMIS users did not answer disability questions other than in the disability assessment. Following a recent ServicePoint Users Group meeting, the HMIS administrator has requested users answer this question in addition to the disability sub-assessment in order to capture this information; users are now going back to answer this question on existing records.*

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

While valid entry dates do not present much of a problem, ensuring valid exit dates is another significant challenge on an implementation level. This is particularly the case with clients who

simply do not return as there is no formal, agreed-upon exit. At this early stage of implementation, individual programs are figuring out procedures to determine whether clients have formally – or informally – exited their programs. Compiling participants’ learnings and coming to a system-wide standard is on the agenda for 2007-08.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Yes	Y/N	
Transitional Housing	Yes	Y/N	
Permanent Supportive Housing	Y/N	Yes	July 2008

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

100% of McKinney-Vento funded PSH beds are participating in the HMIS, but due to 133 PSH beds under contract with Sonoma County Mental Health that are unlikely ever to participate in the HMIS, to date only 70% of PSH beds now participate in the HMIS. However, HMIS-participating agencies are quickly adding beds in the next two years, with the result that by July 2008, more than 75% of Sonoma County’s PSH beds will be covered by the HMIS.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided:	Y	N	P
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training – <i>Provided by individual agencies.</i>		X	
Security Training	X		
System Administrator training		X	
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers? – <i>Providers have agreed to provide; in process.</i>			X
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?		X	

5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)? <i>Generally not applicable.</i>		X	
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)? – <i>HMIS Policy Group and User Group; additional trainings are provided to address data quality.</i>	X		
CoC bed coverage (i.e. percent of beds)? – <i>HMIS Policy Group has worked with jurisdictional representatives to include participation in HMIS in contract language. CoC Coordinator reports to HMIS Policy Group on bed coverage on an annual basis; participants in this group work informally with new providers to increase bed coverage.</i>	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count? – <i>The HMIS can provide an unduplicated count of the client records contained within, but must be aggregated with domestic violence and other data to include all homeless clients. If what is meant is the Point-In-Time Count (below), the answer is no.</i>		X	
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count – <i>We intended to use the HMIS for this purpose in the 2007 Count but found the necessity of anonymous surveys of unsheltered homeless would negatively impact data quality.</i>		X	
Project/Program performance monitoring			X
Program purposes (e.g. case management, bed management, program eligibility screening)			X
Statewide data aggregation (e.g. data warehouse) – <i>Sonoma County’s HMIS is participating in the RHINO (Bay Area Counties Homeless Information Collaborative’s Regional Homeless Informa-tion) data warehousing project.</i>			X

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	Submit Samaritan Bonus proposal and reallocation proposal to expand Shelter Plus Care serving mentally ill chronically homeless individuals by 3 beds.	Carol Turner, Leased Housing Manager, So. Co. Housing Authority	197 Beds	219 Beds	310 Beds	524 Beds
	Finalize contract and open 2006 Samaritan Bonus project serving 6 mentally ill chronically homeless individuals; place 6 chronically homeless mentally ill individuals in new set-aside units at Burbank Housing's Monte Vista development.	Dee Schweitzer, Deputy Dir., Buckelew Programs				
	Open 10 new PSH beds for chronically homeless by leasing properties in Santa Rosa and Rohnert Park.	Pamela Wallace, ED, Interfaith Shelter Network				
	Design "Veterans Village" project and begin pre-development activities for 30-40 units.	Peter Cameron, ED, Vietnam Veterans of CA				
	In partnership with Burbank Housing: <ul style="list-style-type: none"> Secure site, other pre-development activities for housing set-asides for 18 chronically homeless in West Sonoma County. Build a special needs mixed housing development in downtown Santa Rosa, including at least 50 permanent supportive housing units, 10 of which are expected to be occupied by chronically homeless persons. 	Margo Merck, President, Community Housing Development Corp. of Santa Rosa				

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Maintain current high housing retention at Stony Point Commons, by offering: <ul style="list-style-type: none"> • Staff support in the intake process (to determine level of client functioning and their comprehensive capability) to ensure a fit; • Rental/deposit assistance as needed; • Weekly case management and unlimited as-needed access to case managers; • Assistance with finding substance abuse and other services, living skills education, and encouragement of a family-like community; • Interventions to prevent evictions should clients decompensate. 	Jennifer Kohfield, Supportive Housing Director, Community Support Network				
	Maintain current high housing retention among mentally ill individuals in Supportive Housing Program through: <ul style="list-style-type: none"> • Regular meetings/house meetings with residents, assistance with benefits, and collaboration with So. Co. Mental Health to maintain psychiatric stability; • Ongoing outreach to housing developers, National Assn. for the Mentally Ill, and private landlords to explore master-leasing opportunities; interact with landlords & neighbors to address any concerns; • Educate clients on being good tenants and neighbors; • Referral to community resources that increase self-sufficiency and meaningful activity which contributes to overall stability; • Explore use of more 1-br (rather than shared) units as they tend to be more stable; ensure best possible quality of rental property. 	Dee Schweitzer, Deputy Dir., Buckelew Programs	82%	82%	82%	82%

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%, <i>cont'd.</i>	Maintain current high housing retention in Shelter Plus Care projects, through excellent communication with sponsoring service providers (Community Support Network, Community Resources for Independence, Social Advocates for Youth, Face to Face, and So. Co. Mental Health). Combined action steps include: <ul style="list-style-type: none"> • Ongoing outreach to property owners and screening of potential rental properties (and annual inspections), including a vacancy listing sheet (updated weekly). Education of tenants to ensure they know what is expected of them. • Staff support and adequate screening to ensure a fit and rental/deposit assistance as needed; • Ongoing case management, living skills education, and referral to community resources; • Interventions to prevent evictions should clients decompensate. 	Carol Turner, Leased Housing Mgr, So. Co. Housing Authority	82%	82%	82%	82%
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	Refine Community Turning Point's client retention strategies to increase percentage of chronically homeless in early stages of recovery from substance abuse moving from TH to PH from 44% to 50%. Train Turning Point staff on client retention strategies, and provide extra support to clients who are identified as in danger of leaving before completion.	Michael Spielman, Exec. Director, DAAC	44%	50%	50%	50%

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%, <i>cont'd.</i>	Stabilize the new Tamayo House program (which serves largely chronically homeless and former foster youth) to increase percentage of homeless persons moving from TH to PH from 49% to 65%.	Gina Bell, Director of Residential and Crisis Services, SAY	49%	65%	65%	65%
	Lengthen transitional stays and expand mental health services at IFSN's "Slater at Meadow Lane" and Soroptimist House projects to ensure attainment of benchmark in placing chronically homeless individuals in PH.	Pamela Wallace, ED, Interfaith Shelter Network	45%	65%	65%	65%
	Increase percentage of chronically homeless persons moving from COTS Work Right TH program to PH from 63.25% to 65%, and ultimately to 75%, and maintain current high achievement in COTS Family TH, by offering the Rent Right 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.	John Records, Executive Director, COTS	Work Right: 63.25% Family TH: 75%	Work Right: 65% Family TH 90%	Work Right: 75% Family TH 90%	Work Right: 75% Family TH 90%
	Maintain current high achievement placing homeless veterans into PH by: <ul style="list-style-type: none"> • Providing a Housing and Outreach Specialist to work with veterans and other agencies to ensure veterans are housed, via a seamless negotiation of systems. • Collaborating with PEP Housing, other senior housing, and Section 8 program, and reaching out to private landlords. 	Carol Lawton, Regional Dir., North Bay Veterans Resource Center (aka Vietnam Veterans of California)	75%	80%	80%	80%

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%, <i>cont'd.</i>	Increase success of chronically homeless persons moving to PH by obtaining funding for 11 homeless-dedicated substance abuse treatment beds, and initiating substance abuse outreach, assessment & placement services to chronically homeless in collaboration with Sonoma County Mental Health's new Community Intervention team.	Gino Giannavola, Director, Sonoma County Health Services Dept., Division of Alcohol & Other Drug Services	3 beds	14 beds	14 beds	38 beds
	Increase success of homeless persons moving to PH by providing mental health assessment and services at emergency shelters through the new Community Intervention Team (CIT). CIT will provide approx. 1,000 assessments per year; about 15% of those assessed to date are eligible for public mental health services. Not all enroll in services: numeric achievement at right reflects the number actually <i>enrolled</i> in SCMHS services as a result of CIT's efforts.	Mario Guerrero, Project Manager, So. Co. Mental Health	7 clients	30 clients	150 clients	300 clients
	Maintain current high achievement through Coach to Career program, including individual case management, employment counseling, resume writing assistance, computers for online job search and applications, help preparing for interviews (including appropriate clothing, shoes and haircuts), referrals to JobLink, Career Fairs, temporary agencies & employers, and placement with employer partners.	Ann McGee, Regional Dir., Catholic Charities				

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
4. Increase percentage of homeless persons employed at exit to at least 18%.	Continue close collaboration with So. Co. Mental Health staff to maintain participants' psychiatric stability; provide referrals to employment and educational services to increase self-sufficiency and meaningful activity for formerly homeless mentally ill. In the coming year: <ul style="list-style-type: none"> • Enroll SHP participants in the new Buckelew Employment Services – Sonoma County; • Engage clients in staff hiring committees; • Refer SHP clients to the new Mental Health Services Act-funded Wellness Center for peer counseling training, internships, and jobs; • Provide stipends for clients performing clerical tasks within the agency. 	Dee Schweitzer, Deputy Dir., Buckelew Programs	28%	28%	30%	30%
	Continue providing self-sufficiency support to mentally ill homeless, including: <ul style="list-style-type: none"> • Independent Living Skills education, job skills, creating resumes, filling out job applications, interviewing and stress management. • Teaching clients how to research jobs and what resources can assist them (JobLink, SonomaWorks, newspapers), including training in using the Internet for job searches. • Assist clients to enroll in the Dept. of Vocational Rehabilitation. • In the coming year, also refer SHP clients to the new Mental Health Services Act-funded Wellness Center for peer counseling training, internships, and jobs. 	Jennifer Kohfield, Dir. of Supportive Living Services, Community Support Network				

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
4. Increase percentage of homeless persons employed at exit to at least 18%.	Maintain current high achievement by <ul style="list-style-type: none"> • Expanding referral and outreach contacts. • Providing CAP's "Getting Hired" workshop, (focus on interview techniques, resume writing, and how to present past experiences in a positive manner). • Referral to JobLink workshops and resources as well as job training at Santa Rosa Junior College. • Help clients develop an action plan to reach financial independence by providing the Rent Up workshop on financial education (with information about banking, interest rates, and saving plans, a personal "how to save" guide). 	Kai Nissley, Deputy Director, CAP-SC	28%	28%	30%	30%
	Maintain current high achievement by providing job skills training and mentored internships to build economic stability, to position homeless adults for the best chance of successful long-term employment.	John Records, ED, COTS;				
	Maintain current high achievement through Employment Coaching program (resume development, interview techniques, "dress for success" training, and circulation of current EDD and JobLink employment opportunities). Offer individual funds for work-related expenses (for ID, bicycle, uniform/clothing).	Pamela Wallace, ED, IFSN				

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
4. Increase percentage of homeless persons employed at exit to at least 18%, <i>cont'd.</i>	Maintain current high achievement through <ul style="list-style-type: none"> Assessing employment needs/skills of separated veterans and providing linkages to Winning the Employment Game workshops, training and job placement (including Job Link, So. Co. Veterans Employment Committee, EDD, and businesses). Provide screening, recruiting, customized recruiting events, and annual job fairs for partner employers. 	Carol Lawton, Regional Dir., North Bay Veterans Resource Center (aka Vietnam Veterans of California)				
	Maintain current high achievement by providing homeless youth assessment and training for employment readiness and employment case management. Increase the percentage of homeless youth from 43% to 45% in the coming year, to 48% over the next 5 years, and to 50% in 10 years.	Gina Bell, Director of Residential and Crisis Services, SAY	28%	28%	30%	30%
	Support women fleeing domestic violence to maintain their employment income, by offering individual case management, information and referral, and direct access to the YWCA Safe House Shelter, Counseling Programs, Legal Services, and housing assistance.	Jennifer Lake, Dir. of Domestic Violence Services, YWCA of Sonoma County				
	Establish goals to increase income of homeless people through employment, including MOUs with Sonoma County Job Link.	Mark Krug, Chair, So. Co. CoC Steering Committee				
5. Ensure that the CoC has a functional HMIS system.	Engage 1-2 new providers in participating in the HMIS.	Mark Krug, Community Development Mgr., So. Co. Community Development Commission	78% (incl. DV beds)	80%	85%	90%
	Purchase and train users on state-of-the-art report-writing software to enable users to get the most out of HMIS data.					

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
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Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).

The Sonoma County market area is the 3rd least affordable housing market in the United States, based on the relationship between wages and the cost of housing. Sonoma County's agricultural heritage has yielded little high-density housing that could be converted to permanent supportive housing. It is nearly impossible to site new housing: barriers include flood zones, steep slopes, environmental protection and neighborhood concerns – not to mention exorbitant cost. The cost of construction here is comparable to the nation's largest and most expensive cities, yet HUD's 15% of P/PRN limitation yields a Samaritan Bonus that is barely worth the administrative burden of the award. McKinney-Vento funding is becoming increasingly less of a factor in our ability to address the needs of Sonoma County's 327 chronically homeless individuals (2007 weeklong unduplicated figure), alternative sources to address them are not adequate.

Other CoC Objectives in 2007

1. Reduce the number of people becoming homeless following discharge from public institutions by 80% over the next 10 years.	Query HMIS and Homeless Count data for number of homeless discharged from public institutions, as a baseline and annually.	Jenny Helbraun Abramson, CofC Coordinator		Current estimate: 270 individuals discharged to homelessness/year	Prevent at least 50 episodes of homelessness; refine baseline estimate	<50 discharges to homelessness /year.
	Establish a Homeless Prevention Council to lead discharge planning efforts: <ul style="list-style-type: none"> • Participate in Sonoma County Department of Health Services Mental Health Division's housing needs assessment and other discharge planning activities. • Develop discharge protocols to avoid discharges to homelessness from area hospitals; expand Respite Care services within shelters with nursing care. • Participate with County Child Welfare Staff in the Permanency Planning and Independent Living Skills programs to develop housing plans for foster youth as they leave the dependency system. 	Mark Krug, Chair, So. Co. Continuum of Care Steering Committee				
	Prevent 10 incarcerated individuals from becoming homeless upon release via monthly outreach and pre-release intake at Sonoma County North Coast Detention.	Pamela Wallace, Exec. Dir., InterFaith Shelter Network				

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Reduce the number of people becoming homeless following discharge from public institutions by 80% over the next 10 years, <i>cont'd.</i>	Work with Project Intercept to implement the Court Homeless Protocol Project's discharge planning, alternative sentencing, treatment, and housing program to serve up to 20 homeless individuals per year and reduce their recidivism in the courts and jails.	Georgia Berland, Exec. Officer, So. Co. Taskforce for the Homeless	Current estimate: 270 individuals discharged to homelessness/year	Prevent at least 50 episodes of homelessness; refine baseline estimate		<50 discharges to homelessness/year.
2. Reduce the number of people becoming homeless through loss of tenancy by 5% per year.	Query HMIS and Homeless Count data for number of individuals reporting their own housing or living doubled up as their prior living situation, as a baseline and on an annual basis.	Jenny Helbraun Abramson, Continuum of Care Coordinator	Current estimate: 275 individuals discharged to homelessness/year	Prevent at least 14 episodes of homelessness; refine baseline estimate.		<135 new homeless through loss of tenancy
	Add case management and financial education to homeless prevention activities; expand Sonoma County Fair Housing's offerings to provide rental assistance and tenant education.	Molly Ackley, Housing Director, Community Action Partnership				
	Ensure eligible families have access to Temporary Aid to Needy Families (TANF) Homeless Assistance Program's one-time benefits to prevent homelessness among TANF families.	Marion Deeds, Dir., Economic Assistance Division, So. Co. Human Services Dept.				
	Develop Earned Income Tax Credit VITA Sites to recapture an average of \$5,000 per household for 500-600 low income households each year, accompanied by financial education.	Paula Young, Department Analyst, So. Co. Human Services Commission				

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
3. Create 110 “gateway” beds linked to mental health or substance abuse treatment.	Develop plan to create 75 short-term beds linked to mental health treatment in Santa Rosa and an additional 25 beds in unincorporated West County.	Michael Spielman (and co-chair to be determined), co-chair, CofC Mental Health/AODS Committee	13 beds	23 beds		123 beds
	Resubmit proposal to the federal Substance Abuse & Mental Health Services Administration (SAMHSA) for outreach, assessment, substance abuse counseling, and 9-10 homeless-dedicated residential treatment beds	Gino Giannavola, Division Dir., So. Co. Alcohol and Other Drug Services				
4. Increase Sonoma County’s homeless population’s access to consistent health care	Implement collaborative health services programs in Santa Rosa, Petaluma and West County, with St. Joseph Health System, Southwest Health Centers, West County Health Centers, Catholic Charities, COTS, Sutter Hospital, Kaiser Hospital, So. Co. Mental Health, and others.	Georgia Berland, Exec. Officer, So. Co. Task Force for the Homeless	430 medical visits/year	750 medical visits/year	1000 medical visits/year	
	Make the VA Medical Clinic more accessible to homeless veterans through outreach to homeless service providers, hospitals, and jails; establish baseline information about homeless veterans now served; and develop a protocol for direct referrals, drop-in hours, and assistance with follow-up to enable veterans to receive ongoing health care and social work services.	Kym Valadez, Social Worker, VA Medical Clinic	Unknown number of homeless veterans served	100 new homeless veterans served	250 new homeless veterans served	
5. Complete development of shelter system in smaller cities and unincorporated areas.	Establish coordinated shelter referrals to maximize use of existing shelters.	Ann McGee, Chair, CofC Coordinated Shelter Referral Working Group	621 emergency beds	14 new beds (635 total); streamlined referral system	20 new beds (655 total).	

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
5. Complete development of shelter system in smaller cities and unincorporated areas, <i>cont'd.</i>	Open Sonoma Shelter to replace motel vouchers-only system.	William Burrell, ED, Sonoma Overnight Support	621 emergency beds	14 new beds (635 total); streamlined referral system	20 new beds (655 total).	
	Expand Cloverdale's Wallace House shelter from 1 family unit to 2 family units (or 4 individual beds) and add case management	Jerry Webster, Chair, Cloverdale Community Outreach Coalition				1,068 beds
6. Complete creation of needed transitional housing in Santa Rosa and unincorporated areas.	Develop plan for at least 200 new transitional housing beds in Santa Rosa	David Brigode and Margo Merck, co-chairs, CofC Housing Development Committee	577 beds	609 beds (at least 32 new beds)		
	Identify and train service providers who could develop at least 40 transitional housing beds in the Sonoma Valley.	David Brigode and Margo Merck, co-chairs, CofC Housing Development Committee				
	Identify and train service providers who could develop at least 80 transitional housing beds in unincorporated West Sonoma County.	Jerry Webster, Chair, Cloverdale Community Outreach Coalition				
7. Develop new permanent supportive housing for all disabled homeless populations.	Design standard PSH supportive services packages for each subpopulation.	David Brigode and Margo Merck, co-chairs, CofC Housing Dev Committee	492 units	555 units	1,162 units	

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
7. Develop new permanent supportive housing for all disabled homeless populations, <i>cont'd.</i>	Obtain commitments to provide 19 PSH units for individual homeless seniors within senior housing now in development.	David Brigode and Margo Merck, co-chairs, CofC Housing Dev Committee	492 units	555 units		1,162 units
	Develop 20 new set-aside units for mentally ill homeless	Gary Pierce, Housing Specialist, So. Co. Mental Health	492 units	555 units		1,162 units
	Complete development of COTS' Vida Nueva project to provide 24 units of permanent supportive housing for families.	John Lowry, ED, Burbank Housing (and partners)				
8. Make new independent, very low income housing available to homeless individuals and families.	Maintain and expand resources to provide rental assistance to extremely low income households.	Carol Turner, Leased Housing Manager, So. Co. Housing Authority				1,067 units
	Build relationships with housing developers and property managers to ensure that homeless people have the opportunity to apply for housing in multi-family affordable housing developments.	David Brigode and Margo Merck, chairs, CofC Housing Development Committee	468 units targeted to <50% AMI	518 units targeted to <50% AMI, at least 50 of them occupied by formerly homeless	targeted to <50% AMI, 600 of them occupied by formerly homeless	
	Engage owners of affordable housing in strategic planning to preserve existing very low income targeted units at risk of conversion to market rates or loss through lack of needed maintenance and repair.					
Work with the owners of the Rosenberg SRO facility, to assure units for disabled remain available as the building is upgraded and possibly converted to market rate housing.	Dee Schweitzer, Deputy Dir., Buckelew Programs					

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
8. Make new independent, very low income housing available to homeless individuals and families, <i>cont'd.</i>	Engage owners of affordable housing within the City of Santa Rosa, in strategic planning to preserve existing very low income targeted units at risk of conversion to market rates or loss through lack of needed maintenance and repair.	Nancy Gornowicz, Economic Development and Housing Manager, City of Santa Rosa	468 units targeted to <50% AMI	518 units targeted to <50% AMI, at least 50 of them occupied by formerly homeless	1,067 units targeted to <50% AMI, 600 of them occupied by formerly homeless	
	Engage owners of affordable housing within the City of Petaluma, in strategic planning to preserve existing very low income targeted units at risk of conversion to market rates or loss through lack of needed maintenance and repair.	Bonne Gaebler, Housing Director, City of Petaluma				
	Engage owners of affordable housing in unincorporated areas of the County and smaller cities, in strategic planning to preserve existing very low income targeted units at risk of conversion to market rates or loss through lack of needed maintenance and repair.	Kathleen Kane, ED, So. Co. Community Development Commission				
	Begin development of 40-50 unit SRO in Santa Rosa	Margo Merck, Pres., CHDC-SR				
9. Facilitate placement of homeless individuals and families into PSH and independent housing units.	Develop a Basic Housing Assistance Program, streamlining access to housing placement and education resources, for homeless people and to at-risk individuals and public institutions.	Mark Krug, Chair, So. Co. Continuum of Care Steering Committee (to name Chair, Basic Housing Assistance Program Task Group)	Disparate resources	Plan to integrate housing placement resources	Placement of >1,000 homeless into PH.	

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
9. Facilitate placement of homeless individuals and families into PSH and independent housing units, <i>cont'd.</i>	Improve access to case management by expanding Caring Communities' SSO connections with transitional housing and emergency shelters; improve coordination of housing placement services through strategic planning.	Molly Ackley, Director of Housing Services, CAP-SC	Formal referrals are within Santa Rosa; no strategic plan	Two formal partnerships in underserved areas; plan in place	Placement of 100 homeless from underserved areas into PH	
10. Refine 10-Year Plan goals and action steps based on continual data-gathering	Refine housing need and other goals based on 2007 Count data, HMIS data, and mental health needs data from the Community Intervention Team and Dept. of Health Services Mental Health Division's housing needs assessment. Report revisions of unmet need by October 2007.	Jenny Helbraun Abramson, Continuum of Care Coordinator	Detailed goals based on 2005 data	Revised unmet need goals.	Continually updated goals	
	Evaluate needs, design goals, and build partnerships to address homelessness for significant homeless subpopulations unintentionally left out of the 10-year planning process, in particular, farm workers, youth, and families experiencing domestic violence.	Mark Krug, Chair, So. Co. Continuum of Care Steering Committee	Major omitted groups identified & contacted	Inclusion in revised unmet need goals & engagement in CofC planning activities	Continually updated goals	

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Foster Care:

Initial discussions took place in the context of Sonoma County's 10-Year Homeless Action Plan process in the fall of 2006. Kathleen Alves represented the Sonoma County Human Services Department at the Homeless Prevention Planning Team, and Gerry LaLonde-Berg of that Department's Family, Youth and Children's Services Division, Child Welfare Services, made a presentation on current efforts within Child Welfare to ensure that foster youth do not become homeless upon exit from the foster care system. While the 10-Year Plan set a goal of initiating further discussion in 2008 (due to the need to finalize discharge planning already in progress), at a January 8, 2007 meeting of the County Health & Human Services Coordinating Committee, Nick Honey, Director of the Family, Youth and Children's Services Division, invited the Sonoma County CoC Planning Group to participate sooner if possible, with County Child Welfare Staff in its Permanency Planning and Independent Living Skills programs to develop housing plans for foster youth as they leave the dependency system.

Health Care:

Initial discussions arose during collaborative planning for the Health Care for the Homeless project mentioned in Chart N (Other CoC Objectives for 2007, Goal 4), and continued in the context of Sonoma County's 10-Year Homeless Action Plan process in the fall of 2006. Irenne Magoulas, a discharge planner for Santa Rosa Memorial Hospital's Psych Inpatient Unit, attended a Homeless Prevention Planning Team meeting and described the challenges hospital discharge planners face. Numerous other Memorial Hospital discharge planning staff contacted the CoC Coordinator during the 10-year planning period, unable to attend meetings but interested in working together on protocols and housing resources. In adopting the goal of designing a Basic Housing Assistance Program that would provide streamlined access to housing placement resources, the Continuum of Care Planning Group was in part responding to the perception that a streamlined housing placement system would help prevent discharges to homelessness from settings such as public hospitals. (continued next page)

Initial discussions have also taken place between the Petaluma Hospital and COTS staff regarding the possibility of setting aside emergency shelter beds for homeless patients in need of respite care in that city. (A limited program of this kind already operates in Santa Rosa – Nightingale House.) As in the case of Nightingale House, these services would be provided with non-McKinney-Vento funding. Development of adequate discharge planning protocols has been assigned as one of the Homeless Prevention Council’s first tasks in 2007 (See Chart N, Other CoC Objectives for 2007, Goal 1).

Mental Health:

The County’s psychiatric emergency unit has had formal discharge protocols for many years, developed independently of the Mental Health Division’s healthy partnership with the Continuum of Care. Because of new resources generated by the California Mental Health Services Act and the imminent closure of the County inpatient Psych unit, the Mental Health Division is conducting a housing needs assessment and creating its own housing plan, which will represent one element of a revised discharge policy for mental health clients. Members of the Continuum of Care Planning Group (CCPG) have been involved in developing this new housing plan, and the CCPG consulted with the County Mental Health Division in developing its estimates of housing needed to meet the needs of mentally ill homeless. An ongoing commitment exists to work together to define the scope of need and the solutions, as demonstrated by participation in each other’s current planning processes and ongoing consultation.

Corrections:*

County Sheriff and City Police Departments regularly transport street homeless who are inebriated to the County-run Orenda Center detoxification program for a 6-hour hold in lieu of incarceration.

We have reported in past years that a formal Court Homeless Protocol has been developed to divert additional chronically homeless individuals who cycle through the courts and county jail, initiated by a Superior Court judge with the assistance of the Sonoma County Task Force for the Homeless. It appears that initial funding to provide treatment options for chronically inebriated homeless individuals may allow implementation of this policy as soon as July 2007, by the California Human Development Corporation’s Project Intercept. While full funding is sought for a discharge planner, treatment services, and other housing options, Court personnel have been investigating the possibility of placement of some homeless discharged from the County jail directly into non-McKinney-Vento-funded shelter programs.

Some Continuum of Care providers have had contact with the State Parole Office through bi-weekly PACT (Police and Corrections Team) re-entry meetings designed to link new parolees with community services. Initiating planning activities with State Parole is included in Sonoma County’s Homeless Action Plan as a 2009 action step.

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

	YES	NO
1. Consolidated Plan Coordination		
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s). <i>We have a single county-wide 10-year plan, incorporating all jurisdictions.</i>	1	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources? <i>The two local PHAs are both active members of the CoC.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Santa Rosa/Petaluma/Sonoma County CoC						CoC #: CA-504			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** So. Co. Housing Authority	So. Co. Dept. of Health Services, Mental Health Division	Shelter Plus Care Samaritan Project	1	\$ 125,280	5			TRA	
Vietnam Veterans of CA	Vietnam Veterans of CA	Petaluma Vet House	2	\$ 44,500	1		TH		
Committee on the Shelterless	Committee on the Shelterless	Work Right	3	\$ 75,000	1		TH		
Social Advocates for Youth	Social Advocates for Youth	Tamayo House	4	\$ 40,000	1		TH		
Bucklew Programs	Bucklew Programs	Supportive Housing Program	5	\$ 166,344	1		PH		
Committee on the Shelterless	Committee on the Shelterless	Transitional Housing for Homeless Families	6	\$ 76,667	1		TH		
YWCA of Sonoma County	YWCA of Sonoma County	Homeless Intervention Partnership	7	\$ 52,500	1		SSO		
Committee on the Shelterless	Committee on the Shelterless	Rent Right	8	\$29,744	1		SSO		
Committee on the Shelterless	Committee on the Shelterless	Family Connection	9	\$16,000	1		SSO		
Interfaith Shelter Network	Interfaith Shelter Network	Transitional Housing Program (Meadow Lane)	10	\$60,114	1		TH		
Community Support Network	Community Support Network	Stony Point Commons	11	\$40,842	1		PS		
Community Action Partnership Sonoma County	Community Action Partnership Sonoma County	Rent Up	12	\$40,624	1		SSO		
Community Action Partnership Sonoma County	Community Action Partnership Sonoma County	Caring Communities	13	\$107,000	1		SSO		
Catholic Charities	Catholic Charities	Community Turning Point	14	\$79,999	1		TH		
Sonoma County Community Development Commission	Sonoma County Community Development Commission	Homeless Management Information System	15	\$135,329	1		HMIS		

HUD-defined CoC Name: *Santa Rosa/Petaluma/Sonoma County CoC						CoC #: CA-504			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
Interfaith Shelter Network	Interfaith Shelter Network	Transitional Housing Program (Soroptimist House)	16	\$24,780	1		TH		
Sonoma County Housing Authority	Sonoma County Dept. of Health Services, Mental Health Division	Shelter Plus Care/So. Co. Mental Health	17	\$55,375	5			TRA	
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$1,170,098					
(9) Shelter Plus Care Renewals:						S+C Component Type			
Sonoma Co. Housing Authority	Face to Face	Shelter Plus Care/Face to Face	18	\$ 403,248	1	TRA			
Sonoma Co. Housing Authority	Community Support Network	Shelter Plus Care/CSN & CRI	19	\$ 194,640	1	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 597,888					
(11) Total CoC Requested Amount (line 8 + line 10):				\$1,767,986					

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

**Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

1a. Will your CoC be using the PRN reallocation process? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page). <i>In 2007, as part of the Sonoma County CoC's structural redesign to support implementation of its 10-year plan, an impartial Evaluation Committee was established to evaluate and prioritize renewal projects. Renewal projects would now be ranked on a series of performance criteria based primarily on Annual Progress Report data and agency management capacity. A more objective point system would be used to score and prioritize projects, with a threshold set at 75% of the top score to encourage high system-wide performance. Projects scoring above that threshold would be unconditionally renewed at the full amount; those scoring below the threshold could only go forward if certain conditions (designed to encourage and ensure better performance) were met. Projects scoring below the unconditional renewal threshold would run the risk of reallocation of their project funds if conditions were not met. This practice was discussed and approved in principle by working consensus at the large Continuum of Care Planning Group in January 2007 in discussions concerning adoption of the 10-year plan. The specific scoring design was then vetted by providers and funders on the Steering Committee and reviewed and commented on by additional CoC awardees to ensure buy-in. As this process was implemented for the first time, an appeal process was added: when the Evaluation Committee recommends projects not be renewed due to performance issues, project operators can appeal decisions to the CoC Steering Committee, which can overturn the Evaluation Committee's decision.</i>					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				Example: \$530,000	\$1,114,145
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				Example: \$390,000	\$1,057,907
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1)	(2)	(3)	(4)	(5)	(6)
Expiring Grants	Program Code	Component	Annual Renewal Amount	Reduced Amount	Retained Amount from Existing Grant
CA01B604018	SHP	TH	\$55,375	\$55,375	\$0
(7) TOTAL:			\$55,375	\$55,375	\$0
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8)		(9)		(10)	
2007 Project Priority Number		Program Code		Component	
#18		S+C		TRA	
				Transferred Amounts	
				\$55,375	
(12) TOTAL:				\$55,375	

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Name of Continuum	Total Value of Written Commitment
Santa Rosa/Petaluma/Sonoma County CoC	\$ 3,515,375

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$	401,060	\$	469,520	\$	469,520	\$	469,520	\$	469,520	\$	469,520
Safe Havens-TH													
Permanent Housing (PH)		\$	207,186	\$	340,505	\$	340,505	\$	340,505	\$	340,505	\$	340,505
Safe Havens-PH													
SSO		\$	245,868	\$	245,868	\$	245,868	\$	245,868	\$	245,868	\$	245,868
HMIS		\$	135,329	\$	135,329	\$	135,329	\$	135,329	\$	135,329	\$	135,329
Totals		\$	989,443	\$	1,191,222	\$	1,191,222	\$	1,191,222	\$	1,191,222	\$	1,191,222
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO													
0								16	114,048	16	114,048	16	114,048
1		14	155,064	17	188,292	31	310,128	31	310,128	38	387,660	38	387,660
2		26	363,480	26	363,480	36	503,280	36	503,280	36	503,280	36	503,280
3		4	79,344	4	79,344	8	158,688	8	158,688	8	158,688	8	158,688
4													
5													
Totals		44	597,888	47	631,116	72	972,096	91	1,086,144	95	1,163,676	95	1,163,676

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	Develop and win public endorsement of an Ending Chronic Homelessness Plan setting 5-year and 10-year goals for new PH beds for chronically homeless persons.	10-Year Homeless Action Plan adopted by the Continuum of Care Planning Group 1/18/2007; unanimously endorsed by County Board of Supervisors 2/27/2007.
	Open Olive Grove, The Arbors, Larkfield Oaks, and Monte Vista developments, with a total of 21 new beds expected to be occupied by chronically homeless persons.	Larkfield Oaks and Olive Grove opened 10/2006; The Arbors opened 1/2007. Monte Vista opens August 2007. 14 new beds are now occupied by chronically homeless persons; 6 more will be occupied by July (total: 20). Also, 14 beds opened at Boulevard Apartments are occupied by chronically homeless individuals.
	Open new Shelter Plus Care TRA project providing 4 new beds for chronically homeless with severe mental illness.	5 beds have been created.
	Open 3 new PSH beds for chronically homeless at the Meadow Lane facility.	IFSN opened 6 beds at Powderhorn (site control at Meadow Lane has not yet been achieved).
	Apply for new Samaritan project with 6 new PSH beds for chronically homeless persons.	This project has been conditionally awarded and is in the technical submission process.
	Design program and seek funding for a Safe Haven for chronically homeless, with criminal justice partners.	Initial planning for a possible safe haven (or other projects serving chronically homeless) began via discussions with local service providers and the Russian River Interfaith Coalition.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons, <i>cont'd.</i>	Develop permanent supportive housing for chronically homeless (and other homeless) in the lower Russian River area.	Obtained site control of 2 parcels in Guerneville with the goal of housing up to 50 people, up to 25 of them PSH.
	Build a special needs mixed housing development in downtown Santa Rosa, including at least 50 permanent supportive housing units, ten of which are expected to be occupied by chronically homeless persons.	In negotiations for a downtown Santa Rosa property (several properties were explored over the past year).
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Increase current high performance (70% staying in PH over 6 months) while adding beds for chronically homeless and other homeless with disabilities.	82% of homeless persons stayed in PH over 6 months, according to FY2007 APRs.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	Increase percentage of homeless persons moving from TH to PH from 25% to 65% by stabilizing the new Community Turning Point program	Community Turning Point increased the % of homeless persons moving from TH to PH to 44% and expects to reach 50% with new client retention strategies by 2008.
	Increase percentage of homeless persons moving from TH to PH from 54% to 75% by stabilizing the new Work Right program.	Work Right increased the % of homeless persons moving from TH to PH to 63% and expects to reach the 65% mark by 2008.
	Increase percentage of homeless persons moving from TH to PH from 47% to 61% by stabilizing Transitional Training Program, which moved to a new location.	Not accomplished; this rate fell to 40%, see "Transitional Training Program" below.
	Retain current high performance in other TH programs (71% moving to PH).	Other TH programs moved only 54% of exiting homeless persons to PH; if SSO projects delivered in TH are included, 70% moved to PH.
	Increase success of chronically homeless persons moving to PH by obtaining funding for 11 homeless-dedicated substance abuse treatment beds, and initiating substance abuse outreach, assessment & placement services to chronically homeless.	Project was approved but not funded in 2006; partners have agreed to reapply in 2007.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
3. Increase percentage of homeless persons moving from TH to PH to 61.5%, <i>cont'd.</i>	Increase success of chronically homeless persons moving to PH implementing the Court Homeless Protocol's treatment and housing plan for diverting chronically homeless individuals out of the criminal justice system.	Not yet accomplished, see "Court Homeless Protocol" below.
	Increase success of chronically homeless persons moving to PH by developing a transitional housing facility for mentally ill women adjacent to the new Sloan House shelter, and rehabilitating the old Chanate shelter into a TH facility for mentally ill men.	Not accomplished, see "Chanate 2" below.
	Increase success of chronically homeless persons moving to PH by implementing MHSA-funded Community Intervention Team to provide mental health services at emergency shelters.	Community Intervention Team has conducted 227 assessments at 9 emergency shelters and 3 day service programs; 33 individuals qualified for public mental health services and 7 have begun treatment since January 2007.
	Increase street outreach and collaboration with SCMh and law enforcement partners to encourage service utilization by chronically homeless clients (in Petaluma).	Street outreach to 170 individuals, 50 of whom have utilized services of the Mary Isaak Center. 3 beds are held for referrals by police; planning dedicated beds for court-referred homeless. Outreach staff responded 54 times to concerns arising from the community and initiated contacts with 14 businesses.
4. Increase percentage of homeless persons becoming employed by 11%.	Currently the percentage of homeless persons becoming employed increases by 16% through the efforts of Sonoma County's CofC projects. (16.67% are employed at entry; 33% are employed at exit.) Maintain this high performance while increasing services to chronically homeless and other homeless.	28% of homeless persons were employed on exit from Sonoma County CoC projects. In the most recent APRs, this represented a 6.3% aggregate increase from entry to exit.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
4. Increase percentage of homeless persons becoming employed by 11%, <i>cont'd.</i>	Increase employment services for mentally ill chronically homeless and other mentally ill homeless as part of overall Mental Health Services Act funded services to homeless.	Employment services to approx. 25 mentally ill homeless per year are just beginning. Approximately 10 of these will be chronically homeless individuals.
	Provide nearby employment opportunities in an urban truck farm to 7 mentally ill homeless who will be housed at Larkfield Oaks.	Initial planning meetings between MHSA-funded Employment program (previous item) and Tierra Farms.
5. Ensure that the CoC has a functional HMIS system.	Launch Internet-based HMIS software, to be used by 24 agencies	13 agencies are participating in the HMIS.
	Utilize HMIS to provide sheltered count and to house unsheltered Homeless Count.	Data management for the sheltered and unsheltered counts was housed in the HMIS program, but the HMIS software did not provide the sheltered count.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p> <ul style="list-style-type: none"> • Transitional Training Program: Performance and utilization of this project continued to decline over the years since it was moved to Cotati. It has been of significant concern to the Sonoma County Continuum of Care Steering Committee that the operator, Community Support Network, has taken so long to address these programmatic issues. Operation of this project has been problematic for several years, and the project scored only 57.91, 63% of the highest score of 92.23 (our agreed-upon renewal threshold was a score of 69.17, 75% of the top score). Therefore through the reallocation process described in Chart 3R, the Pro Rata Need (PRN) Reallocation Chart, it was decided to reallocate these contract dollars to a new Shelter Plus Care project serving the same mentally ill homeless population. • Court Homeless Protocol: The collaborative explored numerous avenues for beginning the project without dedicated funding, but ultimately decided to wait for such funding. The group identified several new funding sources and changed the lead agency to California Human Development Corporation's Project Intercept, which currently offers counseling and other supportive services to the target population. The collaborative is now waiting for word on several grant proposals; one very likely source would allow services to begin July 2007. An Advisory Board is now being organized. Promising discussions are taking place with the Corporation for Supportive Housing, and partners are anticipating passage of the Second Chance Act (which would make funding available for exactly this kind of program). Partners are also discussing how to coordinate housing and support services with California's Substance Abuse and Crime Prevention project at So. Co. Alcohol and Other Drug Services, and are working with consultants currently evaluating the local Court system who will recommend improvements that could support jail discharge planning and re-entry. They expect some form of implementation in the coming 12 months. • Chanate 2: Said project was to be constructed on County land that had housed an emergency shelter for many years, and on which a new 22-bed transitional facility for homeless woman and children has recently been completed. The Chanate Phase 2 project would expand the new facility to include up to 20 new transitional beds, but is delayed pending completion of a master plan for the Chanate Road County property. • HMIS was not used to provide the sheltered count because a) the Count used a surveys-at-service-sites approach, which requires de-duplication of records; b) the survey included questions not currently included in the HMIS, requiring the unsheltered count to be replicated in the shelters; c) the local de-duplication methodology required a separate database so as not to contaminate the HMIS data with a large number of null responses. Therefore we conducted the same survey for both sheltered and unsheltered homeless and all were input into a common database for the purpose of the Count, separate from the HMIS. 		

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
<p>OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.</p>		
<ul style="list-style-type: none"> <p>The Sonoma County Continuum of Care Planning Group's most significant accomplishment over the past 12 months was the development, adoption and public endorsement of Sonoma County's 10-Year Homeless Action Plan http://sonoma-county.org/cdc/pdf/cofctenyearactionplan.pdf. The 10-Year Plan was undertaken as the CoC's work plan from July 2006 until February 2007. After extensive outreach, participants joined one or more of four planning teams: Prevention (Strategies to Prevent New Homelessness), Intervention (Strategies to Resolve Chronic and Short-Term Homelessness), Housing Infrastructure (Creating a Pipeline to Address the Need), and Outcomes Assessment (Demonstrating Our Accomplishments), overseen by an expanded Steering Committee (Plan Oversight Team). Each team met monthly over a 5-month period and examined best practices, heard special presentations, made visits to model programs, compiled promising approaches in a matrix that calculated return on investment (e.g., cost per homeless episode avoided or resolved), prioritized recommended approaches and established timelines to accomplish goals. The Housing Infrastructure team undertook a detailed analysis of 2005 Count subpopulation and geographic sub-regional data that led to an equally detailed description of housing needs (<i>Housing Sonoma County's Homeless</i>, http://sonoma-county.org/cdc/pdf/homelessestimates.pdf). The Outcomes Assessment team began development of a system-wide performance evaluation program. Two large quarterly Continuum of Care Planning Group (CCPG) meetings were given over to best practice presentations of interest to the entire community; a third CCPG meeting was devoted to public input to, and adoption of the 10-Year Plan.</p> <p>Hundreds of community stakeholders participated in the planning process, and the Sonoma County Board of Supervisors endorsed the Plan unanimously on February 27, 2007. The Plan calls for 345 new transitional units, 756 new permanent supportive housing units, and almost 600 additional very low-income targeted independent housing units for homeless families and individuals; these are the basis for the goals stated in Chart N. The Plan also focuses on the chronically homeless county-wide, and on all homeless populations in unincorporated West Sonoma County, as having the largest gaps in service.</p> <p>With the designation of unincorporated West Sonoma County as the geographic sub-region most in need of homeless services and housing, new efforts began to build the infrastructure necessary to address the need. The Russian River Interfaith Coalition (RRIC) opened a winter shelter in Guerneville and is planning and raising funds to open more than one site in late 2007. The Continuum of Care Coordinator and representatives of the So. Co. Housing Coalition and Task Force for the Homeless have held numerous meetings with local stakeholders and service providers to learn what various players are willing to contribute to addressing the challenge and what they need to do so. Two new projects are in development that will provide permanent supportive housing.</p> 		

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
<p>Many members of the Sonoma County Continuum of Care Planning Group participated in the development of the Sonoma County Mental Health Services Act planning process in 2005; as a result of that planning process, the largest expansion of mental health services in 15 years was approved and funded in 2006. As described above, the Community Intervention Team has begun providing mental health assessments and services in emergency shelters and day programs; new residential mental health programs and a peer-run Wellness Center will serve homeless individuals in the context of the overall community, and funds have been designated for mental health services in local supportive housing projects. Sonoma County Mental Health is conducting a housing needs assessment among its clients, which will be useful in further refinement of homeless housing plans. Planning for use of MHSA capital development funding is about to begin.</p> <ul style="list-style-type: none"> • While there were slight reductions in the number of emergency beds (as new facilities refined their programs), there was a significant expansion of seasonal shelter beds (especially the Guerneville winter shelter mentioned above) and overflow/voucher beds (brought about by the City of Santa Rosa and the County of Sonoma approving resolutions enabling the City- and County-owned shelters to expand occupancy by 15 percent on the worst nights, as well as new availability of motel vouchers in some areas without shelters). The loss of two transitional housing facilities was made up for by the addition of new permanent supportive housing (PSH) and the re-designation of other PSH beds, resulting in 99 new beds for chronically homeless individuals. • Expansion of medical services at Catholic Charities' Family Support Center into a 1½-day per week Santa Rosa Free Clinic. The free clinic provides assessment of medical conditions and acute treatment, with referral to a primary medical home at Southwest Health Centers. This arrangement provides an immediate intake without the long wait typical to obtain appointments at community health centers. In the coming year, the Santa Rosa Free Clinic hopes to expand to services 3 days a week. • The Sonoma County Housing Coalition published the first listing of all affordable housing units in Sonoma County – a document that will be invaluable in future planning efforts. • COTS has begun a partnership with the State University of New York (SUNY) at Albany, to study the effects of childhood abuse and neglect on homeless people in Petaluma. This research study follows pioneering work by Kaiser Permanente and the Centers for Disease Control, which showed that traumatic childhood experiences – “adverse childhood experiences” (ACEs) such as war and other violence, family dysfunction and sexual abuse – result in poor physical and emotional health in adulthood. Researchers have concluded that ACEs are at the root of the 10 leading causes of death in the United States. The research study, which will be conducted over the next year, will be among the first to apply the ACEs research to the homeless population. In addition, COTS piloted a Somatic Experiencing (SE) Program to assist its clients in trauma recovery. SE practitioners are working with COTS program managers to incorporate experiential somatic activities that promote self-regulation into the agency’s children’s program and 12-week parenting skills training. 		

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
<p><i>Most significant accomplishments over the past 12 months, cont'd:</i></p> <ul style="list-style-type: none"> The Living Room day center opened its new Transitions program, providing 1.5 FTE case management and life skills education for homeless women with children. 		

V: CoC Chronic Homeless (CH) Progress Chart

The data comes from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart.

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.		
Year	Number of CH Persons	Number of PH beds for the CH
2005	317 (underreported: math error)	81
2006	344 (corrects the above number)	98
2007	297	197
<p>Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:</p> <p><i>We are not showing an increase in the total number of chronically homeless, but this is misleading:</i></p> <ul style="list-style-type: none"> <i>2005 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 CoCs could report as chronically homeless.</i> <i>Despite HUD's refusal of a waiver to conduct a 1-week count in the large rural area that is Sonoma County, local providers maintain that a 1-night count in such areas cannot be accurate. For this reason Count volunteers interviewed people over the course of a week and encouraged them to come to one of 12 service events on January 31, 2007, so that they might be included in the "official" number reported to HUD.</i> <p><i>If 19 chronically homeless individuals who were about to be released into homelessness from public institutions and 30 additional chronically homeless individuals found over the weeklong count were included, Sonoma County's total number of chronically homeless would be 346, or 2 more than we reported in 2006.</i></p> <p><i>This small increase can be attributed to the weeklong outreach component of the 2007 count. Those seven days allowed interviewers to contact more people in encampments (who typically do not present themselves for services) than were reached in the highly limited 1-night count of 2005.</i></p>		

<p>3. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007</p> <p><i>NB: By identifying supportive service resources for chronically homeless individuals and successful management of rental assistance programs, The Sonoma County CoC was able to create an additional 58 beds for chronically homeless out of current inventory. PH beds for chronically homeless thereby increased by 197 since the 2006 housing inventory.</i></p>	<u>41</u>
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3. Identify the amount of funds from each funding source for the development and operations costs of the **new** CH beds created between February 1, 2006 and January 31, 2007.

Cost Type	Public/Government				Private
	HUD McKinney- Vento	Other Federal	State	Local	
Development	\$0	\$2,810,812	\$1,861,075	\$1,173,757	\$2,636,024
Operations	\$219,360	\$48,468	\$0	\$5,000	\$67,363
TOTAL	\$219,360	\$2,859,280	\$1,861,075	\$1,178,757	\$2,703,387

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted APR</u> for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	22
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	98
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	17
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	81
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	82%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted APR</u> Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	112
b.	Number of participants who moved to PH	60
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	54%

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
904	a. SSI	80	9%
904	b. SSDI	64	7%
904	c. Social Security	6	1%
904	d. General Public Assistance	23	3%
904	e. TANF	110	12%
904	f. SCHIP	0	0%
904	g. Veterans Benefits	7	1%
904	h. Employment Income	254	28%
904	i. Unemployment Benefits	7	1%
904	j. Veterans Health Care	12	1%
904	k. Medicaid	76	8%
904	l. Food Stamps	97	11%
904	m. Other (please specify)	12	1%
904	n. No Financial Resources	477	53%

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care** as well as any other State or Local program that may be applicable. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs. <i>Some application forms are interchangeable.</i>
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services. <i>The State's Draft Plan has just been released for review. Sonoma County representatives were involved with development of the State Plan, and we intend to remain involved.</i>

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
None			\$ 0
		Total:	\$ 0

AA: CoC Participation in Energy Star Chart

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

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 58 %
*Projects **not** using Energy Star appliances are all SSO projects or are leased facilities where project sponsors do not have a choice of appliances. Wherever projects sponsors have a choice, Energy Star appliances are in use.*

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</p> <p><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> 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; <u>or</u> 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.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used to encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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]

	1	2
<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? 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 enter no. If no, skip to question # 4. Santa Rosa 2020: General Plan, www.srcity.org</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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 (multifamily 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? (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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>4. Does your jurisdiction’s zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes. CA Govt. Code § 66000</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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? CA Govt. Code § 66005</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing? The City can provide for fee deferrals or the City may pay the fees for affordable housing</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<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? 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: “<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>” (www.huduser.org/publications/destech/smartcodes.html)</p> <p>CA Building Code, Historic Building Code – Michael Whitaker (707) 543-3234</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<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. 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> <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. CA Model Building Code 2001, Amended 2/13/07</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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> <p>Revised Density Bonus Ordinance (9/23/2003), Second Unit Ordinance (5/13/2003), Rezoning Exemption (10/21/2003), and Zoning Code</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<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, attach a brief list of these major regulatory reforms. See Attached</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<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? Revised Street Design and Construction Standards – City Council Resolution 25865 (1/13/2004)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>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? (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.) General Plan Housing Element Policy H-C6 (Infill Development Density Increase, 6/18/02) and Revised Density Bonus Ordinance (9/23/2003)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Does your jurisdiction provide for expedited or “fast track” permitting and approvals for all affordable housing projects in your community? City Council Policy No. 200-13 - Fast Tracking Development Applications (4/2/1991)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. 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? Permit Streamlining Act – CA Govt. Code §65920</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>17. 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? City Code §20.42.130</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

18. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments? Revised Density Bonus Ordinance (9/23/2003)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
19. 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? City Code §20.03.180	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:		

The Santa Rosa Zoning Code was revised over the last five years, changes were effective in December 2004. Major regulatory reforms include:

- ❖ Mass rezoning to achieve consistency between the General Plan and Zoning which will allow more projects to be developed by right. (Ongoing).
- ❖ Required parking for affordable projects is reduced, and is less than market rate projects. In addition, no covered or visitor spaces are required.
- ❖ Residential units are allowed in retail and office zoning districts.
- ❖ Revisions to the Commercial zoning districts to allow residential uses
- ❖ Revision to Zoning Ordinance to allow Single Room Occupancy units in Commercial zoning districts (Ordinance 3760, 1/3/2006)