

Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Sonoma

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

1.COC Collaboration w/ underserved communities/BIPOC in design/program operations: partnering w/ local NAACP, Tribal Nations, Latino providers, LGBTQ+ led orgs, lived experience, BIPOC providers to address NEEDS: Racial Equity(RE) Workgroup participation w/ a plan to address disparities; Coordinated Entry(CE) assessment redesign w/ RE lens participation; CoC evaluation approved scoring & rating/ranking participation; CoC Board (CB) designated tribal representative seat & 2024, approved a BIPOC led organization/advocacy seat; policy committees; local events; CoC voting members.2. 5-year Strategic Plan (SP) 2023-2027: goals to address disparities w/ the county-wide homeless SP serves as a roadmap to guide actions to address disparities, incorporating needs of the underserved/disproportionally populations.2.CE: enhancing Assessment/prioritization w/ a RE lens. Efforts began last year w/ technical assistance completing an in-depth assessment/prioritization review. Included in the 2023 application, this time-intensive workgroup is still actively meeting & aims to create a more equitable pathway to homeless assistance, especially for BIPOC/overrepresented populations. 3.Tribal Engagement: Recognizing unique needs of tribal/indigenous populations w/ the largest disparities identified, and CoC staff worked to engage local tribes. 2023, CB approved a designated tribal seat, currently 3 tribal members active on the CB. CoC staff continue to work w/ tribal partners to incorporate insights in CoC decision-making, w/ hopes of fostering trust/addressing disparities. CoC participates in a Tribal Coalition, a collaboration of Tribal Nations & service providers; outcomes include Tribal Nations CoC representation, Tribally Designated Housing Entity & Tribal orgs as voting members.4.RE Workgroup: developed in 2022, members include BIPOC/LGBTQ+ & lived experience. The group is working on a comprehensive plan for racial disparities. 2023, participation had become sparse. 2024, CoC opened applications & now has 14 active members (including several original members). In the coming year, efforts to include the development of year 1 priorities based on a 2023 COC-wide survey on racial disparities to identify service gaps & goals.5.Dept. of Health Services Equity Circle: CoC staff joined county-wide efforts to address RE in the County; current efforts are the development of a DHS Equity Action Plan to implement in the Lead Agency's work (health/mental health focused)

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

(limit 2,500 characters)

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

2.COMMUNICATION INDIVIDUALS W/ DISABILITIES All meeting documents are remediated in accordance w/ADA standards, published online in accordance w/ Website Content Accessibility Guidelines. CoC uses the Section 508 standards and WCAG 2.1, Level AA as guidelines for pages w/in its website. CoC Website provides automatic content translation, converting English to another language using Google™ Translate. Most meetings are held virtually; w/ a 48-hr notice, accommodations can be requested for translators (including American Sign Language) & for those w/ hearing/visual impairments; this info is posted on every meeting agenda/on website.

3.CoC INVITES orgs & has members serving culturally specific communities experiencing homelessness in the geographic area to address equity. CoC sends invitations via email to partner orgs serving culturally specific individuals w/ lived experience w/ email listservs; e.g., local healthcare collaboratives, tribal entities, orgs serving and/or lead by LGBTQ+, educational partners, disability advocacy orgs, & private funders. CoC staff took steps to address equity of the CoC membership by: A) communications w/ 7 local tribes & participates in tribal coalition meetings to invite other tribal entities to join as CoC members; B) through the CoCs Racial Equity Workgroup; & C) Since the last application, CoC Staff have reached out & set up in-person meetings w/ several BIPOC/LGBTQ+ led/serving orgs who weren’t currently active to engage/understand needs/increase participation/representation.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1.CoC engages over 50-member orgs (nonprofits/philanthropy/local government/FQHCs/etc.) & those w/ lived experience of homelessness (LEH) via quarterly membership meetings, monthly committee/CoC Board meetings to SOLICIT and CONSIDER OPINIONS. CoC meetings are open public meetings, feedback is encouraged via public comment. Specialized community staff/LEH are invited to CoC Board/committee meetings to inform local policy/decision-making. CoC Staff attend homeless advocacy/City Council/Board of Supervisors/health meetings. Outreach is conducted to solicit feedback/invite new individuals/orgs/LEH interested in ending homelessness. Since 2023, CoC voting orgs have increased from 40 to 53 (w/pending applications).

2.COMMUNICATING INFORMATION CoC staff maintain a public listserv (900+ members)/website where all CoC open meetings are publicly noticed/posted. Website/listserv include meeting location/virtual login, materials/minutes & opportunity to provide opinions/feedback (via verbal/written public comment). Info. is presented in a jargon-free manner to support data driven decisions, including providing high-level executive summaries of complex/lengthy materials. The CoC has “Contact the COC Board” website option, allowing public opinions to be sent directly to the board. Staff attend community meetings in person/virtual to provide updates/encourage participation.

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

4.INFORMATION GATHERED/CONSIDERED for improvements/new approaches: provided public presentations on HUD SPM, all funding decisions made in public meetings, including Homeless Housing, Assistance and Prevention (HHAP) Grant Program, CoC Program, & Emergency Solutions Grants. Public comment is considered via CoC meetings prior to decision-making. County-wide Strategic Plan to end homelessness & Coordinated Entry Policies/Procedures developed w/in a public committee of the CoC, w/ input collected from various stakeholders, workgroups, public comment, and CoCs Lived Experience Advisory Board. Thus, Efforts to address IMPROVEMENTS/NEW APPROACHES are done in public w/a variety of representations to ensure the needs of all are heard.

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

(limit 2,500 characters)

1. CoC CONSIDERS ALL new eligible applications for funding & encourages NEW ORGANIZATIONS to apply for funding. Agencies new to CoC funding attended the PUBLICLY ANNOUNCED/PUBLISHED CoC NOFO Bidder's Conference (BC) & received 1:1 technical assistance (TA) from CoC Coordinator. CoC held multiple PUBLIC meetings, encouraging new agencies to attend the BC, & requested interested agencies contact CoC Staff. Four new providers attended BC including providers serving DV, families, & youth. After attending TA sessions, one new org applied w/ another new org as a subrecipient.

2. On 8/24/24 an RFP was released which included local timelines, HOW project applications must be SUBMITTED, eligibility criteria, application information, scoring, HUD Priorities, TA sessions (including e-snaps session), open BC for new projects, and the PROCESS. Notification of an open application & submission process was posted on the PUBLIC CoC & Lead Agency websites, noticed PUBLICLY via membership & provider lists, CoC listserv (900+ community members), CoC public meetings & various community meetings.

3. CoC NOTIFIED the PUBLIC of project determination guidelines for HUD submission during renewal scoring public meetings prior to the local competition, approved new project scoring in public meetings, local RFP, Mandatory new project BC, CoCs open public meetings & TA Sessions. These included HUD priorities/threshold criteria, system needs, scoring, evaluation project selection & formal approval of the CoC Board (CB) for all renewal & new projects. Additional determination guidelines include HUD SPM alignment (increasing income/permanent housing exits/mainstream resources), Housing First, experience, cost-effectiveness, fiscal audits, Coordinated Entry adherence & lived experience feedback. The Evaluation Workgroup reviewed all renewal/new project applications to determine which applications the CoC would submit to HUD as approved by the CB in public meetings; no project applications were rejected.

4. COMMUNICATION ACCESS: Local RFP/all Competition materials were posted/noticed in an accessible, remediated format online & via listservs to the public/local agencies for those w/ disabilities. Invitations/communications were remediated in accordance with ADA standards & published/noticed electronically & online in PDF in accordance with Website Content Accessibility Guidelines. Information was also provided during in-person/virtual meetings of the CoC and various community meetings.

1C. Coordination and Engagement

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

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

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

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	No

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

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

(limit 2,500 characters)

FORMAL PARTNERSHIPS: Sonoma County Office of Education(SCOE) is the LEA & the Foster Youth Liaison(FYL) represents SCOE as the primary contact for all MCKV Liaisons, is the primary conduit for the CoC into all 43 SCHOOL DISTRICTS in the CoC’s geography & primary connection for the CoC to SEA. CoC has a written agreement w/ the LEA extending to all school districts & includes data sharing for students/families experiencing homelessness. SCOE is a formal CoC voting member & actively votes during CoC Board elections. SCOE is becoming an access point for Coordinated Entry and will soon be able to directly enroll homeless families. CoC and local PHA staff are in conversations about dedicating housing vouchers to families experiencing homelessness through modifications to PHA preferences combined with CoC supportive services. CoC has a written agreement w/ Catholic Charities, HUD funded, w/ formal partnerships/provides referrals for First 5 and Youth & Family Services childcare(0-5yrs), Headstart & works closely w/ the school liaisons. Local VSP, YWCA, provides a therapeutic preschool for 3-5 years & is the CoCs only preschool providing onsite therapy to this age group.

COLLABORATION/POLICIES: CoC collaborates w/ LEA/YEPs in the following ways: FYL/COC Coordinator holds annual planning meetings for the PIT Count for all school districts & hold trainings for MCKV liaisons to identify youth/families in the PIT Count. LEA/CoC collect data from school districts to identify homeless youth/families on the night of the count. FYL meets monthly w/ CoC Staff & CoC has a dedicated seat on the FYC Executive Committee for foster/homeless youth needs and works w/ school districts in need of assistance for homeless families. CoC Board adopted/incorporated the following policies into its charter: ensure project participants have access to educational services, all children are enrolled in school & providers are required to refer families to MCKV Liaisons for compliance issues. County Family Youth & Children’s Center serves as a CES Access site w/MOU.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services. NOFO Section V.B.1.d.	
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Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

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

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

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

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

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

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

Organizations		
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
Other Organizations that Help this Population (limit 500 characters)		
4.	County of Sonoma District Attorney's Office Victims Services Family Justice Center, Verity Sexual Assault and Trafficking Provider, Victims Empowerment Support Team (VEST), YWCA Victims Service Provider, Family Youth and Children Services, Ruthless Kindness, California Partnership to End Domestic Violence, Redemption House of the Bay Area	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

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

(limit 2,500 characters)

1. CoC collaborates to update COC-WIDE POLICIES with orgs providing housing & services to survivors of domestic violence (DV), dating violence, sexual assault, and stalking. Collaboration on specific policies for CoC & ESG providers include CoC Program Standards, enrolling de-identified clients into HMIS, utilizing a comparable database system for survivors, resources for providers to share with their clients in need/seeking services, and CoC Emergency Transfer Plan (ETP). ETP was originally developed in collaboration with our local VSP, the YWCA. In 2024, CoC staff worked with CA State-provided technical assistance (TA) series for VAWA & ETP, including a cohort of VSPs, CoCs, those with lived experience, & TA. Through the TA, CoCs ETP was reviewed/updated with VAWA/ETP/HUD/CA State specialists. NEW ETP is much more descriptive, provides guidance for tracking, & better facilitates emergency transfers (ET). CoC holds trainings to educate providers on compliance & awareness of the responsibility to inform ALL participants of rights under VAWA. CoC staff is also participating in a cohort of CoCs & VSPs facilitated by CA Partnership to End DV to help build collaboration throughout CA. This partnership has helped inform local policy and is focused on bridging the gap between CoCs/VSPs, gathering info about barriers & advocacy work around DV-specific set-asides in housing programs.

2. CoC regularly collaborates to ensure all housing & services provided are trauma-informed & meet the needs of survivors. In addition to policy, this also includes providing training to the CoC membership/Coordinated Entry (CE) staff, including local ESG/CoC providers for DV & trafficking. Through the ETP Cohort & subject matter experts, ETP was redesigned to ensure ETs are as easy as possible & guide providers to say yes, that confidentiality & VAWA protections are understood, and trauma-informed housing/services are provided to meet survivor needs. YWCA provides a 24/7 hotline for individuals experiencing DV. Verity, primary sexual assault provider, has a 24/7 rape crisis line w/ State Certified sexual assault victim counselors, and Family Justice Center VSP operates CoCs ONLY DV Crisis Drop-in Center. Providers are educated on resources, ensuring access to these specialized services. Training on "Safety in Assessment Practices" and "Safety Planning" is provided to all CE users on a quarterly basis. In 2024, the CoC held the first youth-focused training from Verity.

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

(limit 2,500 characters)

1.CoCs Coordinated Entry (CE) SAFTEY PLANNING PROTOCOLS to address the Needs of Domestic Violence, Dating Violence, Sexual Assault, & Stalking Survivors includes the following: A) Annual training on topics such as trauma-informed/client-centered care, VAWA protections, and mandatory Emergency Transfer Plans; B) Review of any policy/procedure related to serving survivors through VSPs; C) CE assessment process step, "Crisis Navigation and Connection" which includes the assessment of immediate safety concerns. CE operator monitors assessment sites for compliance with CE policies & procedures and regularly gathers feedback from individuals who have been assessed to ensure the assessment is trauma-informed and done in a confidential manner and location.; D) Emergency transfer plans for each project type prioritized with the highest priority for referrals for immediate placement via CES for the individual once available; E) Direct referrals for individual safety plans & Safe House placement in an undisclosed location via 24/7 hotline. Direct referrals to the VSP Family Justice Center, operating the CoCs ONLY drop-in centers for DV w/ over 20 on-site partners; F) CE policy requiring the Operator to locate an alternative meeting space if there are privacy/safety concerns for assessment; G)CE Operator provides "Safety in Assessment Practices" and "Safety Planning" training to all CE users on a quarterly basis; H) NEW training covering Sexual violence/Human trafficking led by the primary provider serving survivors of sexual assault, Verity.

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

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes

6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.	CoC/ESG/CE Emergency Transfer Plan Training	Yes	Yes

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking. NOFO Section V.B.1.e.	
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Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1.CoC RRH/PSH/CE standards have Emergency Transfer Plan (ET) internal & external policies/procedures. ETP originally developed w/ a local VSP (YWCA). April 2024, Lead Agency (LA) worked w/ State provided VAWA/ETP technical assistance (TA) where ETP was updated w/specialized assistance, including VSPs, CoCs, & lived experience cohort. Effort ensures ETP is up to date w/ VAWA/HUD regs while being survivor-centered. ETP provides additional time for victims of sexual assault to report the assault beyond the mandatory 90 days, gives priority to ETs, & ETs from other CoCs.

2.INFORMING Households (HH) of ETP Rights: ETP requires CoC/ESG HPs to inform ALL HHs of their ETP rights under VAWA during project intake & requires flyers explaining ET rights, posted in common areas of project-based sites/offices. LA developed a simplified ET client-facing form for HPs to use. HPs are required to attend an annual LA ETP training & conduct training internally.

3.ETP ONLY requires HHs to request verbally: request can be made to any HP staff, not a specific employee. HPs may encourage HHs to put the request in writing but are not permitted to require it. HPs are encouraged to refrain from requesting additional info from HH except when HP receives substantively conflicting/inconsistent info. HH request must indicate belief there is a threat of imminent harm from further violence if they remain in the same dwelling unit assisted or a statement that HH was a sexual assault victim/assault occurred on the premises during the 365-day period preceding the request. ETP explicitly states HH need not be in good standing w/ the HP to request ET.

4.RESPONDS to HHs ET: HP procedures include timelines for steps to RESPOND w/ urgency. ETs have highest level of priority for CE placement. HP/CE maintain ET logs, including facilitation steps, timeframes/outcomes & requires continuity of services during. A) HH requests ET/VSP resources provided immediately. B) HP notifies LA. C)HP notifies HH request receipt/eligibility. D) HH notified of ability/inability to complete internal. E)HH offered options for internal & external ET. If nothing is available, other options are pursued like ES placement, out-of-county ET, etc. F) CE informs HP of opening if ET is external w/immediate referral outside case conferencing for confidentiality. G)Out of County ET are communicated w/ LA by HP, HP informs CoC of ET request. H) Warm handoff facilitated. I) HP notifies LA of completion & documents.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have SAFE ACCESS to ALL of the HOUSING and SERVICES available within the CoC's geographic area by: A) providing equal access to assessment and enrollment into CE. Our CoC has a CE access point operated by a VSP. This access site is also the CoC's ONLY DV drop-in center, which assesses survivor needs & provides direct referrals to 20+ on-site and 35+ off-site partners. However, ALL CES Access Points must provide equal access to any individual or family fleeing or attempting to flee domestic violence, sexual assault, data violence, stalking, or human trafficking. Victims of DV are provided an opportunity to receive CES referrals for available services from either non-victim-specific providers or victim service providers (when available) specializing in assistance to such persons fleeing or attempting to flee domestic violence and/or sexual assault. Upon determining if the household may be escaping/attempting to flee a violent situation, Access Points must also provide information and referral to the domestic violence hotline. B) When available, referrals to projects dedicated to serving survivors or those fleeing DV are made confidentially outside the normal CE case conferencing process. CoC Currently does not have a DV specific project CE directly refers to as a local VSP gave up its funding for the CoC. A local VSP, County of Sonoma's Family Justice Center, has applied for DV specific projects in this funding competition to fill this gap in housing availability. If awarded, the CoC has a separate procedure for VSP referrals and will operate outside of the case conferencing process. Referrals from CE are made by client-choice, survivors can enroll in HMIS without any identifying information using a code or they can choose to include their information, regardless they will have access to ALL referrals in the CoC's CE based on eligibility and priority. C) our newly redesigned Emergency Transfer Plan better articulates the responsibilities of ALL housing providers. Emergency transfers are given the highest priority. D) Our CoC is redesigning our CE assessment. One of the main goals is to make the assessment more trauma-informed and culturally relevant.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

- | | |
|----|---|
| 1. | identifying barriers specific to survivors; and |
| 2. | working to remove those barriers. |

(limit 2,500 characters)

1. IDENTIFYING BARRIERS: Historically our CoC has worked closely with VSPs in our community. However, recently our main VSP has decided to end a long-running project dedicated to serving victims of domestic violence (awarded when DV Bonus was brandnew). The provider indicated that maintaining staff was difficult, they struggled with regulatory compliance, and Coordinated Entry. With the project ending and no longer serving the DV population exclusively, the CoC understands the closing of this project will pose challenges to access for those in DV situations. Although other projects in the community serve this pop., there are no other housing projects exclusively serving DV.

2. REMOVING BARRIERS: explored ways to reduce barriers that VSPs & survivors face. We have reached out to other providers in the community who are interested in expanding housing programs to encourage them to consider applying for restricted DV funding through the CoC funding stream. The CoCs-only DV drop-in center is operated by the County of Sonoma’s Family Justice Center and provides direct access to DV support from over 20+ partners in one location. Although not currently a housing provider, they have submitted applications this year for both the CoC DV reallocated and DV Bonus funding in hopes of filling this gap. They have subrecipients w/ experience in housing and have committed mental health/therapy commitments. Taking into consideration the disparate impacts of those served and the projects funded through the CoC, the CoC prioritized the DV Bonus project above all other new projects, with the hopes of awarding the project w/o displacing people who are currently in housing with renewals. CoC staff participated in TA-led VAWA/Emergency Transfer (ET) Plan sessions with w/various other CoCs/VSPs to enhance the CoC ET process for providers and victims of DV. CoC staff have been working on in a cohort led by the California Partnership to End Domestic Violence. This group is made up of representatives of CoCs and VSPs throughout the state. The group is exploring ways to bridge the gap between CoCs and VSPs. The group recently released a survey of CoCs and VSPs to inform the group on the barriers. Results will be used to inform future efforts to reduce barriers to participation. CoC has explored HMIS VSP viewer only access to ensure VSPs have access to information regarding CE enrollment.

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

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

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

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

(limit 2,500 characters)

1. CoC regularly COLLABORATES w/LGBTQ+ service orgs to ensure LGBTQ+ individuals have access to CoC services & Trauma Informed: Anti-Discrimination policy (ADP) updates are done in partnership w/ LGBTQ+ serving agencies/individuals in open public meetings (included on the CoC Board & policy committee). In 2023 CoC updated ADP to ensure households are not separated based on a member's sexual orientation/gender identity. 2024 LGBTQ+ service provider trained CE/CoC/ESG providers on best practices for serving LGBTQ+ to ensure providers know how to comply & services are trauma-informed. In 2024 CoC updated its ADP to explicitly mention HUD Equal Access Rule (EAR), calling out the rule rather than just defining it.

2. DEVELOPING ADP project-level policy ASSISTANCE: CoC agency provides mandatory annual training to CoC & ESG recipients on ADPs, including Equal Access Rule (EAR)/preventing family separation and all other forms of discrimination; the latest training was held 8/29/24. Annual monitoring for CoC & ESG providers includes a review of internal ADPs to ensure they are consistent w/CoC-wide ADP; if not, they are provided guidance/instruction on updates needed (if any).

3. CoC staff evaluate CoC/ESG provider's ADPs for HUD's EAR & Gender Identity Final Rule (GIFR), provisions of federal civil rights laws, including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Titles II & III of the ADA. ADPs are reviewed for COMPLIANCE during annual monitoring. CoC staff updated standards to explain EAR & GIFR more explicitly. CE monitors project referral acceptance rates disaggregated by race/ethnicity/gender at system & project levels. Identified inequities are addressed w/ monitoring. CoC agency also has an internal compliance department to evaluate reports of discrimination.

4. ADDRESSING NON-COMPLIANCE: If non-compliance is identified during CE housing referral process, CoC staff will mitigate the issue through discussion w/ provider; this may include asking the provider to retract a rejection. Also addressed w/ findings in monitoring reports, accompanied w/ required action for resolution. Serious violations identified or reported are addressed by 1) CoC staff refer the situation to the agency's internal compliance team for investigation/corrective action, and 2) CoC staff will report the issue/work on a resolution w/the local HUD Field Office

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Sonoma County Housing Authority	35%	Yes-HCV	Yes
City of Santa Rosa Housing Authority	56%	Yes-HCV	No

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

Describe in the field below:

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

(limit 2,500 characters)

CoC has close partnerships w/ 2 local PHAs, Sonoma County Housing Authority (SCHA) & City of Santa Rosa Housing Authority (SRHA). SCHA Leadership has a seat on the CoC board & has worked to develop more housing opportunities for individuals experiencing homelessness (IEH). SCHA has several homeless admission preferences to assist IEH: In-place homelessness prevention, homelessness preference, Move-On allocation, Housing Access/Reentry Program & limited chronic homelessness preference. In-place homelessness prevention super preference applies to in-place occupants when the unit is subject to the loss of affordability restrictions or a subsidy & the loss of the restriction or subsidy places the occupant at risk of losing stable housing/becoming homeless; preference also applies to individuals whose rental assistance is being terminated due to insufficient funding/term expiration of other rental assistance programs administered by the SCHA or CoC. Homeless preference allocates 20% of annual turnover program vouchers to those who have successfully participated in transitional housing, interim housing, or an emergency shelter and or homeless-services initiatives within Sonoma County. Referrals are made through the local CE system. The Move-On program allocates 20% of turn-over program vouchers to individuals who have successfully participated in PSH, which was expanded to include RRH in 2022. Housing Access & Re-entry program provides 5 HCVs to persons exiting incarceration who have a high potential of becoming homeless. Limited Preference for Households Experiencing Chronic Homelessness allocates 10% of annual turn-over vouchers; referrals come from the CE system. During fiscal year 23/24, 240 persons were homeless at entry were housed through the SCHA. In addition to preferences, SCHA utilizes CE for referrals to 9 different PBV projects totaling 183 units. 113 of these units are designated PSH, serving chronically homeless households & 70 of these units are designated to serve other homeless households. An additional 62 PSH PBV units & 10 homeless dedicated units are actively under construction. SRHA has a Limited Preference for Homeless w/ 24 set-aside vouchers for CE referrals under CoC policies. SRHA currently has 36 PBVs dedicated to local PSH projects, w/ another project to be open at the end of the year w/an additional 30 homeless dedicated PBVs. SRHA & SCHA received 284 EHVs.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
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NOFO Section V.B.1.h.

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.
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1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

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

	1. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	15
	2. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	15
	3. This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

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

(limit 2,500 characters)

1. HOUSING FIRST (HF) is included w/in CoC PROJECT EVALUATIONS for EVERY new/renewal PROJECT. CoC Applicants submit a HF supplemental questionnaire; this requires narratives on policies/practices relating to income requirements, current/past substance abuse, history of victimization, criminal records, guest policies, additional assessments, etc. Agencies also provide project/agency information HF adherence, ensuring NO PRECONDITIONS of services. This includes a site visit w/ an in-depth review of client files, leases, program rules, agency policies (grievance/appeals), Coordinated Entry (CE) referral rejections, etc. Through this, CoC DETERMINES if HF Approach is met as marked on the project application.

2. EVALUATION FACTORS/PERFORMANCE INDICATORS: exclusion of background checks (unless permitted as exempt), sobriety requirements, mental health evaluation prior to tenancy, income, requiring services participation, lights out/curfews, requirements outside of a standard lease & separation of case management/property management. If an agreement supersedes any HF requirements, the agency submits additional info for evaluation. Some projects are supported by PHA vouchers & have a HUD-required PHA Background check. In these cases, projects are asked to detail how they mitigate the impacts (e.g. appeals to PHA/in rare cases, referral transfer). Agencies detail how projects are participant-driven, ensuring self-guided service plans and policies to help inform improvement directly tied to client feedback. Responses are reviewed in detail w/ an evaluation group, if any info is unclear, it is discussed during project site visits.

3. CoC REGULARLY EVALUATES projects for HF alignment OUTSIDE the competition; In 2024, project evaluations took place from April to June. CoC/ESG Program Standards include HF practices for all project types & are monitored for compliance; noncompliance results in findings/corrective actions. CE case conferencing (CC) monitors referral denials for HF & require approval from a CE CC consensus.

4. CoC believes this standard is met & continues to be improved through: HF ESG/CoC Program Standards, in-depth monitoring, CE CC oversight for rejecting/accepting referrals (denials only permitted in limited cases), CoC staff have sought HUD guidance for PHA background checks and other questionable HF situation, and training such as the US Interagency Council on Homelessness HF presentation in Oct. 2024

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

The CoC recently redesigned its street outreach (SO) approach to achieve full geographic coverage, eliminate duplication of services & to reach those who are LEAST LIKELY to REQUEST ASSISTANCE. SO teams are responsible for specific subregions of the county & carry caseloads w/ a twofold approach. A portion of the caseload is designed to get clients in the Coordinated Entry priority group ready for housing by collecting/uploading documents to HMIS; speeding up time from referral to lease up. By Names List (BNL) leads assign action step e/ a focus on getting housing. Once a client is housed, SO staff maintain the client on their caseload for 2 weeks ensuring a warm handoff to housing case management. Another portion of the caseload is to engage clients who have NOT YET received services/may have REJECTED services. The aim of this work is to explain services/progressive engagement as rapport is developed. SO can place unsheltered individuals into shelters in their subregion. SO Deployment is coordinated through subregional & county-wide BNL meetings. BNL meetings are MULTIDISCIPLINARY groups made up of providers, law enforcement/fire officials, representatives from local jurisdictions, healthcare, etc. BNL group composition changes depending on subregion/need. Anyone who has interactions w/ the unsheltered in the subregion can be included. BNL leads in rural areas are responsible for developing partnerships w/ non-traditional partners like parks staff, business owners & local residents. These partners can contact BNL or SO to connect those LEAST LIKELY to request assistance with the system of care. SO/BNL has developed plans for addressing encampments, engaging clients refusing services, warming/cooling centers & the Point in Time count. The combination of the new SO approach & BNL coordination has resulted in more unsheltered individuals being identified, particularly in areas where there has historically been less access to services. The County also operates a homeless dedicated safety net multidisciplinary team, including behavioral health specialists, adult protective services, substance abuse counselors, probation, Child protective services, human services, community health partners (including a hospital liaison), etc. This team provides an array of services and can provide direct access to county services, such as Medi-Cal, General Assistance, Cal-Fresh (food stamps), which allows for streamlined service access/ensures benefits stay active.

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

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	494	410

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

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	No
3.	SSDI–Social Security Disability Insurance	No
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Medi-Cal/Medicaid	Yes

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

Describe in the field below how your CoC:

- works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
- promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.HEALTHCARE COLLABORATION: Within the last 2 years, CoC staff transferred to the Department of Health Services, a decision approved by the County of Sonoma to enhance partnerships between homelessness & healthcare. This move allows for better collaboration/information sharing/training opportunities for CoC staff & local homeless service providers (HSP). CoC staff now have close working relationships w/ Public & Behavioral Health. CoC staff hold quarterly membership meetings for all HSPs, which include training opportunities. These meetings recently moved back to in-person, which allows for increased collaboration/networking outside the Zoom platform. Trainings include County Medi-Cal/Medicaid w/ a focus on homelessness, Cal-Fresh, substance use disorder/treatments/overdose prevention (e.g., Narcan, Methadone Maintenance, outpatient/inpatient services), Adult Protective Services, TANF, & WIC. CE Operator also provides regular training/resources, including harm reduction and mainstream services to all CE assessors with staff from 32 local agencies; trainings are monitored by the CoC Lead. CoC Staff & HSPs attend weekly meetings w/ local health centers for community updates to assist clients w/ receiving healthcare (mental/physical), substance abuse, & housing services. Emails are distributed, including information such as vacancies at residential substance treatment, detox centers, crisis stabilization, openings in shelters, service events, etc. The CoC & HSPs have partnered with the state’s Medi-Cal/Medicaid provider to build capacity w/ the CalAim program. All CoC projects assist participants w/ applying for Medi-Cal/Medicaid, SSI/SSDI, TANF, Calfresh, & healthcare insurance. Connection to mainstream resources is an important element of CoC program monitoring and scoring.

2.PROMOTES SSI/SSDI: The CoC scores projects on their process to connect participants w/ SSI/SSDI & receive full points if they have SOAR trained staff. The CoC used to partner closely w/ the local SSA Office to provide access to SSI/SSDI benefit training. However, management transitions at the SSA office have impacted the CoC’s ability to provide recent training. CoC staff will continue to reach out to the SSA office and other community partners to rebuild this relationship. Although staff was unable to provide a training for membership from the SSA, CoC Program funding projects are still connected to and scored on SOAR participation during the annual review.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases. NOFO Section V.B.1.n.	
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:		
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Local protocols are set by the County Public Health Officer & County Department of Public Health (which follows State Local Guidance) in COLLABORATION w/ the CoC to identify eligible individuals/families in both sheltered & unsheltered settings to RESPOND to INFECTIOUS DISEASE OUTBREAKS: A) Since the last competition, the County Public Health Disease Control (PHDC) Team have been provided training/access to HMIS data to search for and contact Participants regarding diagnosis of or possible exposure to communicable diseases. Public Health Nurses & Investigators then conduct interviews, provide health education, and refer for treatment. B) CoC Lead Agency is within the County’s Department of Health Services (DHS), which ensures collaboration with health officials & CoC. C) CoC staff provides Public Health and local FQHCS w/ CONTACT INFO FOR LOCAL SHELTERS as well as NON-CONGREGATE SHELTER settings when a health response/notification is required. D) Distribution/administration of free vaccines from PHDC to individuals in NCS/ES, & via direct street outreach. E) Public Health connections to local STREET OUTREACH TEAMS (SOT) to PRIORITIZE unsheltered individuals for placement. F) CoC provides direct info from HUD/CDC/State Dept of Health on vaccine safety/efficacy via its public listserv. G) initiating masking orders when infectious disease cases rise.

2. CoC/DHS response system continues to strengthen its system to PREVENT infectious disease outbreaks: A) COVID/Infectious Disease Response Unit in DHS, which COLLABORATES w/ the CoC. B) Continued weekly COMMUNITY TRANSITIONS OF CARE meetings initiated as a response to COVID19 in 2020; includes CoC staff, hospitals, clinics, & homeless service providers and prioritizes placement for medically vulnerable individuals in shelters. C) CoCs Congregate shelters/housing programs response protocols to prevent outbreaks by procedures to halt intakes if/when outbreaks occur & for larger projects, isolation rooms are used to prevent spread when participants test positive. Mass testing is initiated when an individual tests positive in these settings & reported to DHS. Local SOTs can be paired w/ DHS staff to provide vaccinations directly to those in unsheltered situations. D) implementation of recommended/required masking orders from DHS. E) New PHDC HMIS Data access allows for measures to prevent further spread of diseases, allowing access to contact participants who may have been exposed/provide resources for treatment.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

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

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

1D-8.	Coordinated Entry Standard Processes. NOFO Section V.B.1.o.	
Describe in the field below how your CoC's coordinated entry system:		
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. CE serves EVERYONE regardless of location through CE processes & a NEW subregional street outreach (SO) model. SO teams operate in specific regions of the county & responsible for covering 100% of their region; ensuring access to the unsheltered. Each subregion has a by-names list (BNL) lead who coordinates Case Conferencing (CC) with stakeholders to locate everyone within the region. In remote areas, BNL leads create connections w/ park officials, business owners, & residents to ensure services can be offered. CoC coverage includes over 32 Access Providers, approx. 50 Access Points (AP) & 250+ accessing CE, including emergency shelters & not limited to traditional homeless service providers. CE is widely marketed through 211, posted on the CoCs website & includes info for other housing/services/shelters & flyers are posted locally.

2. STANDARDIZED PROCESS: CoC uses modified VI-SPDATs w/ 3 separate assessments: Adults, TAY, & Families. Equal referrals are sent to each population. CE engagement process involves a diversion/housing problem solving before enrollment. BNL meetings are used to coordinate w/ outreach workers & other partners to prepare individuals for housing. When a client is soon to be referred, coordination occurs for housing preferences/gathering documentation. CE uses a dynamic prioritization process to ensure EQUITABLE/EQUAL ACCESS to housing; referrals are done through CC w/ 60+/- providers. Assigned action steps reduce time from referral to move-in. Prioritization is made by assessment score & factors like recent contact & preferences. In situations where the assessment may not account for vulnerabilities, CC allows for the Enhanced Assessment step; allowing additional 3rd party info for further assessment.

3. Assessment protocols ensure info is gathered in trauma-informed way. APs must have private areas for assessments. CC is used to gather info about clients to inform referral decisions. CE provides regular training to all APs, including harm reduction, trauma-informed, & person-centered care.

4. CE updates are informed by quarterly evaluations that include analysis of inflow/outflow, referral acceptance/rejection rates, participating client feedback interviews & CoCs Lived Experience Board. Data is disaggregated by race/ethnicity to identify inequities in the system. Evaluations led to the adoption of dynamic prioritization, pre-referral screening of client choice in housing options, & a group that is developing a new assessment.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	

(limit 2,500 characters)

1.CE Access Point (AP) recruitment focuses on outreach/training for agencies serving populations LEAST LIKELY to apply for assistance (e.g., BIPOC led/serving, tribal partners, LGBTQ+ led/serving, FQHCs, DV Providers, behavioral health, etc). Approx 50 APs conduct CE enrollments (including subpopulation-specific APs) ensuring individuals are enrolled in the absence of SPECIAL OUTREACH. CoC/ESG shelters are required to be APs. Regional By Names list (BNL) meetings are used in all 5 County regions. The meetings include a wide range of partners who interact w/ those experiencing homelessness but are not homeless service providers (e.g. fire/law enforcement/city staff). BNL meetings identify people & track progress from identification to housed. Action steps are assigned to outreach workers (OW) to track movement through the system to identify bottlenecks.

2.CE prioritizes those MOST in NEED of assistance w/ standardized assessment tool & case conferencing (CC). Those w/ high vulnerability scores & recent verified system contact are prioritized. Some factors include illness/death vulnerability, health, victimization, age, service utilization, years homeless, etc. CE uses an enhanced prioritization process for those who are highly vulnerable but the assessment doesn't accurately reflect vulnerability. CC allows community partners to present additional info to adjust housing referral priority (higher/lower-level interventions).

3.Dynamic prioritization process used ensures those MOST in NEED of services receive PERMANENT HOUSING in a TIMELY manner. CE generates a priority group a month in advance of CC. Only those w/ recent verified system contact are prioritized. OWs screen for housing preferences soon to be available & assist in gathering housing documents. After housing placement, a warm handoff takes place & the OW maintains the client on their caseload for 2 weeks to ensure a smooth transition.

4.The CoC is developing a new CE assessment tool/prioritization process to reduce BURDEN of INVASIVE questions to replace the VI-SPDAT Once implemented, the new tool will NOT require individuals to be reassessed because the prioritization scheme relies on data from past assessments & will be much shorter than the current, reducing UNNECESSARY info collected. CoC is exploring leveraging other sources of data to reduce the number of questions. Furthermore, CC, w/ up to 60 local providers, is used to gather more info not collected in the assessment

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. CE operator (CEO), in partnership with CoC, markets housing/services through website, toll-free number, & printed materials. CE flyers are posted at Access Point (AP) agencies as well as agencies that serve individuals experiencing homelessness/housing insecurity like PHAs & Human Services/health services agencies. AP recruitment focuses on agencies that are not traditional homeless service providers (e.g. FQHCs and BIPOC led orgs). APs/website are affirmatively marketed to eligible individuals/families regardless of race, color, national origin, sex, religion, familial status, age, or disability, w/ a focus on those who are least likely to access services. CEO/CoC staff have conducted one-on-one meetings w/ local agencies focused on underserved/historically marginalized communities to inform them of CE and to gauge interest in becoming APs to increase access (e.g. orgs serving LGBTQ+, BIPOC, local tribes, those w/ disabilities). APs/providers are trained at least annually on Fair Housing (FH) & Equal Access Final Rule (EAFR). These efforts/ongoing outreach by CEO/CoC staff ensure ALL persons experiencing homelessness are REACHED equitably.

2. CoC & CEO provides regular trainings on FH, VAWA protections, EAFR/preventing families from separation, & other tenant rights. Any client enrolled in CE is provided a notice of rights under disability & nondiscrimination laws. CEO monitors APs for compliance w/ notification of client rights. CE flyers posted at APs inform clients of their rights; including nondiscrimination provisions of local/federal/civil rights laws, which bar discrimination on the basis of race, color, religion, national origin, sex, actual or perceived sexual orientation or gender identity, disability, familial status, marital status, citizenship (or lack thereof), and informed of their right to file a grievance.

3. Individuals can file a grievance w/ the CEO. CoC provides information about violations to the local fair housing organization. Housing providers are required to get case conferencing (CC) approval before denying a referral. If FH concerns are identified, a denial may be paused. CC meetings often include a representative from the local legal aid agency who can provide guidance. Where the CoC lead agency encounters a condition or action that impedes FH choice for current/prospective participants, the CoC provides such information to the Con Plan jurisdictions (City of Santa Rosa, City of Petaluma, Urban County).

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/17/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1. The CoC uses HMIS, PIT, historical VI-SPDAT assessments and provider surveys to identify/address racial disparities in our system of care.

2. HMIS data is analyzed quarterly by the CE operator to understand the inflow & outflow of people into HMIS. Some of this data is compared to the PIT. These reports have an equity component that analyzes how underserved populations are served in the CE system. For example, this analysis showed that referrals sent to African American participants is lower than the percentage of participants on the By Names List. Also, the analysis has shown that African American participants are assessed for PSH at a lower rate than their white counterparts & have a larger portion of the population assessed below RRH range indicating issues with the assessment tool and bias in assessors. This data has led to changes in the CE system. Agencies that serve historically marginalized populations are recruited to serve as access points, allowing for new assessors who can provide increased access to the system for these communities and assessors who have the same racial/ethnic background as the participants they are assessing. Data has also shown that referrals sent to Hispanic & Indigenous participants both have lower acceptance rates than other groups. Inequities identified through this analysis informed changes to the assessment tool that is currently underway. The redesign involves analyzing data on all past assessments to understand what vulnerability factors contributed to high scores for individuals who were unable to self-resolve. Later, specific questions were analyzed to understand which questions contributed to an inability to self-resolve. The general population was compared underserved populations. Where a clear correlation was identified between how clients answered those questions and their ability to self-resolve, that question was selected for the future assessment. Some questions showed that there were dramatic disparities in responses between underserved populations and the general population. These questions were selected with the hope that more underserved individuals will be prioritized for PSH. The CoC is now in the process of reworking the questions to be more trauma informed. A working group has been formed to do this. The group is made up of those with lived experience, representatives from local indigenous communities, representatives of BIPOC advocacy groups and individuals who identify as LGBTQIA+

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Several methods are used to prevent/eliminate racial disparities in the provision of outcomes. This is done through ongoing monitoring of CoC providers policies, evaluation of polices, trainings provided by CoC and monitoring of data from HMIS. CoC hosts regular trainings on Equal Access Rule, Preventing Family Separation rule and the Gender Identity Rule. A component of these trainings is an emphasis that providers need to incorporate these policies into their program policies. CoC has focused monitoring of projects on provider's policies and procedures. CoC examines non-discrimination policies. During the renewal process, projects are scored for these policies and procedures. If a project' policies are lacking, the lead agency provides technical assistance on how to update policies. Projects are also scored on how they use data to identify/address disparities that may exist in their programming. Projects that provide specific examples of how they analyzed/used data from their projects to address or prevent racial inequities receive full points. The CoC uses quarterly reporting from the CE operator to identify disparities in the system. These quarterly reports are presented to the CE committee. Where disparities are identified, the CE operator and lead agency develop steps to address these inequities. This led to the redesign of the CE system, street outreach, and the current redesign of the assessment and prioritization process. The lead agency has also started the Racial Equity Workgroup (REW) which is tasked with identifying and addressing inequities in the system. In 2023, the REW helped create a survey through TA provided by Racial Equity Partners. This was intended for all staff in the CoC working in the homeless services field, not just for the CoC-Program. For example, according to the survey, the biggest barrier BIPOC individuals face when trying to obtain housing is racism (59%), followed by a lack of resources (56%) and immigration/legal status (52%). REW is utilizing the survey results as a PLAN to develop priorities for years 1 & 2 to address the disparities. They have provided feedback on the DEI statement in the CoC Charter and an application to the state with plans to address Racial disparities. Currently, the REW is analyzing grievance policies from other communities on how they handle discrimination complaints at the CoC level, and they are also working to determine ongoing training needs/curriculum for CoC Board members & providers.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1.The CoC uses several measures to continuously track progress on preventing and eliminating racial disparities. Disparities have been identified through the development of the county-wide 5-year homeless strategic plan (2023-2027). Disparities listed each have a strategy & outcome goal related to the reduction, & this info. Is being reviewed/tracked on a regular basis over a 5-year period to meet the targeted goals. Since the last competition, the CoC Strategic Planning Committee meets monthly to review outcomes of the goals. Committee is open to the public, and any community member can attend to provide public comment. The committee is comprised of local city officials, county staff, providers, mental health professionals & members w/ lived expertise of homelessness to ensure feedback on the implementation is tracked/measured from a variety of different community members/stakeholders w/ their own unique expertise. When analyzing CE, the CoC examines the % and number of individuals, disaggregated by race, gender, and ethnicity, for the following metrics. The number of individuals enrolled in the system of care and compared to the PIT, inflow into the system through access points, the outflow of the system, the number of days between enrollment and referral, assessment scores, referrals made and acceptance rate of referrals. When scoring projects for the CoC competition, renewing projects are scored on their anti-discrimination policies and whether or not they were able to provide examples of their use of data to address disparities in their projects. New projects are scored on their ability to demonstrate that they can provide assistance to LGBTQ+ individuals. They are also scored on their narrative responses that outline how the project will address racial disparities. The racial equity workgroup will work on evaluating policies through a racial equity lens and will make recommendations to providers and the CoC Board.

2.Tools used: Homeless Housing, Assistance and Prevention (HHAP) Grant Program Racial Equity Analysis Tool, HMIS, Stella & CE Data (system and program levels), CE also uses qualitative surveys of those recently assessed to understand their experience of the CE process, racial equity survey conducted in 2023, PIT count, and the CoC competition and local Homeless Services NOFA uses scoring tools which allocate points based on an agencies policies and their ability to use data to understand and address inequities.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

CoC has several ways of engaging people with lived experience of homelessness (LEH) and including them in SERVICE DELIVERY, LEADERSHIP, & DECISION-MAKING roles. Emails are distributed monthly to the CoC membership, including local homeless service providers & LEH-specific email list. Posters & flyers are created w/ LEH input & are distributed via homeless programs, outreach teams & advocates to those in unsheltered situations. Flyers are posted in public places, such as libraries, encouraging CoC participation from other LEH individuals. Opportunities for people with LEH to join the CoCs Lived Experience & Advisory Planning (LEAP) Board or become a voting member of the CoC Board and its committees are promoted via flyers, posters, emails, social media posts & outreach. CoC staff worked w/ the LEAP Board to design a website page; this allows members to share a bio/photograph and a general LEAP Board email so members of the public can contact them directly.

Similar efforts are utilized to publicize listening sessions, skill-based/continuing education training opportunities, & special meetings. Grassroots communication, facilitated by CoC staff between community members, advocates, and peer-to-peer LEH communication, has played a vital role in recruitment efforts for participation. CoC staff maintain a master list of emails for LEH members interested in CoC work. Information is distributed to the list on a regular basis when leadership, training, & advisory opportunities arise. Individuals with LEH on the email list regularly engage and encourage other uninvolved LEH individuals to participate/provide feedback. LEH Individuals currently serve on the CoC Board & each committee (Coordinated Entry Advisory, HMIS, CoC Competition Evaluation workgroup, Strategic Planning, & Funding/Evaluation Committee). The CoC Board has 2 dedicated LEH voting seats & 1 non-voting seat, held by the LEAP Board Chair in an advisory role. All Committees are required to have at least 1 person with LEH. LEH members are compensated for their attendance/participation in Committee/Board meetings. The LEAP Board provides advisory to the CoC Board regarding homeless programs, policies & funding decisions. CoC Board has a standing item for LEH feedback during each meeting. All CoC meetings are open to the public and allow for public comment on each agenda item. Those who are not seated on a committee/board are highly encouraged to express feedback via public comment.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	30	1
2.	Participate on CoC committees, subcommittees, or workgroups.	33	1
3.	Included in the development or revision of your CoC's local competition rating factors.	13	1

4. Included in the development or revision of your CoC's coordinated entry process.	3	1
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1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoCs HOMELESS EMPLOYMENT Program (HEP) provides OPPORTUNITIES for specialized referrals to Sonoma County's Job Link with the Department of Rehabilitation in partnership with local service providers. HEP staff are cross-trained by local providers in evidence-based practices such as trauma-informed care prior to implementation. Surveys from LEH are taken at local homeless programs prior to and during development to understand unique needs of individuals returning to the workforce. Services provided include determining occupational goals, on the job training, development of personal/soft skills, temporary work experience (subsidized), mock interviews from the Workforce Investment Board, certification/occupational training (subsidized), resume workshops, application assistance, bus passes, work clothes/tools/boots, computer lab, employment opportunities, etc. Milestones completed with HEP are rewarded via gift cards. Follow-up services are provided for 1 year after obtaining employment to assist with any issues that arise and assure retention in jobs. LEH now hosts large job fairs and service events at least once a year. CoC Lead Agency staff schedule training opportunities during quarterly CoC membership meetings, ensuring participation from CoC member organizations, community members, and individuals with LEH. CoC staff scheduled various board training opportunities for individuals with LEH during Lived Experience Advisory Planning (LEAP) Board meetings. When online training becomes available via HUD, the State of California, or other TA providers, information is distributed to our LEH master email list to ensure inclusion and participation. All LEH community members who serve on the LEAP Board, CoC Board, and CoC committees are compensated for their time and service. LEH members on the CoC Board and committees are provided 1 on 1 PROFESSIONAL DEVELOPMENT trainings prior to serving in public meetings, including the Brown Act & Rosenberg's Rules of Order and program-specific education. Additionally, MENTORING OPPORTUNITIES are available via public officials/agency executives represented on the Board & committees. EMPLOYMENT of LEH members within our CoC and local service provider agencies is highly encouraged & many individuals with LEH are currently employed. Many of the CoC Board's LEH representatives have gained employment from local providers to help others resolve their homelessness.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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Describe in the field below:

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

(limit 2,500 characters)

1. GATHERS FEEDBACK: CoC is advised by the Lived Experience Advisory Planning Board (LEAP), which meets bi-weekly. CoC staff, community providers, and consultants regularly attend the meetings to solicit lived experience of homeless (LEH) expertise (e.g. Strategic Plan, Coordinated Entry policies, CoC evaluations/scoring, etc). Staff maintains an email contact list of members with LEH, including those not involved in the LEAP. Emails, announcements, listening sessions, & surveys are regularly sent to this list. LEAP serves as a liaison between CoC & the wider LEH community, reaching out to the unsheltered & encouraging participation in surveys, forums, & public meetings. CoC Board (CB) & all committees have voting representation from those with LEH. A standing item on the CB agenda is reserved specifically for news & advisory from LEAP Chair, known as Word From the Street. LEAP members are encouraged to provide perspectives/opinions on various discussions during CB meetings.
2. LEAP meetings take place biweekly. During these sessions, community partners/staff often attend to solicit feedback & staff records feedback on many topics. Feedback is solicited from various members of LEH at least 5x per month through CB/Committee seated positions; for those not seated, participation is encouraged via public comment.
3. Many LEAP & LEH CB/committee members have received assistance from local CoC and/or ESG programs. Feedback is collected by: A) LEAP meetings. B) Surveys sent through the LEH email contact list. C) Open public meetings. D) LEH Members on the CB/Committees. E) Community forums, listening sessions, consultants, & Technical Assistance. F) CoC Project scoring/evaluation.
4. CoC gathers feedback from people who have received assistance from CoC/ESG Program every 2 weeks at LEAP meetings & at least 5x per month at CB/Committee meetings.
5. STEPS to ADDRESS CHALLENGES RASIED: A) Policy adopted for LEAP to elect CB LEH seats. CoC B) Policy requiring all committees to have at least 1 LEH & provide stipends for each attended meeting. C) LEAP Chair is represented on the CB in an advisory role as a non-voting member (in addition to 2 LEH voting seats). D) CB reserves a meeting agenda item for LEAP Chair/Vice Chair, "Word from the Street." E) Added presentations/agenda items for CB meetings to enhance collaboration/address immediate LEH needs. E) Incorporating LEAP members input into policy/program design/strategic plans.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	

2. reducing regulatory barriers to housing development.

(limit 2,500 characters)

CoC has worked to develop affordable housing (AH). This year, a 38 unit senior development was completed & 11 more are currently under construction; 2 are PSH. City/County staff involved with the CoC have helped to advance the following efforts:

1.As of Jan 2024, Zoning Code changes were implemented that apply to Accessory Dwelling Unit (ADU) regulations. Previously, the code only allowed for 1 ADU for a single-family dwelling. The Code has been updated to allow for 1 ADU attached dwelling & 1 detached. Lots with multifamily dwellings can now have 2 ADUs, previously only one was permitted. The updates allow for increased production of AF through the production of ADUs, thus expanding the affordable options for renters/families.

Oct 2024, Permit Sonoma (PS) updated its submittal requirements for building permits. The new process will no longer allow deferral of trusses, photovoltaic systems, and fire sprinklers. Items must be submitted along w/ the customer's building permit application or prior to the issuance of the building permit.

Deferred submittals have historically caused issues with document tracking, approvals, & missed inspections. The absence of crucial info during initial plan check reviews has led to delays/complications. Recently passed AB 2234 mandates quicker turnaround times for permit processing, & the procedural change aims to free up staff time/streamline plan reviews. This will improve AF process efficiency, experience of applicants, & ultimately help applicants save time/money in the long-term.

Dec 2023, Housing Element was updated, allowing for the rezoning of several sites for by-right multifamily residential development. Several Zoning Code changes were made, permitting low-barrier navigation centers, community care facilities, emergency shelters, employee housing, & transitional housing as residential uses.

2. Windsor, Rohnert Park, Healdsburg, Petaluma, County of Sonoma, & Santa Rosa are all approved as "Prohousing Designated Jurisdictions" by the state of CA. Designation provides a number of benefits to local governments, such as access to more funding & infrastructure grants for developers, ability to move projects forward w/ fewer delays, a recognized commitment to addressing the CA housing shortage/AF crisis, & allows for priority processing when applying for funding. It also allows for local governments to apply for the Prohousing Incentive Program (PIP), a state investment that can be used to accelerate AF production.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/26/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/26/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	97
2.	How many renewal projects did your CoC submit?	11
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section V.B.2.d.	
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Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. COLLECTED/ANALYZED data for EACH PROJECT for success in permanent housing (PH). Renewal project HUD Sage Annual Performance Report (APR) was reviewed/scored on the % remaining stably housed and % exiting to PH, as all renewal housing projects were PSH. New PSH: Proposed retention/PH exits outcomes. New RRH/Joint THRRH: proposed % housing placement w/in the contract term & length of time to be placed in PH.

2. CoC ANALYZED data regarding how long it takes to HOUSE people in PH w/ the Strategic Planning Committee to reduce the length of time homeless (LOTH) with a goal of by 10% by 2024. To date, LOTH has been reduced by an average of 3% & median of 5%. In light of these improvements, the CoC has increased the number of individuals served by 10% since last year. CoC will continue to review/monitor this data to reduce this measure further.

3. CoC considers specific SEVERITY of NEEDS/VULNERABILITIES preventing rapid placement/ability to maintain PH & is scored for ranking renewal/new projects by A) chronic homeless served (CH); B) Coordinated Entry (CE) referrals accepted; C) corrections/justice partners collaborations; D) Housing First (HF) adherence (not creating barriers for those w/ history of substance abuse, victimization, mental/physical health, criminal records, income, etc.); E) efforts to address racial inequities (RI)- cultural/language barriers. F) NEW DV Bonus RRH project prioritized above ALL new projects because there are currently NO PH projects in the CoC specifically DV serving.

4. Rating/ranking considered SEVERE BARRIERS & HARDEST TO SERVE. CoC reviews supplemental materials/site visits to discuss performance issues. Serving high-needs populations impacts APR scoring, thus site visits are used to determine performance relating to policies/services. FY24 ranking/selection points are given to HF adherence & CE referrals accepted/enrollments. CE policies require PSH to accept highest prioritized eligible individual. Commitment to serving the most vulnerable w/o preconditions on sobriety, income, criminal history, service compliance & proper separation of property management/services is scored. Points are awarded for serving high-needs/CH. Intake procedures/project rules that could prevent rapid placement/create barriers for those w/ higher needs are scored. Evaluation group reviews projects w/ CoC staff & site visits to review documentation of client feedback/advisory board, reasonable accommodation process, grievance procedure, & addressing RIs

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

(limit 2,500 characters)

1.CoC current populations overrepresented identify as Native American/Alaskan Indian/Indigenous (10% vs 2% county Pop), Black/African American/African (7% vs 2% county Pop) & Multiple Races (7% vs 4% county Pop). CoC used INPUT from persons of different races/ethnicities of those over-represented homeless pop to determine project rating factors: A) all meetings for rating factors noticed through CoC Listserv, including BIPOC/LGBTQ+/lived experience (LE), public comment is heard prior to any decisions of CoC Evaluation Workgroup (CEW) & CoC Board (CB); B) Lived Experience Advisory Planning Board (LEAP) elected 3 individuals w/ LE to participate on CEW. LEAP participated in the review of project scoring (13 members). C) improvements made based on LEAP/CEW feedback for lived experience/grievances & expanded scoring/questions for racial equity & LE feedback mechanism/grievances. CEW, LEAP & CB included representation and input from all the pops overrepresented to determine rating factors for renewal/new projects.

2. The same members of CEW/CB conducted the project reviews. Therefore, all pops are represented that provided input as voting members for the review, selection, & ranking process for all Projects. PARTICIPATION by reviewing/providing input/scoring for ALL projects: HUD applications, grievance procedures, supplemental questionnaires requiring 48 narrative responses, reasonable accommodations/anti-discrimination policies, outreach materials, and termination policy. After the initial review, scores were provided to applicants, and CEW members were invited to meet with each agency to ask additional questions. Final scores approved by the CEW were made after each site visit, and scores were approved by a majority vote for each section. Then, the information was presented to the CB for final approval.

3.Rated/ranked PROJECTS on identifying/addressing RACIAL DISPARITIES in service provision & the agency level. Scored narratives identified disparities/barriers/plans to address & language of marketing materials. Most orgs reported reviewing employment diversity, outreach/marketing materials client feedback & data. Orgs evaluate their data & make improvements, including hiring LE individuals w/ diverse backgrounds & training on cultural competency, etc. Agency efforts to address disparities & provide information on training impacted their rank on the priority list and full points were only awarded if they had detailed examples for efforts services/agency.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

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

2. FY24 REALLOCATION IDENTIFIED PROJECTS: 1 renewal did not meet UTR. St Vincent de Paul Commons PSH project was up for its 2nd renewal & placed on a CAP. Project scored low due to lack of a full Annual Performance Report to score due to construction delays/lease-up timing. Now fully leased, EW/CB determined the project was still new w/ insufficient data to account for performance, still met needs w/30 PSH units, & was ranked at the bottom of all renewal projects, half in tier 1 & half in tier 2.

3. LESS NEEDED for REALLOCATION: 1 project voluntarily reallocated funding due to hiring issues. YWCA DV RRH project was unable to serve participants due to staffing issues. Staff attempted to work with them & HUD to transfer the grant to another VSP. However, YWCA decided to reallocate the project rather than work through a transfer.

4. CoC reallocated 1 project w/ less need. Improvements were identified for 1 project, but still met CoC needs & issues will be addressed in the next year through CAP. Project scored much lower than other renewals because the EW was only able to score a partial APR, so it lost points on the scored system performance measures. 5 new projects applied this year & EW determined all renewal projects were still needed & CoC met total ARD, DV Bonus, & CoC Bonus funding possible w/ the Priority List. Since 2019, CoC has reallocated \$1,094,047 (25%) of 2024 ARD.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/10/2024

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/10/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/09/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1. The CoCs Victim Services Providers (VSP), YWCA, Verity, and the Family Justice Center track participant outcomes and accomplishments using a COMPARABLE DATABASE. All three VSPs use the same web-based case management system, called Apricot through Bonterra. The comparable database system, while separate from the primary CoC HMIS, is the same HMIS vendor/platform utilized by the CoC which is Efforts to Outcomes through Bonterra. For example, YWCA ETO allows the provider to pull all pertinent data aligned with the CoC’s HMIS. The HMIS Coordinator meets quarterly with DV providers to review current published data collection standards. HMIS LEAD AGENCY STAFF engage with providers and require standard data quality and annual performance reports annually and offer technical assistance as needed to produce required data. The HMIS Coordinator communicates with DV providers prior to APR due dates to ensure data meets quality standards. HMIS Lead also engages providers utilizing the comparable database when updates are made to HMIS data collection to ensure the updates are made in their database(s). Technical assistance from the CoC and HMIS Coordinator is available as needed to help configure their comparable database.
2. Both the CoC HMIS and VSP comparable database are HUD compliant and compliant with the 2024 HMIS Data Standards.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	965	36	1,001	92.61%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	243	0	178	73.25%
4. Rapid Re-Housing (RRH) beds	382	28	410	100.00%
5. Permanent Supportive Housing (PSH) beds	1,518	0	565	37.22%
6. Other Permanent Housing (OPH) beds	152	0	143	94.08%

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

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

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

(limit 2,500 characters)

1.The HMIS Coordinator and CoC Coordinator offer daily technical support/engagement to all providers in the CoC, resulting in bed coverage over 85% in ES, OPH, and RRH beds. STEPS TO TAKE INCREASING bed coverage within the next 12 months include: A) The CoC HMIS Lead will offer remote and in-person training free of charge to encourage agencies to participate in HMIS for the PSH/TH providers not currently using HMIS; B) Staff encountered challenges with this as the main faith-based organization, the Redwood Gospel Mission, utilizes its own mission database to collaborate/share data w/ other missions & HMIS implementation would require them to enter data twice. However, staff will continue engagement efforts with the provider to encourage participation in the system; C) ENGAGEMENT with VA and VASH provider to continue developing a process for HMIS data entry. These efforts are crucial to filling the gap in the number of permanent supportive housing beds in the HMIS.

2 The CoC as the HMIS Lead will IMPLEMENT STEPS described above to increase BED COVERAGE to at least 85% in PSH by: A) Meeting with providers that are not currently utilizing HMIS with primary engagement from the CoC/HMIS Coordinators and CoC Board support if needed; B) Setting up meetings with each organization to address specific needs/work on possible solutions; C) PSH: 953, or 63% of PSH beds not participating in HMIS are with two providers, and the majority of them are HUD-VASH beds. The VA provides quarterly exports to the CoC HMIS Lead, but the uploads do not confirm with current HMIS upload templates. This technical limitation means that manual data entry is the only way to get VASH data into HMIS, and neither the HMIS Lead or the local VASH provider have the staff capacity to do this work currently. The HMIS Lead will engage w/ HUD and request TA to hopefully find a solution to this. HMIS Lead will also continue to work on automating data formatting to ensure the VASH data is captured within HMIS. CoC hopes to have this work completed in HMIS during calendar year 2025; D) TH: 27% of TH beds do not participate in HMIS. These are mostly with faith-based providers who have limited capacity to enter into HMIS. The HMIS Lead and the provider are engaged in addressing capacity issues with a goal of entering HMIS data within the next 12 months & E) The HMIS Coordinator engage all providers at least once annually to explore solutions with them to increase coverage rates in all project types

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2024 PIT count.	01/26/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1.CoC has conducted a specialized count of unaccompanied children & transition-age youth (TAY) under the age of 25 since 2009. CoC ENGAGED STAKEHOLDERS serving homeless youth & engaged youth w/current & formal lived experience during the PLANNING process. CoC Staff led planning sessions w/ CoCs primary youth provider, Social Advocates for Youth. Stakeholder planning participation included CoC Staff, MCKV/Homeless Youth Liaison w/ the County Office of Education, Community Support Network & SAY. Approx. 16 youth participated in the planning process. Meetings were held w/ Sonoma County Office of Education (SCOE)/local school districts' homeless liaisons for planning efforts related to counts from school districts.

2.INVOLVEMENT OF YOUTH: CoC recognizes many homeless children & TAY do not use homeless services, are unrecognizable to adult count volunteers & may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth. CoC INVOLVES HOMELESS YOUTH in count planning. 2024 planning sessions w/ youth included education on the PIT count, its importance & mapped specific areas where homeless youth are known to congregate. During these focus groups YOUTH provided insight into locations where homeless youth are MOST LIKELY to be found; particular attention placed on rural areas in all sectors of the county based on feedback from homeless youth. Identified locations across the CoCs geography where homeless youth are known were mapped; youth used these hotspot maps/census tracts on the day of the count, & information was de-duplicated from the morning street count.

3.CoC INCLUDED YOUTH experiencing homelessness as COUNTERS during the most recent 2024 PIT count. Specialized Youth Count was held between 2pm-7pm on the day of the general adult street count. 16 current homeless youth worked as paid peer enumerators working in tandem w/ youth organizations/stakeholders. This youth-led dedicated count was designed to improve the understanding of the prevalence & scope of youth homelessness. The same youth enumerators conducted surveys 2 weeks after the count in a peer-to-peer manner to glean demographic information. 2024 PIT Count data reveals the number of TAY decreased by 50% from 294 in 2023 to 147 in 2024, & the number of unaccompanied children (UC) rose by 150%, increasing from 4 in 2023 to 10 in 2024. However, this UC figure still represents a 58% decrease compared to the 24 in 2022.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and	
4.	describe how the changes affected your CoC's PIT count results; or	
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

1. CHANGES to the CoC SHELTERED count implementation, methodology & data quality did NOT occur.
2. 2024 UNSHELTERED PIT count included minor CHANGES w/ implementation methodology & data quality. Implemented for the first time in 2022, the CoC focuses on targeted regional outreach engagement to allow for outreach teams (OT) to claim census tracts in well-known areas/hard-to-reach locations where individuals are known to camp; locations in which the general public volunteers might not be aware of. In 2023 & 2024, the CoC increased the number of planning outreach meetings it held prior to the count to educate on the process and held 8 regional meetings with local city, county, and community outreach workers. During these meetings, maps were hand-picked by specialized OT & paired with paid guides to cover these areas. The CoC had 5 regional deployment sites and pairing of guides w/ public volunteers. Each of the 5 main service providers in the region solicited paid guides to be paired with volunteers the morning of the count. In addition to these efforts, the CoC solicited input prior to the count from the NEW subregional By-Names List (BNL) managers. Subregional BNLs track unsheltered homelessness by known location with a variety of partners & law enforcement agencies; this allowed the CoC to have up-to-date data on current encampments that may otherwise not be known while conducting the count, especially in remote areas.
3. CoC's PIT count was NOT affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in the CoC's geographic area.
4. CHANGES in implementation AFFECTED the CoCs PIT count by the enhancement of its census tract selection/coverage. The continued use of local OTs to claim maps in their region & NEW BNL regional info collected prior to the count allowed for counters to have a better understanding of where individuals were located in unsheltered situations. This resulted in a more accurate count in rural areas & hard to reach encampments located w/in the county as OTs/paid guides experiencing homelessness claimed maps w/ the highest rates of unsheltered individuals. 2024 data concluded that 2,522 persons are experiencing homelessness in the CoC, representing an increase of 11% from 2023. Although this number did increase from 2023 to 2024, it still shows a decrease of 13%, or 2,893, from 2022.
5. The CoC conducts unsheltered & sheltered counts annually.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. In FY 23, 1,760 individuals were counted in ES/TH/PH with no entries in ES/TH/PH in the previous 24 months. This represents a reduction of 6% from FY 22 of people experiencing homelessness for the first time. First time homeless (FTH) RISK FACTORS were determined using surveys conducted as part of the 2024 PIT. These surveys showed that 29% of individuals were experiencing homelessness for the first time a decrease from 35% in 2023 (similar to SPM data). Survey data showed that the primary causes of homelessness were loss of job (25%), cost of living (18%), substance use (18%), argument with friend or family (16%), and eviction (15%). 57% reported unaffordable rent as an obstacle to securing permanent housing, and another 47% cited no job or not enough income as an obstacle.

A 2021 regional report based on Human Development Index Data provides subregional & community level data on health, education income & housing data, disaggregated by race/ethnicity informs local efforts to address these determinates of health & wellness.

2. STRATEGIES to address at risk of homelessness: Homelessness prevention (HP) pilot program. HP program is a collaboration with the CoC lead & 2 local jurisdictions will provide \$3.9 million of flexible local and philanthropic funds (including funds from all 3 HUD entitlement jurisdictions) to a coordinated approach to HP. Individuals at risk of homelessness are assessed using a local tool to prioritize assistance. The project will determine who is the most at risk for services by factors such as household composition, housing, income, & situational factors such as arrest, chronic health/disabling conditions, & documentation status. MCKV liaison will soon become a CE access point with the ability to enroll families into CE. Local PHA has an in-place preference, providing absolute priority to families who are at risk of homelessness due to a loss of subsidy/insufficient funding from a CoC program. Funds are also provided to the local Legal Aid to assist low-income tenant households with retention, avoid illegal eviction, & address substandard housing conditions by tenants. The CE Operator also focuses heavily on training providers working in CE on prevention/diversion screening.

3. OVERSIGHT: HMIS Committee for tracking the ongoing trends/review of SPMs. CoC Board, in collaboration with the jurisdictions funding the HP pilot have oversight of strategy to reduce the number of those experiencing homelessness for the first time.

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

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

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

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

In the field below:

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

(limit 2,500 characters)

1. Average length of time homeless (LOTH) for individuals/families increased from 152 days in FY22 to 164 days in FY23. CoC is currently redesigning our assessment & prioritization (A&P) process by using all historical VI-SPDAT assessments to identify those who are least likely to self-resolve without an intervention from the CoC. Data was analyzed to understand who the high scorers were and then to understand which prioritization factors most impacted their high scores. Analysis showed that LOTH was the leading factor in all the priority groups. The future assessment will use LOTH, layered with other vulnerability factors to determine who is referred. The new A&P process will not have a rigid scoring schema, rather it will create prioritization pools. LOTH is a tie breaker within those pools. This means that future referrals will go to those who have the longest LOTH with other vulnerabilities that make them less likely to self-resolve.

2. Historical VI-SPDAT & HUD assessments are used to identify those with the longest LOTH. This is to avoid having to reassess individuals when the new assessment is implemented. In the future, CE assessment will capture the LOTH. If administrative data shows a longer LOTH than what is reported in assessment, the longer LOTH metric will be used. CoC uses a county-wide & subregional By Names Lists (BNL) & case conferencing (CC) BNLs to track all those experiencing homelessness. CC allows CoC to understand the homeless population in more detail including those w/ longest LOTH who may not be able to self-resolve. New Street outreach (SO) standards have created a case management process. Caseloads will focus on those who are about to be/have been referred to housing to quickly get them connected to housing provider/into housing, w/ a focus on those service resistant. These are generally people with extended LOTH. SO strategy, in combination with the new A&P process, ensures that the system is serving & quickly housing those with longest LOTH. In addition, a centralized housing location program generates private market housing leads for all supportive housing participants. Funds incentivize voucher/supportive housing programs to landlords & reduce barriers to housing through a risk mitigation fund, credit repair & utility/move-in cost assistance; efforts reduce the amount of time a voucher holder takes to find housing.

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

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and

3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.
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(limit 2,500 characters)

1. In FY23, 694 individuals exited ES/TH/RRH to permanent housing destinations; successful exits INCREASED from 39% to 40%. Rates of exits to PH & retention of permanent housing in PH programs DECREASED from 93% in FY22 to 92% in FY23. All ES providers are required to screen clients for CE enrollment and offer enrollment if they are not enrolled. CE system has a program transfer process to refer CH individuals in RRH a referral to PSH if case management shows they will need PSH level services to maintain housing. A local PHA has a Move On strategy which can be used for individuals in PSH/RRH projects. PHA has preference for individuals at risk of homelessness due to a loss of subsidy or insufficient program funding in CoC programs. This can be used for RRH projects if the client is approaching the end of the subsidy and cannot afford rent without a subsidy. The CoC encourages ES/TH/RRH providers not to rely solely on CE housing placements. CoC encourages providers to enroll clients on to affordable housing waiting lists. CE process involves a housing problem solving process before enrollment to attempt to divert individuals into other PH options. CoC has a close relationship with local PHAs which allows for quick dissemination of information when project-based and housing choice voucher waitlists are opened.

2. CoC places great emphasis on retaining PH and/or exiting to PH and is incorporated into the newly adopted 5-year strategic plan to end homelessness. In the local CoC program competition a total of 12% of points in the competition are dedicated to measures around retaining PH or exiting to PH. In the local NOFA, a total of 10% of the points are dedicated to measures around these outcomes. The CoC emphasizes increasing cash and noncash income, both earned and non-earned. The local PHA has a move on strategy that can be used for RRH and PSH projects, allowing for positive exits. PHA has a preference for individuals at risk of homelessness in a PSH or RRH project when a subsidy is expiring or a program has insufficient funding. CE system has an exit mitigation process to transfer a client to another housing project if they are facing eviction. CE has a program transfer process which allows for a transfer to another project/project model to better meet the needs of an individual in housing.

3.OVERSIGHT: CoC's Funding and Evaluation Committee reviews data and reports to the CoC Board which has final authority.

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

In the field below:

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

(limit 2,500 characters)

1.FY23, of 948 individuals exiting to permanent housing (PH) from ES/TH/PH, 57 returned to homelessness (6%) over a 6-month period & 28 (3%) returned in the 6–12-month period. Overall returns to homelessness over a 24-month period were 13%, a 1% decrease from the year prior. STRATEGY to IDENTIFY: HMIS data is used to identify individuals who return to homelessness. This information is shared with the CoC/other stakeholders via reports and a soon-to-be redesigned data dashboard. HMIS data is also uploaded to a Built for Zero data dashboard, providing monthly information on returns to homelessness broken out by returns from inactive and newly identified individuals. CE policies require providers to inform the CE operator when an individual will be exiting from PH to homelessness and require them to attempt to enroll them into CE.

2. STRATEGIES to REDUCE: CE policies have several mechanisms to help reduce returns to homelessness. CE case conference allows housing providers to connect with others to discuss how to address clients who are struggling to maintain PH. CE has a program transfer policy that allows individuals to be transferred to another program if the current housing does not meet their needs and/or for higher levels of care. Local PHA provides Move-on vouchers for PSH, allowing additional PSH openings for more vulnerable clients while providing long-term subsidies needed for housing stability/retention. PHA recently expanded the Move-on eligibility criteria for those in RRH projects but cannot maintain the rent after the RRH subsidy ends. CoC collaborates with local housing developers/PHAs to send notices to all providers when low-income housing opportunities are available outside of the CE, ensuring providers have up-to-date information to help participants apply. NEW \$3.9 million Homelessness Prevention pilot program funded with local and philanthropic funds will prioritize individuals with past experiences of homelessness to maintain PH. Legal Aid of Sonoma County has an eviction prevention services program that provides legal assistance to assist with retention, avoid legal eviction, & address substandard conditions. CoC is prioritizing enhanced funding for existing PSH/PH projects in local/state funding to provide greater support to high-need individuals in housing to reach the Strategic Plan goal of a 20:1 ratio in staffing/client.

3.OVERSIGHT: CoC Funding & Evaluation Committee, reporting directly to CoC Board, with primary oversight.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. In FY23, 58 of 95 (61%) leavers in CoC-funded projects increased their total income, an increase from 16% in FY22. Strategies: Increasing employment and training opportunities is an action step of the recently adopted 5-year strategic plan to end homelessness. Local CoC funding scoring tool awards 7% of points to projects that increase participant’s income. Local homeless services NOFA also awards points with this metric, awarding roughly the same percentage of points. The Human Services Department (HSD) provides the Homeless Employment Project (HEP), designed to help those experiencing homelessness/homeless dedicated permanent housing projects to increase income.

2. CoC WORKS with MAINSTREAM EMPLOYMENT orgs to increase cash income for those experiencing homelessness. HEP was created in partnership with the CoC Lead, HSDs JobLink, the Department of Rehabilitation, and local homeless providers (HP), & provides several services related to increasing income. Local HPs make direct referrals to HEP. Services include individualized employment training, a temporary work experience project, job search, gift card incentives for milestones, job counseling, mock interviews, subsidized employment & connections to employers. HEP is uniquely designed by an initial survey of local needs and provides counseling to help transition to employment. JobLink employment specialists are cross-trained in trauma-informed care/evidenced-based practices to provide the best support possible to those experiencing homelessness. In addition to 180+ referrals received, HEP has hosted 3 large homeless-dedicated job fairs. One was the largest the CoC has ever held (550 attendees) & is currently planning for 2025. Events have been exceptionally popular as not only are employment opportunities available from 25+ employers, but also 35+ government & non-profit agencies offering services. Events include haircuts, service booths, raffles, food, guest speakers, etc. The HEP has attracted considerable interest, including news articles, the State of CA Workforce Association on Exemplary Workforce Programs, and a PBS TV special. Through these efforts, the CoC is seeing increased skills in the employment field, career training, and increases in income. JobLink makes regular presentations at the CoC Membership meetings/Board to provide updates, & CoC staff attend HEP meetings.

3. CoC STRATEGY to INCREASE income: Funding & Evaluation Committee reviews data, & CoC Board has oversight.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. The rate on program stayers that increased income from non-employment cash sources increased by 6% between FY22 and FY23 from 48% to 54%. Strategies for ACCESS to non-employment cash benefits include: A) All CoC agencies are scored on having staff trained in SOAR during the local competition in addition to the number of participants that gain/increase non-cash benefits on their APR. If providers do not have a SOAR-trained staff member, they are required to provide a detailed narrative response on how participants access these services. This year, CoC staff will meet with one of the CoC-Program PSH recipients. Their APR scoring for did not have & gained/increasing other income scored higher when compared to others. While the provider did have a SOAR staff member, they noted during their site visit that they have an in-house process outside of SOAR that allows for a quicker turnaround. Staff will be reviewing their process to help determine if this can be used as a model for other projects; B) CoC Lead Agency staff directly link families experiencing homelessness to Sonomaworks for interim-housing solutions and benefits; C) Annual Trainings provided by SonomaWorks, the CoCs TANF provider, which include active partners providers of the CoC to link these benefits to families. SonomaWorks is also a CE access site; D) Biannual training from CalFresh to the CoCs providers; E) Enhanced partnership w/ 211, providing resources to the community partners to ensure benefits, including employment opportunities/collaborations, are easily accessible to providers working with individuals experiencing homelessness and those seeking assistance; F) Scoring CoC Projects APR submissions on their projects performance rates of increasing non-employment income; & G) The CoC used to provide annual training by the local SSA office (the last one provided was in 2021/2022); however, with a shift in management, CoC staff have continued to have issues securing the training. CoC staff will continue to engage the office in attempts to bring this training back to the CoC for SSI/SSDI benefits. CoC staff will also attend the HUD SOAR webinar in Oct 2024 in hopes of solidifying further connection to the SSA for CoC training.

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

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

Project Name	Project Type	Rank Number	Leverage Type
COTS Rapid Rehaus...	PH-RRH	14	Housing
RRH for DV Surviv...	PH-RRH	12	Both

3A-3. List of Projects.

1. What is the name of the new project? COTS Rapid Rehousing HUD 2024
2. Enter the Unique Entity Identifier (UEI): 68-0176855
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 14
5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? RRH for DV Survivors - DV Bonus Funds
2. Enter the Unique Entity Identifier (UEI): EB6LZJPCWEU3
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 12
5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
--	--	--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	1,932
2.	Enter the number of survivors your CoC is currently serving:	283
3.	Unmet Need:	1,649

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. CoC calculated the number of DV survivors needing housing or services by utilizing data from HMIS. Data pulled from the system indicates that there are currently 636 survivors in the system who are in need of housing and services. This includes survivors enrolled in all of the HMIS projects such as Coordinated Entry, outreach emergency shelter, transitional housing, day services, permanent housing, etc. Of those 636, only 283 individuals are currently active in an HMIS permanent housing project, with an unmet need for housing and services for 353 survivors. Data was also pulled from the County of Sonoma’s Family Justice Center (FJC) comparable data system as a victim service provider (VSP). During the period of Oct 1, 2023 – Sept 30, 2024, they received calls and in-office visits from 1,296 individuals who were experiencing a domestic violence situation and were in need of immediate housing or services. This information is tracked in their system as all contact calls/visits are logged along with the primary victimization and reason for contact. Some of these numbers may be duplicative (e.g. enrolled in HMIS and calling the FJC). However, the CoC utilized both the data collected in HMIS and the FJC to calculate the need as not all those who called the FJC may be in the CoCs HMIS and there was no way to determine the separation due to confidently w/ VSP data.
2. Data Sources used: Family Justice Center comparable database and Sonoma County Homeless Management Information System.
3. Barriers to unmet needs: CoC does not have housing projects specific to serving the DV population. The CoC’s VSP YWCA was awarded the DV Bonus project in 2018, with an expansion in 2019, and this year, they decided to reallocate the project as they were unable to maintain staffing to serve participants (no individuals had been housed in the project). Although other projects in the CoC serve the DV population, they are prioritized with all others seeking services and housing, and they are also not trained to provide the same level of specialized support that a VSP can provide. The FJC, as the only VSP DV dedicated drop-in center, continues to receive feedback from survivors that the lack of housing is one of the main barriers and reported need. The CoC hopes, through this application, that the FJC, another local VSP, is awarded to fill the gap in services and housing through their specialized experience working with this population.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
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NOFO Section I.B.3.j.(1)

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name

County of Sonoma

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	County of Sonoma
2.	Rate of Housing Placement of DV Survivors–Percentage	0%
3.	Rate of Housing Retention of DV Survivors–Percentage	0%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1-4. N/A: The project applicant does not currently operate a housing project; therefore, the percentage for both of these measures is zero per HUD guidance. However, the applicant currently operates the CoCs only DV drop-in center. The applicant works with a variety of on- and off-site partners to place survivors in safe housing, as this is one of most pressing needs of many survivors seeking services. The applicant provides emergency hotel vouchers for survivors, helps facilitate out-of-county emergency transfers, and operates the only survivor-specific access point for Coordinated Entry. Partners in the drop-in center include an array of survivor-supportive service providers and direct connections to housing opportunities. For example, access to direct referrals for survivors seeking housing with partners such as SonomaCAN for emergency shelter/transitional housing, the Living Room for gap housing/transitional housing, and YWCA Sonoma County for emergency shelter safe house placement. Although these temporary/short-term resources are available, they consistently see a critical gap/need for survivors to have access to permanent housing. They have demonstrated a strong capacity to support survivors not only in finding housing but also in connecting them to essential community services & support groups. Given these partnerships, the CoC believes that if awarded, the applicant will be qualified and successful in assisting survivors to achieve and maintain their housing.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. Family Justice Center (FJC) ensures survivors experiencing homelessness are moved quickly to safe & affordable housing. FJC staff collaborate daily w/ local DV shelter, shelters & housing providers (HP)/housing programs to assist in quickly accessing safe, affordable housing. Many clients accessing their services need immediate safe housing & Navigators connect them to rental assistance, transitional housing, shelter, & out of county transfers.

2. FJC serves survivors of DV, sexual assault, stalking, human trafficking, & elder abuse; prioritizing survivors in every aspect of service and housing. Everyone undergoes a comprehensive intake comprised of needs/risk assessments/vulnerabilities. Survivors' lethality risk automatically prioritizes housing identification (e.g. presence of children, medical needs, financial instability). FJC operates CoCs only coordinated entry access point for survivors; this unfunded service provides access in a safe, confidential location. FJC utilizes CoC's Emergency Transfer (ET) Plan in cases where an ET is requested. FJC is included w/n ETP procedures, requiring HPs to immediately connect the individual to FJC at the time of request.

3. Needs are determined w/ a Navigator by a detailed, trauma-informed intake process; beginning w/ a Comprehensive Risk/Needs Assessment (Dr. Jacquelyn Campbell's Danger Assessment) to gauge threats/coercive control, children, health needs, cultural considerations, financial limitations, etc.

4. FJC has 20+ on-site/off-site partners that offer services. After assessing needs/risks during intake, Navigator provides a warm hand-off to on-site partners (e.g. restraining order assistance, employment support, counseling services, financial empowerment, etc). For off-site partners, Navigator utilizes referrals to connect w/ a network of partners. FJC works to ensure seamless referrals/follow-ups, for access to services w/o barriers/delays.

5. FJC assist survivors w/ housing stability by providing financial empowerment services, budgeting, credit repair & financial literacy programs; helping build skills/resources to maintain housing independently. Includes connections to employment services, job training & educational opportunities to increase income/reduce reliance on subsidies. FJC helps w/ access to available rental asst. programs/local affordable housing options. By combining financial empowerment w/ stable employment & ongoing case management, tools are provided to sustain housing post-subsidy

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

- 1.Applicant (FJC) provides a PRIVATE/SECURE environment by conducting intake assessments in CONFIDENTIAL interview rooms at the FJC, allowing survivors to speak openly w/o fear of being influenced. Companions are only allowed in the room after the survivor is privately screened/deemed safe. Staff is trained in trauma-informed care, creating a non-judgmental & supportive space through a survivor-centered intake. They actively assess for signs of coercion/control, ensuring survivors have autonomy when sharing personal info.
- 2.All housing placements prioritize survivor safety above all. FJC works to evaluate safe housing options to ensure the location does not pose a threat. Factors of the building itself are considered (e.g. street parking that would help an abuser ID a car easily or well-lit doorways). FJC & partners discuss these items in safety planning.
- 3.All personal details shared, including location, are kept confidential & stored securely in a protected database. This info is strictly limited to authorized staff, based on their roles & client consent on release of info forms. When emergency or transitional housing is required, the location is kept confidential. Partnerships w/ shelters & housing providers follow strict safety protocols to maintain confidentiality. Survivors are given info on technological safety & ways in which abusers can track location. On-site law enforcement partners assist survivors w/ IDing/disabling tracking devices.
- 4.FJC staff & partners receive comprehensive training on confidentiality laws & best practices. VEST dives deeper into VAWA & survivor confidentiality due to their protected privilege as DV Counselors. FJC trainings equip staff to explain time-limited release of info. Ongoing education & professional development are provided to ensure staff remain up to date on survivor confidentiality best practices & navigating the intersection of DV & homelessness.
- 5.Survivors are housed throughout the community in confidential locations. Security measures are implemented to enhance safety (e.g. installing security cameras, motion sensors, secure locks, alarms). Eligible survivors have access to personal safety upgrades through Victims Compensation. The FJC assists survivors with enrolling in CA's Safe at Home program, which offers a confidential mailing address. Ongoing safety planning is a key focus. Survivors receive legal support to obtain restraining orders. VEST case managers conduct regular check-ins w/ survivors.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

The applicant, the Family Justice Center (FJC) also a local Victim Service Provider (VSP), has established policies and procedures to protect client data and EVALUATES its ability to ENSURE the SAFETY of DV survivors in several ways. For example, the FJC utilizes confidential client feedback forms. The FJC follows up with clients 7-days after their first visit and 30-days after their visit to check on their safety and if any additional safety needs have arisen. The 30-day follow-up calls are conducted by a neutral party the client has not previously interacted with to ensure privacy and anonymity with feedback. Additionally, the FJC conducts survivor focus groups in both English and Spanish on an annual basis. FJC staff receive ongoing trainings to help survivors access safety and self-sufficiency across a variety of areas: education, employment, housing, legal assistance, issues for children, transportation, and more. The FJC is a qualified, experienced VSP operating the CoC-only drop-in center for victims of domestic violence with 20+ community partnerships for resources/services. Some of the FJC's core guiding principles as an organization are to provide SAFETY-focused, victim-centered, and survivor-driven services. To prioritize safety, the FJC also operates the CoCs-only coordinated entry access point for survivors; this unfunded service provides access in a safe, confidential location. The primary feedback regarding IMPROVING SAFETY is the availability of MORE HOUSING resources for survivors. The CoC previously had a DV Rapid Rehousing project operated by another local VSP, but the provider ended up rejecting the CoC award, closing the program. The closure of this program, the CoCs ONLY housing project dedicated to serving survivors of DV, further increased the need for DV housing. To address this need, the FJC submitted two applications for DV projects (DV Bonus and DV Reallocation) for the 2024 funding competition. If awarded, the CoC will increase the number of housing options available for survivors seeking safe housing and support.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:

- | | |
|----|--|
| 1. | prioritizing placement and stabilization of survivors; |
| 2. | placing survivors in permanent housing; |
| 3. | placing and stabilizing survivors consistent with their preferences; and |
| 4. | placing and stabilizing survivors consistent with their stated needs. |

(limit 2,500 characters)

1. **Prioritizing Placement and Stabilization of Survivors:** At the Family Justice Center (FJC), the Navigators and partner staff (including VEST) prioritize the placement and stabilization of survivors by employing a survivor-centered approach. They conduct comprehensive assessments to understand each survivor’s immediate safety and housing needs, ensuring those facing urgent situations are addressed first. Our commitment to swift action has enabled the FJC to effectively connect survivors to essential resources and support.
2. **Placing Survivors in Permanent Housing:** While FJC is not a direct housing provider, their Navigators are dedicated to assisting survivors in locating permanent housing through their extensive network of on- and off-site partnerships (over 35 partners). They collaborate closely with local housing agencies to facilitate placements. For example, access to direct referrals for survivors seeking housing with partners such as SonomaCAN for emergency shelter, transitional housing, the Living Room for gap housing/transitional housing, and YWCA Sonoma County for emergency shelter safe house placement. In addition, the FJC is the only DV-specific confidential access site to Coordinated Entry, allowing access to all housing referrals through the system. These efforts have successfully helped numerous survivors find stable, permanent housing by leveraging these relationships and advocating on their behalf.
3. **Placing and Stabilizing Survivors Consistent with Their Preferences:** The FJC team actively engages with survivors to ensure their preferences are at the forefront of the housing search process. They conduct individual interviews to gather insights into their desired living situations, including location and type of housing.
4. **Placing and Stabilizing Survivors Consistent with Their Stated Needs:** Understanding that each survivor has unique needs, they create personalized support plans that address their specific circumstances, including mental health services, financial assistance, and job training. Partner advocates/case managers maintain ongoing communication with placed survivors to monitor their progress and provide continued support. For instance, they recently assisted a survivor who needed childcare resources to pursue employment, coordinating with local organizations to ensure she received the necessary support for stabilization.

4A-3f.	Applicant’s Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors’ connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
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6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

1.The Family Justice Center (FJC) provides all services in a client-led fashion, meaning the frequency & type of services are determined collaboratively between the client & staff. FJC operates from the belief that every survivor is the expert of their situation. Staff also know that anyone can experience domestic violence. With this understanding at the foundation of service, survivors are treated as equals & power differentials are neutralized. Survivors are reminded frequently that all referrals & services are optional & that they can change their mind at any time in the course of service delivery. There are no punitive interventions at the FJC.

2.The FJC has created extensive materials for survivors on the impacts of trauma, including an overview of common symptoms experienced by survivors, an empowerment toolkit complete with guided meditations, & survivor-recommended books & podcasts. Staff are trained on the basics of psychoeducation, helping to normalize & educate survivors on trauma & its effects. Partner agencies are specially trained to offer one on one DV Workshops that focus on restoring self-esteem & self-confidence while survivors are healing from trauma. Additionally, the FJC hosts Trauma Support & Empowerment Groups that uses the SAMHSA-recognized Growing Beyond Survival curriculum. These offerings are available in both English & Spanish.

3.FJC Navigators conduct a comprehensive intake assessment with all survivors seeking services at the FJC. Throughout this process, motivational interviewing skills are used alongside strengths-based assessments to empower survivors. Staff are trained in Hope Theory, which utilizes survivor defined goal setting as a mechanism with which to guide referrals & helps survivors to determine their goals & aspirations. The North Bay Trauma Recovery Center (TRC), of which the FJC is a founding partner, offers free therapy that utilizes modalities that empower survivors to realize their aspirations & growth.

4.All staff are trained in implicit bias, nondiscrimination, cultural sensitivity & equity. The FJC prioritizes hiring bilingual/bicultural staff & uses the Language Line, ASL & indigenous language interpreters to offer services to survivors in all languages. Staff are familiarized with cultural stigmas surrounding DV, survivor fear of immigration consequences & mistrust of authorities, & transportation/accessibility issues. To overcome these barriers, FJC provides outreach to marginalized groups & notifies survivors early on that the FJC does not discriminate based on an individual's sexuality, ethnicity, race, religion, or gender.

For immigrant victims, partnerships with orgs like Catholic Charities provide essential legal services, such as U-Visa & VAWA petitions. To address the higher rates of domestic violence among Native American women, the FJC houses on-site partner InterTribal Council of California to provide culturally appropriate services & staff training.

5.The FJC offers a diverse range of opportunities designed to meet survivors' varied needs. The FJCSC & multiple onsite partners facilitate support groups that provide a safe space for survivors to share their experiences & build community with others who underst& their journey. These groups are led by trained facilitators who encourage open dialogue & mutual support. To enhance peer-to-peer connections, we organize pop-up events, including art therapy sessions, yoga, coping skills workshops, & survivor-focused activities like survivor walk-a-thons & community awareness events. These events create a relaxed atmosphere for participants to engage creatively, learn new skills, & connect with one another. Survivors' children are welcomed to participate in Camp Hope, a program designed to provide a supportive environment for youth who have been exposed to domestic violence. The parents of participants often

build strong relationships with each other. By providing these varied connection opportunities, we empower survivors to build a strong network of support that enhances their resilience & promotes healing.

6.Through the FJC Navigator, survivors are connected to legal services that assist with obtaining emergency custody & provide protection for kidnapping or concealment charges in the interim. The FJC provides referrals to off-site partner CA Parenting Institute, who provides trauma-informed parenting classes, parenting mentorship, & peer to peer parenting support. Navigators connect any pregnant survivors with the County of Sonoma Public Health that serves pregnant mothers for free & the newly developing Sonoma HEALS, which provides free doula care & childbirth classes. The FJC supports parents with child & youth-centered programs like Camp HOPE & Empathy Education workshops. Lastly, the FJC collaborates w/ partners 4Cs & SonomaWorks to support survivors with access to affordable quality childcare.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Applicant is the ONLY drop-in center for DV services in the CoC. Their experience in meeting NEEDS of Survivors includes:

Lack of Financial Literacy & Planning: County of Sonoma Family Justice Center (FJC) assists DV survivors in financial planning, literacy, & overall wellness w/ assistance of its partner, Corazon Healdsburg. Survivors accessed this targeted case management, w/ 100% of post-survey respondents indicated they felt more empowered to make informed financial decisions after participating in the program. One such client improved her credit from a fair credit score to a good credit score with the assistance of this program, which allowed her to secure permanent housing after leaving the County’s emergency DV shelter. Prior to enrollment in the program, 50% of participants had an account with a banking institution, and at the conclusion of case management 100% of participants held a safe, private account with a banking institution. Credit restoration assistance, budgeting, and access to financial institutions empower survivors' financial confidence in their goal of securing permanent housing.

Safe Housing Placement: FJC works w/ a variety of on- and off-site partners to place survivors in safe housing, as this is one of most pressing needs of many survivors seeking services. FJC has a YWCA DV Advocate stationed at the FJC who performs a Safe House intake on-site with clients & arranges pick-up from the Center. FJC has a direct referral system with SonomaCAN, who operates both an emergency women’s shelter and transitional housing. The FJC works closely with The Living Room, a local homeless provider, who provides gap housing and transitional housing. The Homeless Outreach Team operates out of the FJC, providing emergency hotel vouchers, facilitates assistance with out-of-county transfers & connections to homeless service providers in the County. Additionally, the FJC is an internal access point for CE.

Crisis DV Services: VEST, identified as a subrecipient of the proposed project and an on-site partner of the FJC, staffs a 24/7 DV Crisis hotline and provides trauma-informed support through safety planning, restraining order preparation, court accompaniment, personalized DV education, emergency financial assistance, housing assistance, crisis counseling and long-term case management. FJC is the only drop-in center for DV services in the CoC. Survivors have access to trained Navigators who offer immediate crisis intervention, safety planning, risk assessment, & care coordination amongst 20 on-site & numerous offsite partner agencies.

Trauma Recovery through Healing Modalities: FJC prioritizes survivor healing, wellness, & recovery. Survivors with trauma support & mental health assistance are often poised to maintain longer-term stability. FJC offers Trauma Support & Empowerment Groups in both English & Spanish. Bilingual/bicultural free trauma therapy is offered through partnerships with SANESART, North Bay Trauma Recovery Center, DV & Sexual Assault support groups through VSP partners YWCA, VEST, Verity, & holistic healing opportunities such as yoga, reiki, and coping skills groups.

Job Placement and Education Services: FJC provides essential support for DV Survivors who are seeking employment, education, or certification training through on-site partner Job Link. Job Link assists survivors w/ personalized job search assistance & resume support. To enhance employment prospects for survivors, Job Link offers networking opportunities & access to valuable labor market information. Survivors learn about training programs/scholarships that align with their goals. Job Link hosts quarterly job fairs to connect with employers. Survivors are provided with interview preparation/job readiness training to boost their confidence. Job Link also conducts skill assessments & offers skill upgrades to ensure survivors are competitive in the job market. Their on-the-job training/employer-based occupational skills training provides

practical experience & support.

Legal Assistance: FJC is a hub for supportive services for DV Survivors, including legal assistance. Survivors are provided assistance for filing/obtaining restraining orders & emergency child custody on-site at the FJC. For survivors facing legal challenges around housing or economics, FJC partner HERA provides free consultation & representation.

Animal Advocacy: Ruthless Kindness (RK), a trusted partner, works w/ human service providers and victim advocates to provide urgent/immediate support to people & their pets in moments of crisis. Up to 50% of DV victims will delay or avoid leaving a dangerous environment if they can't bring their pets. Pet-friendly housing options require up-to-date vaccines & supporting medical records. To eliminate barriers, RK will also provide any vaccines or basic treatments required for clients' pets to enter the housing. RK will be available for landlord consultations & Emotional Support/Service Animal letters

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
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	NOFO Section I.B.3.j.(1)(e)	
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	Describe in the field below how the project(s) will:	
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1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

1. Placement: FJC will utilize Coordinated Entry (CE) referrals for PLACEMENT PRIORITIZATION. This will occur outside of general CE case conferencing to protect survivor (SR) confidentiality. Once referred to the project, SRs will be prioritized based on a variety of key factors determined in their intake assessment. A survivor-centered Personalized Housing Plan (PHP) will be developed to inform placement. Housing Navigator (HN) will identify safe housing opportunities w/ local landlords and property managers; this position is crucial to identify placement as quickly as possible. Stabilization: Housing Case Manager (HCM) will PRIORITIZE STABILIZATION. FJC has partnerships w/ 35+ orgs providing an array of services to help SRs be successful/stable in housing. Resources will be tailored to the SRs unique needs. Some examples include employment services, budgeting, safety planning, childcare, trauma support groups, & childcare. All participants will have access to mental health support through an in-kind service from SANE-SART, who operates the North Bay Trauma Recovery Center. Staff will be required to complete the 40-hour DV Counselor Training and trauma-informed care training.

2. PHPs will reflect unique circumstances/needs for housing placement. HN will engage SRs through a comprehensive, strengths-based discussion. Safety factors MUST be taken into consideration, such as proximity to abuser & security. HN will provide housing search, application assistance, property viewings & lease reviews.

3 & 4. HN will engage SRs in a comprehensive, strengths-based discussion using motivational interviewing to determine housing STATED NEEDS & PREFERENCES. Considerations incorporated in the PHP will include pet policies, proximity to services/employment, location, safety, etc. HCM will monitor housing conditions & offer referrals to on/off-site FJC partners. Project will offer flexible financial assistance for items such as food/transportation/utility deposits for stable housing. CM will regularly assess financial assistance & services provided. HCM will offer services like credit repair, building financial literacy/savings, & the development of life/work readiness skills (e.g. communication, conflict resolution, emotional regulation). Staff will focus on efforts to increase income & offer resources to free up funds to retain housing. SRs will be offered free support groups/trauma therapy to facilitate healing.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;	
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
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6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

1. Consistent w/ existing services provided at County of Sonoma’s Family Justice Center (FJC), this Program will operate in a client-led fashion, meaning the frequency/duration of services will be tailored to the individual’s needs & determined collaboratively between the client & provider. FJC operates from the belief that the Survivor is the expert on their unique situation, & anyone can experience domestic violence(DV). With this understanding as the foundation for service, the Project will operate from the lens of EQUALITY/MUTUAL RESPECT & will not use punitive interventions. Staff will not have the ability to make unilateral decisions for the survivors situations & Personal Housing Plans will be based on their goals/preferences/situation. All services are voluntary.

2. FJC has created extensive materials for survivors on impacts of trauma, including common symptoms experienced by survivors & empowerment toolkit complete w/ guided meditations & survivor-recommended books/podcasts/materials. Program staff will be trained on psychoeducation basics, helping to normalize/educate survivors on trauma & its effects. VEST Housing Case Manager (CM) will be specially trained to offer one-on-one DV Workshops focused on restoring self-esteem/self-confidence while survivors are healing from trauma. Workshops focus on DV education, relationship building, empowerment, setting boundaries, coping skills & goal setting. FJC hosts Trauma Support & Empowerment Groups using the SAMHSA-recognized Growing Beyond Survival curriculum. All services offered to participants in English & Spanish, ensuring ACCESS.

3. Housing Navigator(HN) will engage survivors to assess unique housing needs in a comprehensive, STRENGTHS-BASED discussion, including income, pet policies, proximity to services/employment/survivor’s community/safety. This info will be used to create a Personalized Housing Plan(PHP) reflecting survivor-specific circumstances/desires, short/long-term goals & available services to reach their goals. Empowering survivors/respecting autonomy is central. FJC fosters a sense of control & self-efficacy w/survivor choice, prioritizing confidentiality/safety throughout the process.

4. Staff will be trained in implicit bias, nondiscrimination policies, cultural sensitivity & equal access. The HN & VEST Housing CM will be bilingual. FJC will utilize a Language Line, ASL & indigenous language interpreters & offer services in all languages. Staff will be familiarized w/ cultural stigmas of DV, fear of immigration, lack of awareness of available services, transportation/accessibility issues, fear of retaliation, & mistrust of authorities. To overcome barriers, FJC will focus on improving outreach to marginalized groups. Program has requested transportation funds to improve accessibility & funds for grocery gift cards to allow the purchase food familiar to them/their culture. For immigrant victims, partnerships w/ orgs to provide essential legal services, such as U-Visa & VAWA petitions, ensuring immigration status does not prohibit access to eligible services. To address higher rates of DV among Native Americans, collaboration w/ InterTribal Council of CA ensures culturally sensitive on-site services/staff training.

5. To foster meaningful connections, the program will offer a diverse range of opportunities designed to meet survivors varied needs. FJC & multiple onsite partners facilitate support groups providing a safe space to share experiences & build community w/ others who understand their journey. The groups are led by trained facilitators, w/ open dialogue/mutual support. To enhance peer-to-peer connections, they organize pop-up events, art therapy, yoga, coping skills workshops, survivor-focused activities like survivor walk-a-thons & community awareness events. The events will create a relaxed atmosphere for participants to engage creatively, learn new skills & connect. Survivors children can participate in Camp Hope, a program designed to provide a supportive/fun

environment for youth who have been exposed to DV; where parents of participants often build strong relationships. By providing these varied connection opportunities, the project will empower participants to build a strong network of support to enhance resilience/promote healing.

6.FJC will connect participants w/ a)legal services to assist w/ obtaining emergency custody/provide protection for kidnapping or concealment charges in the interim; b) prioritize connection to off-site partner CA Parenting Institute to provide trauma-informed parenting classes, parenting mentorship & peer-to-peer parenting support; c) connect pregnant Survivors who qualify w/ the Public Health program serving pregnant mothers for free & the newly developing Sonoma HEALS, providing free doula care & childbirth classes; d) support parents w/ child/youth-centered programs like Camp HOPE & Empathy Education workshops; e) collaborate w/ partners 4Cs & SonomaWorks to support childcare access.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
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NOFO Section I.B.3.j.(1)(f)

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

1. The Family Justice Center Sonoma County’s Domestic Violence Bonus Housing Project is designed to actively involve survivors at every stage. The applicant recognizes the importance of engaging individuals with a RANGE of DIVERSE lived experiences—those who have faced homelessness and survived domestic violence, dating violence, sexual assault, and stalking. This range of expertise will inform their approach and enhance the services.

2. To implement this project, they will establish a Survivor Advisory Panel that includes individuals with shared experiences and varied backgrounds. This panel will ensure that the provider hears from survivors who have experienced homelessness as a result of their victimization as POLICIES and PROTOCOLS are developed throughout the OPERATION OF THE PROJECT. Their insights will help identify gaps in services and inform the development of tailored programs. The provider will also conduct Survivor focus groups in both English and Spanish. These sessions will provide ongoing opportunities for survivors to give feedback on program design and implementation strategies, particularly regarding supportive services and housing options that best support their needs. The feedback mechanism will include pre- and post-participation self-administered surveys for survivors in the program, capturing both quantitative data and qualitative insights into survivors' experiences. Regular analysis of this feedback will allow the provider to make informed adjustments to its programs. The Housing Navigator and Housing Case Manager will document client progress in areas like personal development and self-sufficiency. This holistic data will reflect the impact of the project’s initiatives. To facilitate continuous engagement, they will hold quarterly meetings where the Survivor Advisory Panel and staff discuss findings from surveys and focus groups. This ongoing dialogue will help the project adapt its POLICIES and procedures in REAL TIME, ensuring alignment with survivors' evolving needs. By embedding the voices of survivors throughout the development, implementation, and evaluation phases of the housing project, the aim is to create a supportive and responsive environment that empowers participants and effectively meets their needs.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/16/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/16/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/23/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/07/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competitio...	10/16/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/18/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/18/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/18/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/18/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2024 HDX Competit...	10/18/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/22/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/22/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2024 HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/30/2024
1B. Inclusive Structure	10/21/2024
1C. Coordination and Engagement	10/24/2024
1D. Coordination and Engagement Cont'd	10/23/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/18/2024
2B. Point-in-Time (PIT) Count	10/22/2024
2C. System Performance	10/23/2024
3A. Coordination with Housing and Healthcare	10/23/2024
3B. Rehabilitation/New Construction Costs	10/16/2024
3C. Serving Homeless Under Other Federal Statutes	10/16/2024

4A. DV Bonus Project Applicants	10/22/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Attachment 1C-7 PHA Homeless Preference

1. Attachment 1C-7 PHA Homeless Preference cover sheet (pg. 1)
2. Sonoma County Housing Authority Admin Plan Excerpts:
 - Local Preferences (Pg. 5)
 - In-Place Homeless Prevention Super Preference (Pg. 6)
 - Other Preference (Pg. 6)
 - Homeless Preference (Pg. 6-7)
 - Move on Allocation, (Pg. 7)
 - Housing Access and Reentry Program (Pg. 7-8)
 - Limited Preference for Households Experiencing Chronic Homeless (Pg. 8-9)
 - Organization of Waiting List (Pg. 10-11)
 - Utilizing Coordinated Entry System Wait list. (Pg.11-12)
3. Sonoma County Housing Authority and The Sonoma County Continuum of Care Memorandum of Understanding (MOU), Mainstream Voucher Program (Pgs. 13-14)
4. Sonoma County Housing Authority and The Sonoma County Continuum of Care Memorandum of Understanding (MOU), Emergency Housing Vouchers (Pgs. 15-19)
5. Santa Rosa Housing Authority's Admin Plan excerpts:
 - Local Preference (Pgs. 24)
 - Limited Preference (Pgs. 24)
 - Project Based Vouchers (Pgs. 25-29)
 - Emergency Housing Vouchers (EHV'S) (Pgs.30-32)

SONOMA COUNTY HOUSING AUTHORITY

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

March 26, 2024

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APPLICATIONS, WAITING LIST AND TENANT SELECTION

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near the end of the HAP contract term.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

- Family Unification Program
- Foster Youth Initiative Program
- Mainstream Program Vouchers

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

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

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

The Housing Authority has adopted the following preference system:

a. **In-Place Homeless Prevention Super Preference.** Subject to the availability of Annual Contributions Contract authorized voucher units, an absolute preference for Housing Choice Vouchers will be made available for in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy tied to a specific facility or unit and the loss of the restriction or subsidy places the occupant at imminent risk or high-risk of losing stable housing and/or becoming homeless. In order for an applicant to be eligible for this super preference, they must meet all eligibility requirements of the Housing Authority. In order to implement this preference, the Housing Authority must receive notification from a local municipality or partner agency of the Sonoma County Community Development Commission (“Commission”). All notifications are subject to Commission determination that the loss of stable housing and/or homelessness for in-place resident(s) is eminent.

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

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

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

c. **Homeless Preference.** To promote ending homelessness, and subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority may allocate up to 20% of its annual turn-over Housing Choice Vouchers per calendar year for households referred from the Coordinated Entry System and/or households who have successfully participated in a transitional housing, interim housing or an emergency shelter program within the County of Sonoma and or homeless-services initiatives within the County of Sonoma. Households who are referred must be able to maintain independent housing with minimal supportive services. These vouchers will be issued based on referrals from either the Sonoma County Coordinated Entry System or Sonoma County supportive service providers participating in the Sonoma County Continuum of Care who have entered a Memorandum of Understanding with the Sonoma County Housing Authority. If referral is made from a supportive

services provider, the supportive services provider is expected to provide housing navigation assistance and one year of housing stabilization services for those referred through this program. Eligible households referred through this program will be granted an absolute preference on the Housing Authority Waiting List. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist. (Revised 2023)

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

e. **Housing Access and Reentry Program.** Subject to the availability of Annual Contributions Contract authorized voucher units, up to five (5) Housing Choice Vouchers may be made available per calendar year for persons exiting incarceration, who are actively engaged in supportive services, and who have a high potential of becoming homeless. Individuals referred through this program would otherwise be ineligible for housing assistance. All referrals made through

this program must come from approved partner agency/ies who have entered into an agreement with the Sonoma County Probation Department or other law enforcement agency to provide supportive services to persons exiting incarceration. Referred applicants may be considered for housing based on adjusted policy criteria associated with the program's suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. There is no proposed cap on the number of individuals allowed to join a Housing Authority assisted household for the purpose of reunifying other family member households. All persons considered under this program are subject to an Informal Review per the procedures outlined in Section 19.B. At its discretion, the Housing Authority will annually evaluate whether to renew this Program. This preference will be available even when the waiting list is closed to other applicants. Applicants for this Reentry Program must be drawn from the waitlist and will be given an absolute preference. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referred applicants must meet Housing Authority income requirements and be drawn from the waitlist.

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

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

f. **Limited Preference for Households Experiencing Chronic Homelessness.** Subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority may allocate up to 10% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference will only be implemented when funding is available for supportive services and the service provider or funder has entered into an MOU with SCHA. In order to receive this preference applicants must be referred from Coordinated Entry (CE) via a Housing First model of homeless services. Any applicants for these vouchers must be provided with case management, housing search assistance and housing stabilization services for one year after housing placement. Documentation of an applicant's chronic homeless status must be provided for consideration for this limited preference. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants referred for this program

must be drawn from the waitlist and will be given an absolute preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Eligibility, including background checks, will be confirmed for all members of the household pursuant to this Administrative Plan.

- g. Family Unification Program and Foster Youth Initiative program. For households. Eligible households referred through this program will be granted an absolute preference on the Housing Authority Waiting List. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference.
- h. Project Based Voucher VAWA. When the victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking has lived in in a project based voucher unit for less than one year, the PHA will provide several options for continued assistance. When no units are available for an internal transfer, or if there is reasonable cause to believe that such a transfer would put the victim in jeopardy, the participant may receive continued assistance through an external transfer to tenant-based rental assistance (HCV). Eligible households requesting an emergency transfer utilizing this preference will required to complete VAWA paperwork and be granted an absolute preference on the Housing Authority Waiting List. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year.

ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If the family's verified annual income, at final eligibility determination, does not fall under the Extremely Low-Income limit and the family was selected for income targeting purposes, the family will be returned to the waiting list.

The Housing Authority's income targeting requirement does not apply to low-income families continuously assisted as provided for under the 1937 Housing Act.

The Housing Authority is also exempted from this requirement where the Housing Authority is providing assistance to low-income or moderate income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

to the owner in the order of their position on the waitlist. The provisions of the tenant-based voucher regulations that do not apply to the PBV program are listed at 24 CFR 983.2.

In-Place Families [24 CFR 983.251(b)]

An eligible family residing in a proposed PBV contract unit on the date the proposal is selected by the PHA is considered an “in-place family.” These families are afforded protection from displacement under the PBV rule. If a unit to be placed under contract (either an existing unit or a unit requiring rehabilitation) is occupied by an eligible family on the date the proposal is selected, the in-place family must be placed on the PHA’s waiting list. Once the family’s continued eligibility is determined (the PHA may deny assistance to an in-place family for the grounds specified in 24 CFR 982.552 and 982.553), the family must be given an absolute selection preference and the PHA must refer these families to the project owner for an appropriately sized PBV unit in the project. Admission of eligible in-place families is not subject to income targeting requirements.

This regulatory protection from displacement does not apply to families that are not eligible to participate in the program on the proposal selection date.

17-VI.C. ORGANIZATION OF THE WAITING LIST [24 CFR 983.251(c)]

The PHA may establish a separate waiting list for PBV units or it may use the same waiting list for both tenant-based and project-based assistance. The PHA may also merge the PBV waiting list with a waiting list for other assisted housing programs offered by the PHA. If the PHA chooses to offer a separate waiting list for PBV assistance, the PHA must offer to place applicants who are listed on the tenant-based waiting list on the waiting list for PBV assistance.

If a PHA decides to establish a separate PBV waiting list, the PHA may use a single waiting list for the PHA’s whole PBV program, or it may establish separate waiting lists for PBV units in particular projects or buildings or for sets of such units.

PHA Policy

The PHA will establish and manage separate waiting lists for individual projects or buildings that are receiving PBV assistance.

HUD regulations mandate that the Housing Authority apply income targeting requirements that require 75% of the families admitted to the Section 8 Housing Choice Voucher Program (including PBV) be families whose annual income does not exceed 30% of Area Median Income (AMI). Consequently, the Housing Authority may require the residents of units selected to be project-based to meet this income requirement.

Applicants who will occupy vacant or turnover units with PBV assistance are selected from the appropriate PBV waiting list. If there are vacant or turnover units specified for a specific population (i.e. disabled or elderly, household size) and there are no

applicants on the PBV waitlist needing that type of unit, the Housing Authority may draw names from its Section 8 waitlist. At times the Housing Authority HCV and PBV waitlists are open simultaneously, the Housing Authority must ensure that applications for all open waitlists are made available.

Families that have previously been issued a tenant based voucher and are interested in leasing a vacant project based unit may surrender their tenant based voucher and move into the project based unit, without having to reapply to the SCHA waiting list. All other eligibility factors, including income targeting apply. At the end of the project based lease term, the family may be eligible to receive another tenant based voucher if they want to move and tenant based vouchers are available to be issued (see Family Choice to Move with Continued Assistance on page 21-11 for more information).

Utilizing Coordinated Entry System as Waitlist

In addition to site-based waiting lists for each PBV property, the Housing Authority shall maintain separate site-based wait lists for homeless-dedicated units designated for assistance through the Continuum of Care's Coordinated Entry System (CES). These units are required to be used to house homeless households that are in the CES for housing assistance referral. The owner, or their designated staff will enter into a MOU with the Sonoma County Coordinated Entry system and will provide the projects eligibility criteria to CES to be posted on a publicly-facing webpage. Unless another funding stream predetermines the vulnerability range for referrals, the owner, CES staff, and Housing Authority will together come to agreement on the vulnerability range of the referrals to the project based on CES policies. When vacancies occur at the PBV properties in these designated units, the owner, or their designated staff, shall request a referral from the Coordinated Entry System. It is the owner's responsibility to participate in CES case conferencing and to make all CES required efforts to locate CES applicants. Applicants referred from CES may only be rejected by the owner for the designated CES reasons. If multiple referrals are received, the owner or their designated staff must process applications in the order they appear on the referral list. Once the owner, or designated staff, has reviewed the application and accepted the referral for housing assistance, the owner shall refer the family to the Housing Authority's initial eligibility team for program eligibility determination and leasing. Families will only be placed on these site-based homeless-dedicated waiting lists if they are deemed eligible for occupancy by the owner and immediately processed for intake. If the owner, or designated staff, reject a referral, the reasoning must fit within the CES guidelines and the property's tenant selection plan and documented in the Homeless Management Information System (HMIS).

This waiting list will not have a preference designation since all additions to the list will immediately be designated for specific units within the PBV portfolio. The only qualifier

will be whoever is determined to be the most vulnerable based upon the CES prioritization process.

Units eligible for CES assistance and priority are as follows:

- Cherry Creek Village Apartments – 520 Cloverdale Blvd., Cloverdale, CA
- Palms Inn Apartments – 3345 Santa Rosa Avenue, Santa Rosa, CA
- River City Senior Apartments – 951 Petaluma Boulevard, Petaluma, CA
- The Studios at Montero – 5135 Montero Way, Petaluma, CA
- Windsor Veterans Village – 9500 Pak Park Street, Windsor, CA

Note: This list may be modified from time to time to reflect new units added to the CES portfolio with PBV designations

17-VI.D. SELECTION FROM THE WAITING LIST [24 CFR 983.251(c)]

Applicants who will occupy units with PBV assistance must be selected from the PHA's waiting list. The PHA may establish selection criteria or preferences for occupancy of particular PBV units. The PHA may place families referred by the PBV owner on its PBV waiting list.

Income Targeting [24 CFR 983.251(c)(6)]

At least 75 percent of the families admitted to the PHA's tenant-based and project-based voucher programs during the PHA fiscal year from the waiting list must be extremely low-income families. The income targeting requirement applies to the total of admissions to both programs.

Units with Accessibility Features [24 CFR 983.251(c)(7)]

When selecting families to occupy PBV units that have special accessibility features for persons with disabilities, the PHA must first refer families who require such features to the owner.

Preferences [24 CFR 983.251(d), FR Notice 11/24/08]

The PHA may use the same selection preferences that are used for the tenant-based voucher program, establish selection criteria or preferences for the PBV program as a whole, or for occupancy of particular PBV developments or units. The PHA must provide an absolute selection preference for eligible in-place families as described in Section 17-VI.B. above.

The PHA may establish a selection preference for families who qualify for voluntary services, including disability-specific services, offered in conjunction with assisted units, provided that preference is consistent with the PHA plan. The PHA may not, however, grant a preference to a person with a specific disability [FR Notice 1/18/17].

LEADERSHIP COUNCIL

Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
Don Schwartz
Tom Schwedhelm



HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
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**U.S. Department of Housing and Urban Development
2019 Mainstream Voucher Program**

The following Memorandum of Understanding is by and between the Sonoma County Community Development Commission (SCCDC) and The Sonoma County Continuum of Care, Home Sonoma County.

WHEREAS, the SCCDC administers the Mainstream Voucher Program to assist non-elderly persons with disabilities, in particular non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless;

And

WHEREAS, the SCCDC and the Home Sonoma County desire to assist non-elderly persons with disabilities to obtain and maintain permanent housing;

NOW THEREFORE, the SCCDC and Home Sonoma County agree to as follows:

1. The SCCDC agrees to provide and administer the Mainstream Voucher Program for the benefit of non-elderly persons with disabilities.
2. Home Sonoma County agrees to coordinate outreach and referral of persons in institutional and other segregated settings who want to move to community-based integrated settings, persons at risk of institutionalization, homeless, or at risk of becoming homeless.
3. Home Sonoma County agrees to provide funding or staffing to support training and coordination or program implementation, including any training, between Sonoma County Housing Authority and Home Sonoma County.
4. Home Sonoma County agrees to assist persons with disabilities to apply to and obtain acceptance in housing programs OR find housing OR secure home modifications and/or disability-related accommodations.
5. Home Sonoma County agrees to assist persons with disabilities move into units, including physically accessible units where appropriate, on the private rental market.
6. Home Sonoma County agrees to refer, coordinate, or provide home and community-based services.

8. In the event that Home Sonoma County does not continue to provide an adequate level of supportive services to enable participants to obtain and maintain their housing or in the event Service Provider fails to satisfactorily participate in the HMIS or Sonoma County Coordinated Entry, the SCCDC will not accept any further referrals from Service Provider until such time as Service Provider demonstrates its adequate provision of supportive services and/or satisfactory participation of HMIS and Coordinated Entry.


This agreement may be terminated by either of the parties by notifying the other party in writing 30 days prior to the effective date of such termination.

IN WITNESS WHEREOF, this agreement is executed by authorized representatives, all as of the date herein written.

Sonoma County Community Development Commission

By: 
Martha Cheever, Housing Authority Manager

Date: 8/30/19

By: 
Michael Gause, Continuum of Care Coordinator
Sonoma County Community Development Commission (CoC Lead Agency)
Home Sonoma County Lead Staff

Date: 8/30/19

Memorandum of Understanding

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

July 26, 2021, between

Public Housing Agency (PHA)

*Sonoma County Housing Authority (CA085)
1440 Guerneville Road
Santa Rosa, CA 95403*

Continuum of Care (CoC)

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

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

I. Introduction and Goals:

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

Lead PHA EHV Liaison: Martha Cheever, Housing Authority Manager

Responsibilities of the PHA EHV liaison:

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

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

Responsibilities of the CoC EHV Liaison :

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

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

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

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

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

Percentage of populations targeted:

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

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

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

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

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

IV. PHA Roles and Responsibilities

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

V. CoC Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the PHA.
2. Ensure that CoC service providers are meeting their obligations under this MOU.
3. Ensure that eligible individuals and families are referred to the PHA using the community's coordinated entry system.
4. Follow CoC Board direction to link the provision of vouchers to the availability of funding for ongoing case management.
5. Ensure that eligible individuals and households are supported by CoC service providers in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e., birth certificate, social security card, etc.).
6. Ensure that CoC service providers attend EHV participant briefings and PHA appointments when needed.
7. Ensure that all households referred for EHV are assessed for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
8. Identify and provide supportive services to EHV families. While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.
9. Ensure that CoC service provider is providing housing stabilization services for no less than one year after an EHV family is housed.
10. Create a *Guide for EHV Participants* as a resource to include contact information for the CoC, PHA and Service Providers and to include directions on how to enroll in the coordinated entry system and the comparable referral process for domestic violence and human trafficking victim referrals.
11. Comply with the provisions of this MOU and the provisions of PIH Notice 2021-15.

VI. Program Evaluation

PHA and CoC will also regularly evaluate the shared responsibilities and compliance with the terms of the MOU and the EHV program requirements.

The PHA and CoC, or designated CoC recipient, agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

The following data points will be used to measure progress in the EHV program on a quarterly basis:


1. Number of vouchers under lease (data to be provided by the Lead PHA EHV Liaison to the Lead CoC EHV Liaison)
2. Number of vouchers issued but not under lease (data to be provided by the Lead PHA EHV Liaison to the Lead CoC EHV Liaison)

3. Number of new units under lease with an EHV (data to be provided by Lead PHA EHV Liaison to the Lead CoC EHV Liaison)
4. Race and ethnicity of EHV participants (data to be provided by Lead PHA EHV Liaison to the Lead CoC EHV Liaison)
5. Regional Location of EHV participant at the time of referral to the program (data to be provided by Lead PHA EHV Liaison to Lead CoC EHV Liaison)
6. Regional Location of EHV program leases (data to be provided by Lead PHA EHV Liaison to the Lead CoC EHV Liaison)
7. Length of EHV program participation as measured by date of lease-up to End of Participation (data to be provided by Lead PHA EHV Liaison to the Lead CoC EHV Liaison)

Signed and dated by the official representatives of the PHA and CoC,

Signed by:

Dave Kiff

	July 26, 2021
Interim Executive Director, Sonoma County Housing Authority	Date

<i>Ben Leroi</i>	07/22/2021
Board Chair, Sonoma County Continuum of Care	Date

ADMINISTRATIVE PLAN
FOR THE CITY OF SANTA ROSA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

Approved by the HA Board of Commissioners: October 23, 2023

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION Last Revised October 23, 2023

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EMERGENCY HOUSING VOUCHERS – TEMPORARY POLICY SUPPLEMENT

Last Revised December 13, 2021

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Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

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

Limited Preference for Families Experiencing Homelessness

Twenty-four (24) vouchers are targeted for limited preferences for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These vouchers will be issued based on referrals from the Coordinated Entry administrator under the policies established by the Sonoma County Continuum of Care.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Chapter 17

PROJECT-BASED VOUCHERS

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

PART I: GENERAL REQUIREMENTS

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

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

PHA Policy

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

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

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

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

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

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

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

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

- Are specifically made available to house families that are comprised of or include a veteran.
 - *Veteran* means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.

Only units that that are under a HAP contract that was first executed on or after April 18, 2017, may be covered by the 10 percent exception.

PHA Policy

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

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

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

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

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

PHA Policy

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

17-I.B. TENANT-BASED VS. PROJECT-BASED VOUCHER ASSISTANCE [24 CFR 983.2]

Much of the tenant-based voucher program regulations also apply to the PBV program. Consequently, many of the PHA policies related to tenant-based assistance also apply to PBV assistance. The provisions of the tenant-based voucher regulations that do not apply to the PBV program are listed at 24 CFR 983.2.

PHA Policy

Except as otherwise noted in this chapter, or unless specifically prohibited by PBV program regulations, the PHA policies for the tenant-based voucher program contained in this administrative plan also apply to the PBV program and its participants.

17-I.C. RELOCATION REQUIREMENTS [24 CFR 983.7]

Any persons displaced as a result of implementation of the PBV program must be provided relocation assistance in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)[42 U.S.C. 4201-4655] and implementing regulations at 49 CFR part 24.

The cost of required relocation assistance may be paid with funds provided by the owner, local public funds, or funds available from other sources. PHAs may not use voucher program funds to cover relocation costs, except that PHAs may use their administrative fee reserve to pay for relocation expenses after all other program administrative expenses are satisfied, and provided that payment of the relocation benefits is consistent with state and local law. Use of the administrative fee for these purposes must also be consistent with other legal and regulatory requirements, including the requirement in 24 CFR 982.155 and other official HUD issuances.

The acquisition of real property for a PBV project is subject to the URA and 49 CFR part 24, subpart B. It is the responsibility of the PHA to ensure the owner complies with these requirements.

17-I.D. EQUAL OPPORTUNITY REQUIREMENTS [24 CFR 983.8]

The PHA must comply with all equal opportunity requirements under federal law and regulations in its implementation of the PBV program. This includes the requirements and authorities cited at 24 CFR 5.105(a). In addition, the PHA must comply with the PHA Plan certification on civil rights and affirmatively furthering fair housing, submitted in accordance with 24 CFR 903.7(o).

CHAPTER 19

Temporary Policy Supplement

EMERGENCY HOUSING VOUCHERS (EHVs)

INTRODUCTION

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

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

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

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

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

Part I: Funding

Part II: Partnering Agencies

Part III: Waiting List Management

Part IV: Family Eligibility

Part V: Housing Search and Leasing

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

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

PART I: FUNDING

TPS-I.A. FUNDING OVERVIEW

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

PART II: PARTNERING AGENCIES

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

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

SRHA Policy

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

TPS-II.B. OTHER PARTNERING ORGANIZATIONS

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

SRHA Policy

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

TPS-II.C. REFERRALS

CoC and Partnering Agency Referrals

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

SRHA Policy

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

Offers of Assistance without CoC Referral

The PHA may make an EHV available without a referral from the CoC or other partnering organization in order to facilitate an emergency transfer under VAWA.

The PHA must also take direct referrals from outside the CoC if:

- The CoC does not have a sufficient number of eligible families to refer to the PHA; or
- The CoC does not identify families that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.

If at any time the PHA is not receiving enough referrals or is not receiving referrals in a timely manner from the CoC or other partner referral agencies (or the PHA and CoC cannot identify any such alternative referral partner agencies), HUD may permit the PHA on a temporary or permanent basis to take EHV applications directly from applicants and admit eligible families to the EHV program in lieu of or in addition to direct referrals in those circumstances.

PART III: WAITING LIST MANAGEMENT

TPS-III. A. HCV WAITING LIST

The regulation that requires the PHA to admit applicants as waiting list admissions or special admissions in accordance with admission policies in Chapter 4 does not apply to PHAs operating the EHV program. Direct referrals are not added to the PHA's HCV waiting list.

Attachment 1C-7 PHA Moving On Preference

1. Attachment 1C-7 PHA Moving on Preference cover sheet (pg. 1)
2. Sonoma County Housing Authority Admin Plan Excerpts (pg. 2-4)
Move on Allocation (Pg. 4)

SONOMA COUNTY HOUSING AUTHORITY

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

March 26, 2024

Chapter 4
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services provider, the supportive services provider is expected to provide housing navigation assistance and one year of housing stabilization services for those referred through this program. Eligible households referred through this program will be granted an absolute preference on the Housing Authority Waiting List. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist. (Revised 2023)

- d. Move On Allocation. Subject to the availability of Annual Contributions Contract authorized voucher units, the Housing Authority will allocate up to 20% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference is referral based and is intended for formerly homeless households who have successfully participated in a Permanent Supportive Housing (PSH) program (see Glossary for definition) or Rapid Rehousing Program within Sonoma County and have been determined by the supportive services provider to be ready to move into housing without attached supportive services. Issuing these households tenant-based vouchers will create vacancies in PSH and Rapid Rehousing programs thereby allowing additional homeless households in need of services to be housed. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist. At its discretion, the Housing Authority will annually evaluate whether to renew this preference. This preference will be available even when the waiting list is closed to other applicants. Applicants referred for this preference will be added to the waiting list when there are vouchers available for this local preference. Applicants who are already on SCHA's waiting list may be pulled to the top of the Waiting List if they meet the eligibility requirements for the preference and are referred by the partner agencies. Referrals will be taken from an approved PHA third party who have verified Permanent Supportive Housing units.
- e. Housing Access and Reentry Program. Subject to the availability of Annual Contributions Contract authorized voucher units, up to five (5) Housing Choice Vouchers may be made available per calendar year for persons exiting incarceration, who are actively engaged in supportive services, and who have a high potential of becoming homeless. Individuals referred through this program would otherwise be ineligible for housing assistance. All referrals made through

Attachment 1D-10a

Lived Experience Support Letter

1. Attachment 1D-10a Active CoC Participation of Individuals with Lived Experience of Homelessness Cover sheet (pg. 1)
2. Letter signed by 3 Sonoma County Lived Experience Advisory Planning Board (LEAP) members (pg. 2-4)
 - a. LEAP Chair
 - b. LEAP Vice Chair
 - c. LEAP Time-keeper

Subject: Lived Experience Support Letter

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

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

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

There are currently two seats on the Homeless Coalition Board that are reserved specifically for people with lived experience of homelessness. The two seats include an adult seat and one reserved for someone 18-24 years old. The LEAP Board Chair represents the LEAP Board as a non-voting member of the Sonoma County Homeless Coalition Board and participates in all conversations and discussions as well as provide advisory over various funding decisions and policies. An update of the LEAP Board's current work is also provided during each Homeless Coalition Board meeting.

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

The LEAP Board has been very involved in the Homeless Coalition's work, providing input and feedback to multiple priorities for serving individuals and families experiencing homelessness with severe service needs in the CoC's geographic area, including consultants and lead staff for the development of various programs and projects such as the Homeless Coalition's strategic plan and re-development of the Coordinated Entry process. Outreach efforts remain ongoing to recruit more people with lived experience of homelessness to participate in these efforts. We are pleased with the County's inclusion of people with lived experience in its efforts to try to end homelessness in our community and look forward to contributing even more.

Sincerely,

X Aaron P Mello

Chair, Lived Experience & Advisory Planning Board
Sonoma County Continuum of Care, CA- 504


X Rebekah Sammet

Vice Chair, Lived Experience & Advisory Planning Board
Sonoma County Continuum of Care, CA- 504

X Angie Sebring

Time-Keeper, Lived Experience & Advisory Planning Board, Sonoma County Continuum of Care, CA- 504

Signature: 
Aaron Mello (Oct 8, 2024 09:19 PDT)
Email: aaronmello112358@gmail.com

Signature: 
Rebekah Sammet (Oct 7, 2024 16:50 PDT)
Email: sammetstyle@gmail.com

Signature: 
Angie Sebring (Oct 11, 2024 08:00 PDT)
Email: angie.sebring@gmail.com












CoC Lived Experience 2024 Support letter

Final Audit Report

2024-10-11

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-  Agreement completed.
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Attachment 1D-2a

Housing First Evaluation

1. Attachment 1D-2a Coversheet (Page 1)
2. Catholic Charities Dioceses of Santa Rosa (CCDSR) Renewal Evaluation Application Questionnaire, Housing First Section excerpt. (Page 2-4)
3. CCDSR Housing First Scoring Tool, showing Catholic Charities Dioceses of Santa Rosa (CCDSR) Housing First Score (Pages 5-6)

Sonoma County Continuum of Care- Homeless Coalition

c/o Sonoma County Department of Health Services, 1450 Neotomas Ave, Santa Rosa, CA 95405
Continuum of Care Coordinator (707) 565-4080 • Karissa.White@sonoma-county.org
Homeless Projects Specialist (707) 565-4088 • Araceli.Rivera@sonoma-county.org

Sonoma County Continuum of Care Program

2024 Renewal Evaluation Application Questionnaire – Due May 1st

Agency Name: Catholic Charities of the Diocese of Santa Rosa

Project Name(s): Catholic Charities Permanent Supportive Housing Santa Rosa 2 (PSH 2)

Project Type: Permanent Supportive Housing

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

Section 2: Housing First Practice

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

No, Catholic Charities permanent supportive housing programs do not require a background check prior to program entry.

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

No, use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for program entry denial or eviction. Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. No other agency projects require sobriety.

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

No, a mental health evaluation/screening is not required for program entry.

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

No, income is not a requirement at the time of program enrollment. This program is entirely focused on housing chronically homeless individuals, prioritizing those with the highest vulnerability including erratic work history.

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

Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Supportive services emphasize engagement and problem-solving over therapeutic goals. Service plans are highly tenant-driven without predetermined goals.

PSH 2 participants also receive encouragement from their Case Managers and other Homeless and Housing Program staff from intake and throughout their tenure in the program. All potential and current participants are informed about their option to decline services.

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

No, this project does not include requirements outside a standard lease for housing readiness. Tenant selection for permanent supportive housing includes prioritization of eligible tenants based on criteria such as chronic homelessness, vulnerability, or high utilization of crisis services, which is assessed through the VI-SPDAT. Participants who move into PSH housing are not required to have a lights out time. To uphold safety and housing retention, visiting hours are from 8:00 am to 8:00 pm and guests can stay no longer than seven consecutive days. When guests come to visit tenants, they are asked to check in at the front desk, provide their ID and register their vehicle in case of any property or personnel concerns. Case managers work with the participants to develop a personal guest policy, but it is ultimately determined by the participant living in the unit.

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

No, housing/property management does not have a role in providing services to participants. Property Management at the Palms Inn was transferred to the property owner on 7/1/21. Since then, Casbar Entrepreneurs LLC has provided property management and refrains from offering specific services other than those outlined in its contract relative to the property. Property management for scattered site units is handled by the PSH Program Manager with support from CCDSR’s Facilities Team.

Permanent supportive housing case managers provide individualized, wrap around and on-going support and services to PSH participants. In the event there are resident/client issues that affect PSH property, the property manager will consult with the case manager to navigate an appropriate resolution.

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

Yes, services are individualized and participant driven. Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement, including motivational

interviewing and client-centered counseling. Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction can be a part of tenants' lives. Tenants are engaged with non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices, including on-site NA and AA. We also invite client participation and feedback via our Homeless Review Board, quarterly consumer feedback surveys, and discussion during individual case management meetings.

Applicant	Catholic Charities
Project	PSH #2
APR Term Reviewed	2022-2023
Component	PSH
2022-2023 Award plus match	\$ 947,326
Total spent including match	\$ 782,448
Cost per PSH Outcome (Stable housing)	\$ 14,763
APR Operating Year End Date	
TOTAL SCORE	67.45
PERFORMANCE TOTAL	43.95
AGENCY MANAGEMENT& CAPACITY TOTAL	23.50
Q2 Total Beds	52
Q5a Total Served	63
Q5a Adults Served	63
Q5a Stayers	45
Q5a Leavers	18
1a. PSH Housing Outcome: % of living leavers and stayers stably housed at YE	
Q23c Exits Perm	8
Subtotal	8
% Stably Housed	84%
Points (89% = 6pts)	5.67
1b. CH-dedicated beds	
Q26b Adult/CH Served	62
% CH-dedicated	98%
Points (100% = 6 pts)	5.90
1.c. Cost Per PSH Housing Outcome	
Cost per PSH Outcome (Stable housing 6 points)	4.00
Q17 Earned Income @ Exit	
Q5a Adult leavers total	
% exiting with Earned Income	0%
QUESTION REMOVED/NA	0.00
3b1. % increasing income from employment	
Q19a1+2 Earned Inc. Retained & Increased	0
Q19 1+2 Earned Inc. Did Not Have & Gained	1
% Increasing	2%
Points (100% = 3 pts)	0.05
3b2. % increasing income from other sources	
Q19a1+2 Other Income Retained & Increased	14
Q19 1+2 Other Income Did not have & gained	4
% increasing	29%
Points (100% = 7 pts)	2.00
4. % accessing Mainstream Resources	
Q20b2 No sources stayers	14

Attachment 1E-2

Local Competition Scoring Tool

1. Attachment 1E-2 Cover Sheet (Page 1)
2. Final Renewal Scoring for the 2024 CoC Competition (Pages 2-5)
3. Final Permanent Supportive Housing (PSH) New Project Scoring (Pages 6-9)
4. Final Rapid Rehousing and Joint Transitional Rapid Rehousing (RRH TH.RRH) New Project Scoring (Pages 10-13)



Scoring for the 2024 CoC Competition – Renewal Projects Project Performance Measurement and Local Priorities

Performance Measurement	Scoring Methodology	Points	Scoring Key
<i>1. Housing performance</i>			
1a. PSH Housing Outcome: % of living leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher. - Staff scored	6	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pt
1b. % of PSH beds dedicated to chronically homeless people \RRH prioritizing Chronic Homeless	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds. - Staff scored	6	Pro-rated by % CH dedication Ex: 100% =5 pts 50% = 2.5 pts
1c. Cost Per PSH/RRH Outcome	From APR Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)- Staff scored	6	Less than \$5,000 per outcome = 6 points \$5,000 - \$9,999 = 5 points \$10,000 - \$14,999 = 4 points \$15,000 - \$19,999 = 3points \$20,000 -24,999 = 2 points \$25,000-29,999= 1 point 30,000+ = 0 points
<i>2. Income performance</i>			
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	3	Pro-rated by % exiting w/ increased income Ex: 100% =5 pts; 50% =2.5 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	7	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts

Performance Measurement	Scoring Methodology	Points	Scoring Key
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	7	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts
4. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points. - Staff Scored	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to <i>Questionnaire Section 2: Housing First Practice</i>	7	7pts total Housing First Practice Section;
6. Coordinated Entry Participation (Total 6pts)			
	Percentage of enrollments in the project with CES referrals- Reporting Period- 2022-2023 (HMIS Coordinator will score)	4	3 pts- 100% referrals accepted from CES- in compliance; 2 pts- 99-90% of referrals accepted from CES- not in compliance CAP needed; 1 pt- 89-80% of referrals accepted from CES- not in compliance CAP needed; 0 pt- 79% or below referrals accepted from CES- not in compliance CAP needed
Local & HUD Priorities			
7. Alignment with 10-year plan goals and priorities in the HUD NOFO	<i>Questionnaire Section 4: Local and HUD Priorities</i> - 1 point for each goal that is a focus of the project, up to 6 points. Goals include (options a-f below):		Full pts for detailed examples of collaboration in each component.
a. Evidence of Project’s collaborations with corrections partners b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. c. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases d. Staff training/screening for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) e. Promotion of/supporting volunteering, community engagement, and employment services f. Coordination with Healthcare		6	

Performance Measurement	Scoring Methodology	Points	Scoring Key
g. Coordination with Housing Partners			
Total Points for Performance/Local Priorities		57	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/ Accounting staff & <i>Questionnaire Section 5: Financial Management Section</i>	4	4 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
9. Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Staff & <i>Questionnaire Section 6: Contract Administration</i>	4	4 pts: timely submission & no inaccuracy of reporting 3 pts: Timely submission and 1 error 2 pts: 2-3 errors in submission 1 pts: late submission no errors 0 pts: late submission & errors
10. Spend down of funds/match	Review of APR by CoC Coordinator (staff scored) <i>Questionnaire Section 7: Contract Spenddown of Funds and Match</i> Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
11. Cultural Competency – INCLUDE which attachments to be reviewed	<i>Questionnaire Section 8: Cultural Competency & Disability Access</i>	3	.5 pt per question total of 3 pts. Includes answering the questions as well as the required attachments
12. Client/lived experience Feedback Process	<i>Questionnaire Section 9: Lived Experience Feedback Process</i>	4	1 pt per question, full pts for having a client advisory board, full explanation, and examples
13. Racial Equity and Anti-discrimination Practices & Policies	<i>Questionnaire Section 10: Racial Equity and Anti-Discrimination Practices & Policies</i>	6	1.5 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
14. Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of	<i>Questionnaire Section 11: Data Informed Program Research</i>	4	Full pts for complete description of data informed practices and examples of project

Performance Measurement	Scoring Methodology	Points	Scoring Key
documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals			performance review, 2.5 pts for each question
15. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	<i>Questionnaire Section 12: Change Management and Institutionalization of Knowledge</i>	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated pts for lack of formal procedures
16. High data quality and timeliness of assessments.	HMIS Coordinator Score	6	<p>There are 3 criteria:</p> <ol style="list-style-type: none"> 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance <p>2) Assessment data is entered in HMIS 6 days or less after assessments are administered;</p> <p>3) Data Validation Reports from HMIS are reasonable for project type.</p> <p>Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria</p>
Total Agency & Management Capacity points		40	
Total Possible Points		97	



Sonoma County 2024 Continuum of Care Competition Permanent Supportive Housing New Project Scoring Tool

Section	Measure	Scoring Methodology	Points Possible
1.	Housing Stability (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome. Highest percentage of project participants remaining permanently housed at year-end earns full points. Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	6
2.	Exits to Permanent Housing (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome. Highest rate of proposed exits to permanent housing destinations earns full points. Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	6
3.	Increase in Earned Income (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. Highest rate of income growth for participants at annual assessment and exit earns full points. Scoring: 100-80%= 3 points, 79-60%= 2 points, 59-40%= 1 points, 39% and below= 0 points	3
4.	Increase in Non-Employment Income (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome Highest rate of other income growth for participants at annual assessment and exit earns full points. Scoring: 100-80%= 7 points, 79-60%= 4.7 points, 59-40%= 2.3 points, 39% and below= 0 points	7
5.	Maximizing the use of mainstream resources (System Performance Measure)	Proposed percentage of clients served in the project receiving outcome mainstream health, social, and employment programs. (e.g., regular monthly benefits: examples-cash benefits provided outside the provider's project such as calfresh, Housing Voucher, TANF, childcare services, government paid cell phone, monthly bus passes provided by another agency, employment services, etc.) Scoring: 100-95%= 7 points, 94-85%= 4.7 points, 84-75%= 2.3 points, 74% and below= 0 points	7
6.	Housing First Approach and Coordinated Entry	A Housing First approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most, utilizing the Coordinated Entry System as the sole source for referrals. The extent to which the narrative reflects how the agency is working to implement a Housing First approach and the use of Coordinated Entry. <ul style="list-style-type: none"> • Supplemental Scoring questionnaire 6 points 	6
7.	Improving Assistance for LGBTQ+ Individuals	Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies. <ul style="list-style-type: none"> • Full points for addressing service needs, employment opportunities at the organization, training for current staff, 	4

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

		<ul style="list-style-type: none"> • 2 Points if the agency has a written commitment from a housing provider to provide subsidies (other than ESG/CoC) to the proposed units for PSH/participants served for RRH, but it is less than 25% of units/participants served proposed • 4 Points if the agency has a written commitment from a housing provider to provide subsidies other than ESG/CoC to the proposed units for PSH/participants served for RRH that will cover at least 25% of the units/participants served being proposed. 	
12.	Coordination with Healthcare Partners	<p>Healthcare Partners (create new permanent supportive housing and rapid rehousing services projects that coordinate with healthcare providers to provide services to participants not funded through CoC or ESG Program):</p> <p>Scoring methodology (Healthcare):</p> <ul style="list-style-type: none"> • 0 Points If the project/agency has no planned/committed partnerships with healthcare providers directly related to the proposed project • 2 Points if the agency has a written commitment from a healthcare provider to provide in-kind services to the proposed project, but it is less than 25% of the total amount of application • 4- Points if the agency has a written commitment from a healthcare provider to provide in-kind services match with services totaling 25% of the total amount of the application or full points if the provider has a written commitment from a substance abuse provider to provide services to all program participants. 	5
13.	Project Readiness	<p>Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2025/2026 term). The extent to which the narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)</p>	5
14.	Budget	<p>Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line-item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated.</p>	4
15.	Cost Effectiveness	<p>Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application.</p> <p>Less than \$5,000 per outcome = 6 points, \$5,000 - \$9,999 = 5 points, \$10,000 - \$14,999 = 4 points, \$15,000 - \$19,999 = 3 points, \$20,000 -24,999 = 2 points, \$25,000-29,999= 1 point, 30,000+ = 0 points</p>	5

16.	Financial Audit and Health	Scoring based on most recent audit including identification of agency as “low risk”, number (if any) of findings, documented match, etc. <ul style="list-style-type: none"> • 4 points = no findings, timely audit, and documented match • 2-3 points = 1 finding in the past 3 years, inaccurate/inconsistent match; • 0-1 points = multiple findings, late audit, etc. 	4- staff will calculate
17.	Organizational capacity and experience/ Demonstrated Capacity to Manage CoC Awards	New Projects: If you are new to the CoC Program HUD notes that demonstrating capacity may include a description of other funds the project receives, which are either federal or state funding. Scores will be drawn from the 2024 CoC Project Evaluations <ul style="list-style-type: none"> • Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions. 	5
18.	Local & Other HUD Priorities	Alignment with 10-year plan goals and HUD priorities. 1 point for each goal this is in the project: <ul style="list-style-type: none"> • Evidence of Project’s collaborations with corrections/Justice partners • Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. • Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases • Staff training/screening for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) • Promotion of/supporting volunteering, community engagement, and employment services 	5
19.	HMIS data quality, timeliness and coverage of all programs serving homeless or process for tracking program performance for Non-HMIS providers	HMIS Participants 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 3) Timeliness Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria **For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information. Or If you are not using HMIS data, how would you propose to track or how do you currently track your program performance at this time.	3- staff will calculate
	Total Points Possible		97



Sonoma County 2024 Continuum of Care Competition Rapid Rehousing and Joint Transitional Rapid Rehousing New Project Scoring Tool

Section	Measure	Scoring Methodology	Points Possible
1.	Successful Housing Placement (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. For the Joint TH/RRH projects, this accounts for the placements in permanent housing through the RRH component. Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	6
2.	Length of Time Homeless (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. Days from Program start to Permanent housing move-in date. For the Joint TH/RRH projects, this accounts the length of time in the TH component in permanent housing through the RRH component. Scoring: <45 days= 6 points, 46 – 60 days= 4.5 points, 61-75 days = 3 points, 76-90 days= 1.5 points, >91= 0 points	6
3.	Increase in Earned Income (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. Scoring: 100-80%= 7 points, 79-60%= 4.7 points, 59-40%= 2.3 points, 39% and below= 0 points	7
4.	Increase in Non-Employment Income (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome Scoring: 100-80%= 3 points, 79-60%= 2 points, 59-40%= 1 points, 39% and below= 0 points	3
5.	Maximizing the use of mainstream resources (System Performance Measure)	Proposed percentage of clients served in the project receiving outcome mainstream health, social, and employment programs. (e.g., regular monthly benefits: examples-cash benefits provided outside the provider’s project such as calfresh, Housing Voucher, TANF, childcare services, government paid cell phone, monthly bus passes provided by another agency, employment services, etc.) Scoring: 100-95%= 7 points, 94-85%= 4.7 points, 84-75%= 2.3 points, 74% and below= 0 points	7
6.	Housing First Approach and Coordinated Entry	A Housing First approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most, utilizing the Coordinated Entry System as the sole source for referrals. The extent to which the narrative reflects how the agency is working to implement a Housing First approach and the use of Coordinated Entry. <ul style="list-style-type: none"> • Supplemental Scoring questionnaire 7 points 	6
7.	Improving Assistance for LGBTQ+ Individuals	Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies.	4

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

		<ul style="list-style-type: none"> • 2 Points if the agency has a written commitment from a housing provider to provide subsidies (other than ESG/CoC) to the proposed units for PSH/participants served for RRH, but it is less than 25% of units/participants served proposed • 4 Points if the agency has a written commitment from a housing provider to provide subsidies other than ESG/CoC to the proposed units for PSH/participants served for RRH that will cover at least 25% of the units/participants served being proposed. 	
12.	Coordination with Healthcare Partners	<p>Healthcare Partners (create new permanent supportive housing and rapid rehousing services projects that coordinate with healthcare providers to provide services to participants not funded through CoC or ESG Program):</p> <p>Scoring methodology (Healthcare):</p> <ul style="list-style-type: none"> • 0 Points If the project/agency has no planned/committed partnerships with healthcare providers directly related to the proposed project • 2 Points if the agency has a written commitment from a healthcare provider to provide in-kind services to the proposed project, but it is less than 25% of the total amount of application • 4- Points if the agency has a written commitment from a healthcare provider to provide in-kind services match with services totaling 25% of the total amount of the application or full points if the provider has a written commitment from a substance abuse provider to provide services to all program participants. 	5
13.	Project Readiness	Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2025/2026 term). The extent to which the narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	5
14.	Budget	Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line-item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated.	4
15.	Cost Effectiveness	<p>Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application.</p> <p>Less than \$5,000 per outcome = 6 points, \$5,000 - \$9,999 = 5 points, \$10,000 - \$14,999 = 4 points, \$15,000 - \$19,999 = 3 points, \$20,000 - 24,999 = 2 points, \$25,000-29,999= 1 point, 30,000+ = 0 points</p>	5
16.	Financial Audit and Health	<p>Scoring based on most recent audit including identification of agency as “low risk”, number (if any) of findings, documented match, etc.</p> <ul style="list-style-type: none"> • 4 points = no findings, timely audit, and documented match • 2-3 points = 1 finding in the past 3 years, 	4- staff will calculate

		inaccurate/inconsistent match; 0-1 points = multiple findings, late audit, etc.	
17.	Organizational capacity and experience/ Demonstrated Capacity to Manage CoC Awards	New Projects: If you are new to the CoC Program HUD notes that demonstrating capacity may include a description of other funds the project receives, which are either federal or state funding. Scores will be drawn from the 2024 CoC Project Evaluations <ul style="list-style-type: none"> • Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions. 	5
18.	Local & Other HUD Priorities	Alignment with 10-year plan goals and HUD priorities. 1 point for each goal this is in the project: <ul style="list-style-type: none"> • Evidence of Project’s collaborations with corrections/Justice partners • Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. • Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases • Staff training/screening for mainstream resources (e.g. Medical, Calfresh, TANF, substance abuse programs, employment assistance) • Promotion of/supporting volunteering, community engagement, and employment services 	5
19.	HMIS data quality, timeliness and coverage of all programs serving homeless or process for tracking program performance for Non-HMIS providers	HMIS Participants 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 3) Timeliness Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria **For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information. Or If you are not using HMIS data, how would you propose to track or how do you currently track your program performance at this time.	3- staff will calculate
	Total Points Possible		97

Attachment 1E-2a

Scored Forms for One Project

1. Cover sheet for Attachment 1E-2a (Page 1)
2. One PSH Renewal Project Scored-Community Development Commission (CDC), Renewal Rental Assistance-Persons with HIV/AIDS (Pages 2-3)
3. Renewal Scoring for the 2024 CoC Competition (Pages 4-7)

Applicant	SCHA
Project	CoC Rental Assistance HIV
APR Term Reviewed	2022-2023
Component	PSH
2022-2023 Award plus match	\$ 819,268
Total spent including match	\$ 719,775
Cost per PSH Outcome (Stable housing)	\$ 16,359
APR Operating Year End Date	
TOTAL SCORE	76.08
PERFORMANCE TOTAL	48.08
AGENCY MANAGEMENT& CAPACITY TOTAL	28.00
Q2 Total Beds	39
Q5a Total Served	44
Q5a Adults Served	38
Q5a Stayers	40
Q5a Leavers	4
1a. PSH Housing Outcome: % of living leavers and stayers stably housed at YE	
Q23c Exits Perm	4
Subtotal	4
% Stably Housed	100%
Points (89% = 6pts)	6.00
1b. CH-dedicated beds	
Q26b Adult/CH Served	28
% CH-dedicated	74%
Points (100% = 6 pts)	4.42
1.c. Cost Per PSH Housing Outcome	
Cost per PSH Outcome (Stable housing 6 points)	3.00
Q17 Earned Income @ Exit	
Q5a Adult leavers total	
% exiting with Earned Income	0%
QUESTION REMOVED/NA	0.00
3b1. % increasing income from employment	
Q19a1+2 Earned Inc. Retained & Increased	2
Q19 1+2 Earned Inc. Did Not Have & Gained	2
% Increasing	11%
Points (100% = 3 pts)	0.32
3b2. % increasing income from other sources	
Q19a1+2 Other Income Retained & Increased	27
Q19 1+2 Other Income Did not have & gained	2
% increasing	76%
Points (100% = 7 pts)	5.34
4. % accessing Mainstream Resources	
Q20b2 No sources stayers	0
Q20b2 No sources leavers	0
Subtotal No sources	0

% accessing Mainstream Resources	100%
Points (100% = 7 pts)	7.00
5. Year-End Utilization	
PSH Q2 and 5a Bed Utilization, stayers ÷ total beds. PH placement/ Households served	103%
Points (100% = 5 pts)	5.00
6. Housing First Practice - checklist and narrative (7 pts)	7
7. Collaboration with Coordinated Entry (6 pts)	4
Local priorities	
Corrections collab. (Justice Partners)	1
SOAR advocacy	1
Upstream/Health Action alignment Attach Docs next year	1
Mainstream Resource Training/screening	1
supporting volunteering, community engagement, and employment services	0.5
Coordination w/ Health Care	1
Coordination w/ Housing Providers	0.5
Total Local Priorities Points (Max 6)	6
Financial/Audit:	
Financial/Audit: process, timeliness; findings/management letter, overall fiscal health (Up to 4 pts)	4
Contract administration:	
CoC APR Review	
accuracy & timeliness of reporting (Up to 4 pts)	3
Spend-down/match- (row 6 total expended on APR including match/total HUD award plus match) (Up to 4 pts)	3
Cultural Competency (3 points)- include attachements	3
Client/lived experience Feedback Process (4 points)	3.5
Racial Equity and Anti-discrimination Practices & Policies (6 points)	5.5
Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals (Up to 4 points)	4
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place. (Up to 5 pts)	5
High data quality, timeliness and coverage of all programs serving homeless (up to 6 pts)	6



Scoring for the 2024 CoC Competition – Renewal Projects Project Performance Measurement and Local Priorities

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. PSH Housing Outcome: % of living leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher. - Staff scored	6	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pt
1b. % of PSH beds dedicated to chronically homeless people \RRH prioritizing Chronic Homeless	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds. - Staff scored	6	Pro-rated by % CH dedication Ex: 100% =5 pts 50% = 2.5 pts
1c. Cost Per PSH/RRH Outcome	From APR Measured by total project expenditures (project expenditures + match) ÷ total number of successful stable housing outcomes (Retention of or Placement into PSH/RRH)- Staff scored	6	Less than \$5,000 per outcome = 6 points \$5,000 - \$9,999 = 5 points \$10,000 - \$14,999 = 4 points \$15,000 - \$19,999 = 3points \$20,000 -24,999 = 2 points \$25,000-29,999= 1 point 30,000+ = 0 points
2. Income performance			
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	3	Pro-rated by % exiting w/ increased income Ex: 100% =5 pts; 50% =2.5 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	7	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts

Performance Measurement	Scoring Methodology	Points	Scoring Key
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	7	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts
4. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points. - Staff Scored	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to <i>Questionnaire Section 2: Housing First Practice</i>	7	7pts total Housing First Practice Section;
6. Coordinated Entry Participation (Total 6pts)			
	Percentage of enrollments in the project with CES referrals- Reporting Period- 2022-2023 (HMIS Coordinator will score)	4	3 pts- 100% referrals accepted from CES- in compliance; 2 pts- 99-90% of referrals accepted from CES- not in compliance CAP needed; 1 pt- 89-80% of referrals accepted from CES- not in compliance CAP needed; 0 pt- 79% or below referrals accepted from CES- not in compliance CAP needed
Local & HUD Priorities			
7. Alignment with 10-year plan goals and priorities in the HUD NOFO	<i>Questionnaire Section 4: Local and HUD Priorities</i> - 1 point for each goal that is a focus of the project, up to 6 points. Goals include (options a-f below):	6	Full pts for detailed examples of collaboration in each component.
a. Evidence of Project’s collaborations with corrections partners b. Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. c. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases d. Staff training/screening for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) e. Promotion of/supporting volunteering, community engagement, and employment services f. Coordination with Healthcare			

Performance Measurement	Scoring Methodology	Points	Scoring Key
g. Coordination with Housing Partners			
Total Points for Performance/Local Priorities		57	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/ Accounting staff & <i>Questionnaire Section 5: Financial Management Section</i>	4	4 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
9. Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Staff & <i>Questionnaire Section 6: Contract Administration</i>	4	4 pts: timely submission & no inaccuracy of reporting 3 pts: Timely submission and 1 error 2 pts: 2-3 errors in submission 1 pts: late submission no errors 0 pts: late submission & errors
10. Spend down of funds/match	Review of APR by CoC Coordinator (staff scored) <i>Questionnaire Section 7: Contract Spenddown of Funds and Match</i> Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
11. Cultural Competency – INCLUDE which attachments to be reviewed	<i>Questionnaire Section 8: Cultural Competency & Disability Access</i>	3	.5 pt per question total of 3 pts. Includes answering the questions as well as the required attachments
12. Client/lived experience Feedback Process	<i>Questionnaire Section 9: Lived Experience Feedback Process</i>	4	1 pt per question, full pts for having a client advisory board, full explanation, and examples
13. Racial Equity and Anti-discrimination Practices & Policies	<i>Questionnaire Section 10: Racial Equity and Anti-Discrimination Practices & Policies</i>	6	1.5 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
14. Data-informed program research; use of HMIS & other local data to guide program development & delivery. Use of	<i>Questionnaire Section 11: Data Informed Program Research</i>	4	Full pts for complete description of data informed practices and examples of project

Performance Measurement	Scoring Methodology	Points	Scoring Key
documented best practices; outcomes information is used as an indicator of how well the project is accomplishing its goals			performance review, 2.5 pts for each question
15. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	<i>Questionnaire Section 12: Change Management and Institutionalization of Knowledge</i>	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated pts for lack of formal procedures
16. High data quality and timeliness of assessments.	HMIS Coordinator Score	6	<p>There are 3 criteria:</p> <ol style="list-style-type: none"> 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance <p>2) Assessment data is entered in HMIS 6 days or less after assessments are administered;</p> <p>3) Data Validation Reports from HMIS are reasonable for project type.</p> <p>Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria</p>
Total Agency & Management Capacity points		40	
Total Possible Points		97	

Attachment 1E-5
Notification of Projects Rejected-Reduced
Sent on October 10, 2024

1. Notification of Projects Rejected-Reduced (Page 1)
2. Email Notification to Saint Vincent de Paul one project application was reduced. (page 2-3)
 - a. The new project application funding request was reduced by \$35,933 as it exceeded the amount of CoC Bonus funds the CoC could apply for.

From: [Thai Hilton](#)
To: [Jack Tibbets](#); [Helen Vohontseff](#); [Uriel Brena](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance & Project Reduction St. Vincent de Paul
Date: Thursday, October 10, 2024 11:51:26 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Jack Tibbets
Society of St. Vincent de Paul Sonoma County
5761 Redwood Drive
Rohnert Park, CA 94928

Dear Jack,

Thank you for submitting the following renewal/new applications in the FY 2024 CoC Competition:

- St. Vincent de Paul Commons PSH (Renewal) in the amount of \$310,429.00
- Gravenstein Commons PSH (new) in the amount of \$ 267,737.00

I am writing to confirm that the St. Vincent de Paul Commons PSH Project has been **accepted at its full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- St. Vincent de Paul Commons Project (Renewal): **#11** on the Priority Listing

While this project has been accepted for funding St. Vincent de Paul Commons PSH (Renewal) is straddling tier 1 and tier 2, with a total of \$167,463.00 in funding in tier 2 and a total of \$142,966.00 in tier 1.

Additionally, the **SVDP Gravenstein Commons PSH project was reduced by \$35,933.00**, due to CoC Bonus Award amount exceeded the total award. Because of its ranking, listed below, the amount was reduced to align with the total award.

- SVDP Gravenstein Commons PSH (new): **#16** on the Priority Listing

The SVDP Gravenstein Commons PSH project has been accepted for funding through the CoC Bonus and is located in tier 2, thus funding is not guaranteed.

For a full priority listing of all projects scored within the local FY 2023 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any

questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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Attachment 1E-5a
Notification of Projects Accepted
Sent October 10, 2024

1. Notification of Projects Accepted coversheet (Page 1)
2. Email notification of projects accepted to each applicant (pages 2-19)

From: [Thai Hilton](#)
To: christy.davila@westcountyservices.org; [Dannielle Danforth](#); [Seamus McChesney](#); [Dave France](#)
Cc: [Michael Gause](#); [Karissa White](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: West County Community Services
Date: Thursday, October 10, 2024 11:52:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Christy Davila
West County Community Services
16390 Main Street
Guerneville, CA 95446

Dear Christy,

Thank you for submitting the following renewal applications in the FY 2024 CoC Competition:

- Mill Street Supportive Services (Renewal) in the amount of \$106,744.00
- Elderberry Commons (auto-renewed) in the amount of \$290,828.00

I am writing to confirm that these projects have been **accepted at their full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Mill Street Supportive Services (Renewal): **#2** on the Priority List
- Elderberry Commons (Renewal): **#8** on the priority list

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Erika Klohe](#); [Kerensa Mora](#)
Cc: [Michael Gause](#); [Karissa White](#)
Subject: 2024 CoC Competition Notification of Project Acceptance Buckelew
Date: Thursday, October 10, 2024 11:23:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)

Good Morning,

Please see the message below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Chris Kughn
Buckelew Programs
555 Northgate Drive, Suite 200
San Rafael, CA 94903

Dear Chris,

Thank you for submitting the following renewal applications in the FY 2024 CoC Competition:

- Sonoma SCIL 02.01.25-01.31.26 in the amount of \$289,012.00

I am writing to confirm that this project has been **accepted** at the full amount and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Sonoma SCIL 02.01.25-01.31.26: **#6** on the Priority Listing

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White

Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

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From: [Thai Hilton](#)
To: CCgrants@srcharities.org; [Graham Thomas](#); [Jennielynn Holmes](#); [LaSette Wellen](#); [Matthew Verscheure](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: Catholic Charities
Date: Thursday, October 10, 2024 11:28:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the message below from Karissa White, Continuum of Care Coordinator

October 10, 2024

Jennielynn Holmes
Catholic Charities of the Diocese of Santa Rosa
987 Airway Court
Santa Rosa, CA 95403

Dear Jennielynn,

Thank you for submitting the following renewal application in the FY 2024 CoC Competition:

- Catholic Charities Permanent Supportive Housing Santa Rosa 2 (Renewal) in the amount of \$806,167.00

I am writing to confirm that this project has been **accepted** in the full amount, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Catholic Charities Permanent Supportive Housing Santa Rosa 2 (Renewal): **#5** on the Priority List

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White

Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Michelle Whitman](#); [Dorothy Norton](#); [Martha Cheever](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: Sonoma County Community Development Commission
Date: Thursday, October 10, 2024 11:45:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Michelle Whitman
Sonoma County Community Development Commission
141 Stony Circle, Suite 210
Santa Rosa, CA 95401

Dear Michelle,

Thank you for submitting the following renewal application in the FY 2024 CoC Competition:

- Renewal Rental Assistance- Persons with HIV and AIDS in the amount of \$721,918.00

I am writing to confirm that these projects have been **accepted at their full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Renewal Rental Assistance- Persons with HIV and AIDS (Renewal): **#1** on the Priority List

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080

Karissa.White@sonoma-county.org

Thai Hilton

Analyst: Coordinated Entry Coordinator

Sonoma County Department of Health Services-Homeless Services

1450 Neotomas Ave., Suite 200

Santa Rosa, CA 95405

Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Chris Cabral](#); grants@cots.org; [Maureen Vittoria](#); [Sanford Robinson](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: COTS
Date: Thursday, October 10, 2024 11:31:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Chris Cabral
Committee on the Shelterless
P.O. Box 2744
Petaluma, CA 94953

Dear Chris,

Thank you for submitting the following renewal/new applications in the FY 2024 CoC Competition:

- Community Based Permanent Supportive Housing Expansion (new) in the amount of \$44,000.00
- COTS Rapid Rehousing HUD 2024 (new) in the amount of \$214,429.00
- Community Based Permanent Supportive Housing (CA0829L9T042312) (renewal) in the amount of \$320,575.00

I am writing to confirm that the projects have been **accepted at its full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Community Based Permanent Supportive Housing Expansion: **#13** on the Priority Listing
- COTS Rapid Rehousing HUD 2024 (new) in the amount of \$214,429.00: **#14**
- Community Based Permanent Supportive Housing (CA0829L9T042312): **#3**

While the Community Based Permanent Supportive Housing Expansion and COTS Rapid Rehousing HUD 2024 projects have been accepted for funding, they are currently placed in tier 2, thus funding is not guaranteed.

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Tom Bieri](#); [Zachary Rosemoore](#); pam@csn-mh.com
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: Community Support Network
Date: Thursday, October 10, 2024 11:35:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Tom Bieri
Community Support Network
1410 Guerneville Road #14
Santa Rosa, CA 95403

Dear Tom,

Thank you for submitting the following renewal applications in the FY 2024 CoC Competition:

- Stony Point Commons (Renewal): in the amount of \$63,666.00
- CSN Sponsor Based Rental Assistance (renewal) in the amount of \$327,217.00

I am writing to confirm that these projects have been **accepted at their full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Stony Point Commons Project (Renewal): **#4** on the Priority List
- CSN Sponsor Based Rental Assistance Project (renewal): **#7** on the Priority List

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at:

<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Jennifer Solito](#)
Cc: [Michael Gause](#); [Karissa White](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: Sonoma County Department of Health Services
Date: Thursday, October 10, 2024 11:38:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Jennifer Solito
Sonoma County Department of Health Services
1450 Neotomas Ave.
Santa Rosa, CA 95405

Dear Jennifer Solito,

Thank you for submitting the following renewal applications in the FY 2024 CoC Competition:

- Coordinated Intake Expansion Project (Renewal) in the amount of \$549,993.00
- Homeless Management Information System (HMIS) Expansion (Renewal) in the amount of \$327,157.00

I am writing to confirm that these projects have been **accepted at their full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Coordinated Intake Expansion Project (Renewal): **#9** on the Priority List
- Homeless Management Information System Expansion (Renewal): **# 10** on the Priority List

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White

Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Kelsey Price](#); [Joan Croft](#); [Marsha Lucien](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance: County of Sonoma District Attorney's Office
Date: Thursday, October 10, 2024 11:42:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Kelsey Price
County of Sonoma District Attorney's Office
2755 Mendocino Ave. Suite 100
Santa Rosa, CA 95403

Dear Kelsey,

Thank you for submitting the following new applications in the FY 2024 CoC Competition.

- RRH for DV Survivors - DV Bonus Funds Project (new) in the amount of: \$410,479.00
- Domestic Violence Rapid Re-Housing Project (Reallocation) in the amount of: \$271,008.00

I am writing to confirm that these projects have been **accepted at their full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Domestic Violence Rapid Re-Housing Project (reallocation): **#15**
- RRH for DV Survivors - DV Bonus Funds: **#12**

The projects have been accepted for funding through the CoC Bonus and is located in tier 2, thus funding is not guaranteed.

For a full priority listing of all projects scored within the local FY 2024 CoC Competition, please see the attached or visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/sonoma-county-homeless-coalition/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
Santa Rosa, CA 95405
Ph: (707) 565-4086



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From: [Thai Hilton](#)
To: [Jack Tibbets](#); [Helen Vohontseff](#); [Uriel Brena](#)
Cc: [Karissa White](#); [Michael Gause](#)
Subject: 2024 CoC Competition Notification of Project Acceptance & Project Reduction St. Vincent de Paul
Date: Thursday, October 10, 2024 11:48:00 AM
Attachments: [Sonoma County CoC Final Priority Listing 2024.pdf](#)
[image001.png](#)

Good Morning,

Please see the email below from Karissa White, Continuum of Care Coordinator.

October 10, 2024

Jack Tibbets
Society of St. Vincent de Paul Sonoma County
5761 Redwood Drive
Rohnert Park, CA 94928

Dear Jack,

Thank you for submitting the following renewal/new applications in the FY 2024 CoC Competition:

- St. Vincent de Paul Commons PSH (Renewal) in the amount of \$310,429.00
- Gravenstein Commons PSH (new) in the amount of \$ 267,737.00

I am writing to confirm that the St. Vincent de Paul Commons PSH Project has been **accepted at its full amount**, and ranked on the FY 2024 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- St. Vincent de Paul Commons Project (Renewal): **#11** on the Priority Listing

While this project has been accepted for funding St. Vincent de Paul Commons PSH (Renewal) is straddling tier 1 and tier 2, with a total of \$167,463.00 in funding in tier 2 and a total of \$142,966.00 in tier 1.

Additionally, the SVDP Gravenstein Commons PSH project was reduced by **\$35,933.00**, due to CoC Bonus Award amount exceeded the total award. Because of its ranking, listed below, the amount was reduced to align with the total award.

- SVDP Gravenstein Commons PSH (new): **#16** on the Priority Listing

The SVDP Gravenstein Commons PSH project has been accepted for funding through the CoC Bonus and is located in tier 2, thus funding is not guaranteed.

For a full priority listing of all projects scored within the local FY 2023 CoC Competition, please visit our website at: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/continuum-of-care-competition>

The full priority listing is attached for your reference. Please feel free to contact me with any

questions.

Sincerely,

Karissa White
Continuum of Care Coordinator
Sonoma County Department of Health Services
(707) 565-4080
Karissa.White@sonoma-county.org

Thai Hilton
Analyst: Coordinated Entry Coordinator
Sonoma County Department of Health Services-Homeless Services
1450 Neotomas Ave., Suite 200
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**SONOMA COUNTY
HOMELESS
COALITION**

Sonoma County 2024 Approved Priority Listing Continuum of Care Program

	Project	Score	Status	Rank	Amount Requested from HUD	Reallocated Funds
1	CoC Rental Assistance HIV/AIDS SCHA	76.08	Accepted	1	\$721,918	\$0
2	Mill Street Supportive Housing-WCCS	71.60	Accepted	2	\$106,744	\$0
3	Community Based PSH-COTS	69.78	Accepted	3	\$320,575	\$0
4	Stony Point Commons-CSN	69.41	Accepted	4	\$63,666	\$0
5	PSH-2 Catholic Charities	67.45	Accepted	5	\$806,167	\$0
6	Sonoma SCIL-Buckelew	64.64	Accepted	6	\$289,012	\$0
7	CSN Sponsor Based Rental Assistance	57.45	Accepted	7	\$327,217	\$0
8	WCCS-Elderberry Commons (auto-renewed)	NA	Accepted	8	\$290,828	\$0
9	County of Sonoma-Coordinated Intake Grant (auto-renewed)	NA	Accepted	9	\$549,993	\$0
10	County of Sonoma- HMIS Grant (auto-renewed)	NA	Accepted	10	\$327,157	\$0
11	St. Vincent de Paul Commons	55.40	Accepted	11	\$310,429	\$0
12	Family Justice Center RRH Bonus Project	86.8	Accepted	12	\$410,479	\$0
13	COTS Community Based PSH Expansion	87.6	Accepted	13	\$44,000	\$0
14	COTS Rapid Rehousing	95.66	Accepted	14	\$214,429	\$0
15	Family Justice Center RRH DV Reallocation	86.8	Accepted	15	\$271,008	\$271,008
16	SVDP Gravenstein Commons PSH	75.1	Accepted / Funding Request	16	\$267,737	\$0

			Reduced			
17	RRH for Vulnerable Survivors of DV		Fully Reallocated		\$0	(\$271,008)
18	CoC Planning Project Application FY2024	NA	Not Ranked	NA	\$207,734	\$0

3A-1a. Housing Leveraging Commitments

1. Housing Leveraging Commitments Coversheet (pg. 1)
2. Housing leverage commitment from COTS for the New COTS Rapid Rehousing HUD 2024 application (pgs. 2-3)
3. Housing leverage commitment from County of Sonoma's Family Justice Center DV Bonus and DV Reallocated application (pg. 4)

Date 9/16/2024

Subject: Clarification on COTS Property Management and HUD Grant Matching Funds

To: United States Department of Housing and Urban Development and Sonoma County Continuum of Care

Re: COTS Rapid Rehousing HUD 2024 New Project Application

COTS acts as a property manager for our housing units, ensuring that all properties are properly maintained, tenants' needs are met, and compliance with applicable regulations is upheld. In this capacity, we oversee all aspects of the units we manage. COTS is very clear, however, that a clear separation between property management and case management exists with no crossover in the provision of those services.

COTS is submitting this letter as a commitment from a housing provider to subsidize these HUD-funded units above and beyond the HUD grant requested. These funds are critical in supporting our housing program as they are used to ensure that 100% of the units under our management are subsidized. This allows us to maintain affordability for tenants and fulfill our commitment to providing stable housing.

The total amount of the request from HUD for this project is \$214,429 and COTS is providing matching funds of 25%, or \$53,607. It is difficult to provide an exact amount of the additional subsidies as it is predicated through participant necessity. This subsidy is not ESG or CoC funded, and not part of the promised matching funds included in the application.

Short-term subsidies will be available to assist households in meeting rent and utility obligations if a household cannot meet these financial obligations after receiving Rapid Rehousing financial assistance, which is generally provided in a step-down fashion over a defined period of months.

Subsidies will not exceed \$300 in any calendar month, and households are not eligible to receive this subsidy for more than three calendar months during their program enrollment. Households must demonstrate a recent financial hardship (like change in family status, decrease in income, or increase in expenses) to be eligible for this short-term subsidy. This subsidy benefit will be utilized in lieu of using additional Rapid Rehousing monies or any promised Rapid Rehousing match dollars to better stabilize households in these situations, and to more effectively utilize Rapid Rehousing resources.

Should the project funding be awarded by HUD, these subsidies will be available to program participants from July 1, 2025, to June 30, 2026, or the HUD approved contract term for 2025-2026.

I would also like to clarify that the matching funds for the HUD grant come directly from our general fund.

We trust that this explanation provides the necessary details regarding our property management role and the financial support provided.

Please do not hesitate to reach out if you need any further clarification or additional information.

Sincerely,

Chris Cabral

Chris Cabral
Chief Executive Officer
COTS
Ccabral@cots.org
740-501-1063

Signature:


Chris Cabral (Oct 8, 2024 16:53 PDT)

Email: ccabral@cots.org



September 19, 2024

ATTN: Sonoma County Department of Health Services (SCDHS)

LETTER IN SUPPORT OF THE FAMILY JUSTICE CENTER

To Whom It May Concern:

As Executive Director of SHARE Sonoma County, I would like to wholeheartedly extend my offer of support for The Family Justice Center and their proposal submission for both the Domestic Violence (DV) Rapid Rehousing (RRH) and RRH for DV Survivors-DV Bonus Funds.

SHARE has been in collaboration with the FJC for over four years, now, and witness firsthand the dedication, impact, and transformative work they have undertaken in serving Sonoma County's victims of crime, particularly survivors of domestic violence.

The Family Justice Center's proposed projects are a testament to their commitment to providing safe solutions for domestic violence survivors. SHARE would like to offer this letter in support of both projects and can easily commit to 25% of the proposed population served, which would be 12 individuals in the span of one year. Currently, SHARE annually houses on average 20 clients currently experiencing domestic violence referred to us through the Family Justice Center.

Thank you for your consideration. Should you require further information, please do contact me via my cell at 707-772-7262 or via email at amy@sharesonomacounty.org.

Sincerely,

Amy Appleton

Amy Appleton
Executive Director

Attachment 3A-2a

Healthcare Formal Agreements

1. Attachment 3A-2a Coversheet (pg.1)
2. Healthcare agreement for the County of Sonoma's Family Justice Center RRH for DV Survivors - DV Bonus Funds application (pg. 2)



09/20/2024

Family Justice Center Sonoma County – District Attorney’s Office
2755 Mendocino Avenue, Suite 100
Santa Rosa, CA 95403

I am writing to express our strong support for the Family Justice Center (FJC) of Sonoma County’s application for the **RRH for DV Survivors – DV Bonus Funds**. As part of this initiative, we are committed to offering in-kind mental health treatment to help these individuals rebuild their lives. SANE-SART, operating the North Bay Trauma Recovery Center, is a proud partner of the Family Justice Center of Sonoma County.

Our organization, SANE-SART, has a long-standing history of providing comprehensive mental health services to those in need. We understand the profound impact that domestic violence can have on an individual’s mental and emotional well-being. Therefore, we are dedicated to offering our expertise and resources to support the victims served by FJC Sonoma County. It is a wonderful partnership that allows us to make a meaningful difference in the lives of those affected by domestic violence. We provide in-kind mental health services: Individual Counseling and Crisis Stabilization which is tailored one-on-one sessions to address trauma, anxiety, depression, and other mental health issues resulting from domestic violence.

We believe that our collaboration with FJC Sonoma County will significantly enhance the support network available to domestic violence victims, providing them with the necessary tools to achieve long-term stability and well-being. We look forward to the opportunity to contribute to this vital initiative.

Respectfully,

Kari A. Cordero, RN, MS, PMHNP-BC, SANE-A/P
Executive Director, SANE-SART

Napa Solano SANE/SART gratefully acknowledges your donation.

Our tax identification number is: 68-0285816

Business Address: 1141 Pear Tree Lane, Suite 220 | Napa, CA 94558 | 707-666-2021

Office Address: 1261 Travis Blvd Suite 260, | Fairfield CA, 94533. | 707-920-2538

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