1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration):	CA-504 - Santa Rosa/Petaluma/Sonoma County CoC
CoC Lead Organization Name:	Sonoma County Continuum of Care Planning Group

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

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

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

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

Specify "other" legal status:

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

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

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	X
Other:	X

Specify "other" process(es):

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

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

3 members are appointed by HUD-entitlement jurisdictions to ensure consistency with other plans; 7 private sector seats achieve 70% representation. 2 seats are reserved for private funders, 2 for agencies serving the largest number, and 1 for an advocacy group. The Steering Committee appoints reserved seats, with confirmation by Continuum of Care Planning Group (CCPG) voters, along with election of 2 at-large seats, annually in April. Unfilled reserved seats can be elected at-large. Staggered 2-year terms with no term limits ensure turnover with consistency and make best use of limited expertise. This structure was developed during the 10-year planning process to streamline decision-making, while ensuring that HUD's prescriptions are met.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	X

Specify "other" process(es):

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

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The Sonoma County Community Development Commission (CDC) hosts the Continuum of Care Planning Group (CCPG) and shares the Continuum leadership role with the cities of Santa Rosa and Petaluma. This organizational infrastructure provides ample capacity for applying for McKinney-Vento funds and functioning as grantee whether the CDC should become the formal administrative entity for these purposes, or the CCPG, or some hybrid arrangement. The Steering Committee of the Continuum is examining these entity options in response to the HEARTH legislation and will likely implement any necessary changes in calendar 2010.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
HMIS Implementation Group	Monitors and implements all HMIS activities, including planning, policy development, data quality review, preparation of AHAR, participant agency training, outreach to new participants, creation and dissemination of reports, soliciting of input to ensure HMIS is responsive to the information needs of the field.	Monthly or more
Committee on Homeless Veterans	Increase resources and access for veterans to mental health, primary health, and substance abuse services and treatment; stabilize and increase transitional housing and permanent supportive housing for homeless disabled veterans. This committee launched Sonoma County Vet Connect, a successful and newly incorporated, veteran-led outreach and drop-in program offered weekly in numerous locations across Sonoma County, to link hundreds of homeless and at-risk veterans to VA, mental health, primary health, housing, and other services. The committee has provided key Sonoma County support to the North Bay Stand Down, and engaged many veteran-serving agencies in a central place to focus on the specific needs of homeless veterans.	Monthly or more
Mental Health/Alcohol & Other Drug Services Committee	Assist the hundreds of chronically homeless mentally ill people and chronically homeless people with addictions in Sonoma County, to access treatment and housing. Strategies include: developing policies and programmatic resources to ensure that clients are not being discharged into homelessness; expand lower-cost mental health resources such as internship, peer-counseling and mentorship programs, to assist the vast number of homeless needing mental health treatment who do not meet threshold criteria for County Mental Health services; develop proposals to create homeless-dedicated substance abuse treatment resources, create ¿gateway¿ housing or safe havens, linked to mental health or substance abuse treatment; and other strategies.	Monthly or more

CoC Training Partnership	Provide the homeless provider community with training and capacity building activities that will enable them to accomplish the CoC¿s 10-Year Homeless Action Plan goals. Projects include a Permanent Supportive Housing Technical Assistance Initiative; regular, ongoing staff training on best practices in service delivery; development of resources to support such training; and ongoing curriculum development. The Training Partnership has developed a funding proposal to build partnerships towards system-wide discharge planning; begun planning enhanced HMIS technical support; and supported 3 provider staff to receive SSI/SSDI Outreach, Access and Recovery (SOAR) training to enable the Sonoma County CoC to implement SOAR system-wide.	Monthly or more
Ending Family Homelessness Convening	Originated by the Community Foundation Sonoma County, the Ending Family Homelessness convening brought together five key agencies working with homeless families to explore best practices in resolving family homelessness, develop long-term plans, and support continual quality improvement towards the goal of ending family homelessness in Sonoma County. As the EFH convening began outreach to additional providers, the Ending Family Homelessness convening officially become a CoC project.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

The quarterly CoC Planning Group (CCPG) is the central address for planning around ending homelessness. Meetings include an informal special-interest lunch session; a 2-hour business meeting; and a training. Less often, the Safety-Net Committee held an initial meeting 8/3/09, and will offer informational sessions for case managers twice a year, plus regular updates on mainstream benefits at quarterly CCPG meetings. The Evaluation Committee meets twice a year to rank performance of CoC projects; determine whether any projects are under-performing and measures to take; and recommend any projects that should not be renewed.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

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

Community Support Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Drug Abuse Alternatives Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Face to Face	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Interfaith Shelter Network	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Interlink/Goodwill Industries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
The Living Room	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
National Alliance for the Mentally Ill	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	Seriously Me...
North Bay Vets Center	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
PEP Housing	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Petaluma, City of	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Redwood Community Health Coalition	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
River to Coast Children's Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Rohnert Park, City of	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Housing Opportunities West	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Santa Rosa Homeless Clinic	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Santa Rosa Economic Development and Hou...	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Housing Authority of the City of Santa Rosa	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Social Advocates for Youth	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Sonoma County Adult & Youth Development	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth

Sonoma County Alcohol & Other Drug Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Sonoma County Department of Health Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
So. Co. Human Services Commission	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
So. Co. Human Services Dept.	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
So. Co. Task Force for the Homeless	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
So. Co. Veterans Service Office	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans
So.Co. Community Development Commission	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
So.Co. Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Sonoma County Mental Health (includes Community...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Social Security Administration, Santa Rosa Regi...	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
St. Joseph Health System	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of the Wine Country	Private Sector	Funder ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Veterans Administration Medical Clinic	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Sonoma County Vet Connect	Private Sector	Other	Committee/Sub-committee/Work Group	Veterans
Veterans for Peace	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Volunteer Center/Information & Referral	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Vietnam Veterans of America	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Vietnam Veterans of California - North Bay Vete...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans
Women's Recovery Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
YWCA of Sonoma County	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...

Ca. Human Development Corp. (incl. Healdsburg L...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
City of Santa Rosa Neighborhood Revitalization ...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Russian River Winter Shelter Project	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Veterans Village	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans
North County Community Services	Private Sector	Non-pro...	None	NONE
Petaluma People's Service Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Redwood Gospel Mission	Private Sector	Faith-b...	None	NONE
Russian River Counselors	Private Sector	Non-pro...	None	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
West County Community Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
West County Health Centers	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Housing Advocacy Group	Private Sector	Funder ...	None	NONE
Jewish Family & Children's Service	Private Sector	Non-pro...	None	NONE
La Luz Center	Private Sector	Non-pro...	None	NONE
Assembly Member Noreen Evans, 7th Assembly Dist...	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Greg Guidry	Individual	Homeles...	Committee/Sub-committee/Work Group	Veterans
Andy Pyburn	Individual	Homeles...	Committee/Sub-committee/Work Group	Veterans
Ekaterina Rumyantser	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...

Rocky Haines	Individual	Homeles...	Committee/Sub-committee/Work Group	Veterans
Sonoma County Office of Education	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	Youth
Joe Seefried	Individual	Formerl...	Committee/Sub-committee/Work Group	Veterans
Tom Benton	Individual	Formerl...	Committee/Sub-committee/Work Group	Veterans
David Skuljan	Individual	Homeles...	Committee/Sub-committee/Work Group	Veterans
Harold Bisby	Individual	Homeles...	Committee/Sub-committee/Work Group	Veterans
Telecare	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Sonoma County Public Health	Public Sector	Local g...	None	NONE
Sonoma County Adult & Aging Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Despite the upheaval of budget cuts, with extraordinary effort the number of emergency shelter beds in Sonoma County has remained about the same. New homeless families continue to enter the homeless service system, but fewer families in the 2009 Count indicate a re-evaluation of unmet needs is in order. The YWCA reallocated Safe House beds to single women, resulting in the loss of 1 DV bed but a more appropriate allocation. The Cloverdale Community Outreach Committee added 4 family beds and 3 individual beds. In anticipation of the Brookwood Shelter's closure in June 2009, Catholic Charities changed its Russell Avenue Shelter to 30 family beds. The Brookwood beds will be replaced by 40 new beds at Samuel Jones Hall.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

There are no Safe Haven Beds in Sonoma County.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Sonoma County's stock of transitional housing is slowly expanding in response to the losses of previous years and the acknowledged need: in the last year 33 beds have been added, 31 beds for families and 2 beds for individuals. After long experience, providers are moving toward using individual apartments for family transitional housing rather than shared family housing, often with assistance from the Sonoma County Housing Authority's HOME TBA voucher program. The expansion this year is despite the fact that 5 Catholic Charities beds were unavailable during the survey period, because the landlord had taken a unit off the market. These beds were recently added back, as were 8 new HOME TBA transitional beds in the U period.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

An small gain of 38 permanent supportive housing beds is due primarily to 2 supportive housing providers clarifying that 141 beds listed previously were not homeless-dedicated: 18 beds for developmentally disabled individuals and 123 board and care beds for mentally ill individuals were eliminated from this listing. In a few cases PH beds were either reclassified as transitional (and not lost to the system), or clients no longer needed services therefore resources were reallocated. These losses were offset by 179 new beds, including: Buckelew Programs Samaritan Project, COTS Vida Nueva family permanent supportive housing and second Integrity House, YWCA's Adobe Project expansion, and expansions to Shelter Plus Care programs.

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/22/2009

Attachment Details

Document Description: Housing Inventory Chart 2009

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/31/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, Training, HMIS

Must specify other:

Once HUD's requirements for the current HIC are announced, the CoC Coordinator conducts an after-the-fact survey, looking back to a single night in the 10-day period in January, specified by HUD for the survey. In this case, the survey gathered information for each of the three types of inventory (current, new, and under development) as of their respective end dates (1/31/2008 for current inventory, 1/31/2009 for new inventory, and the CoC competition deadline for inventory under development). The Coordinator compiles inventory reports by facility based on the prior inventory and HMIS bed lists and/or the sheltered homeless census compiled as part of the 2009 PIT Count effort. Inventory reports are emailed (and in some cases, mailed by postal service) to providers with a request for updates. An email reminder is sent to all who do not respond within 10 days, and additional follow-up by telephone is conducted with all remaining providers until 100% of providers are reached and have responded. Any further discrepancies are discussed and answers confirmed by telephone. The HIC is then posted on the local CoC listserv along with Exhibit 1 and reviewed by members for accuracy, prior to submission.

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The 2009 Count established a new baseline; due to the much larger number of homeless found, unmet housing needs had to be recalculated. The CoC Coordinator drafted several iterations for Steering Committee review, using the HUD unmet need tool informed by past provider opinion and key survey questions, as well as the housing inventory, for overall and subpopulation analyses. The Steering Committee approved a preliminary unmet needs statement; however changes from previous counts indicate possible major policy shifts, so an in depth working group will examine unmet need in the next few months. AHAR data and the 2010 sheltered count will be incorporated into this process to better understand the impact of the recession on homelessness.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	CA-504 - Santa Rosa/Petaluma/Sonoma County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	09/01/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	HMIS unable to generate unduplicated count of homeless persons, Inadequate staffing, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

Inadequate staffing/resources: Most local funders now require HMIS participation. But tiny providers in far-flung communities have limited staff and technical capacity. A local technical assistance initiative is consulting with the HMIS, towards providing basic technical support and computer training to under-resourced agencies.
Low participation: Desired HMIS bed coverage has been stalled by faith-based shelters without the resources needed to participate. Although Sonoma County's largest faith-based shelter has indicated interest, they currently do not have enough staffing to perform data entry.
Legacy data systems: Some technically savvy organizations still prefer legacy data systems to HMIS. These organizations don¿t evidence much enthusiasm for HMIS.
Unduplicated count of homeless: There are large numbers of unsheltered homeless individuals living in geographic areas where few services exist, not to mention HMIS capacity.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Sonoma County Community Development Commission
Street Address 1	1440 Guerneville Road
Street Address 2	
City	Santa Rosa
State	California
Zip Code **Format: xxxxx or xxxxx-xxxx**	95403
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Ms.
First Name	Cristin
Middle Name/Initial	
Last Name	Tuider
Suffix	
Telephone Number: (Format: 123-456-7890)	707-565-7524
Extension	
Fax Number: (Format: 123-456-7890)	707-565-7557
E-mail Address:	ctuider1@sonoma-county.org
Confirm E-mail Address:	ctuider1@sonoma-county.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	76-85%
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

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

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	14%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	1%	0%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	1%	9%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The HMIS system administrator has designed and distributed data quality reports, and trained participating agencies to run them monthly to identify data quality issues. The system administrator provides 1-1 technical assistance on data quality to participating agencies; this is announced at quarterly CCPG meetings and in bi-annual HMIS sessions of the Steering Committee. Provider HMIS data quality is examined annually and included in evaluation of renewal projects.

Note: 2G, validation of off-site storage of HMIS data is done daily. Data is aggregated to a central location daily. For 2H, trainings are offered on call and as required, more than monthly. For both, we state monthly because it is the most frequent option offered.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

In 2007-08, the CoC Coordinator assisted HMIS participating agencies to develop common and consistent criteria for determining programmatic definitions of entry and exit. Information sharing helped agencies to create local procedures as needed in the context of a common practice.
Ongoing, one-to-one on-call training has enabled several agencies to refine their use of HMIS so that it reflects the reality of how clients move through the system. Extensive 1-1 training is the chief method of ensuring valid program entry and exit dates are recorded.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	04/08/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/23/2009

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

Households with	Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	59	104	2	165
Number of Persons (adults and children)	177	305	6	488

Households without	Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	306	214	2,142	2,662
Number of Persons (adults and unaccompanied youth)	327	216	2,216	2,759

All Households/	All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	365	318	2,144	2,827
Total Persons	504	521	2,222	3,247

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	57	922	979
*** Severely Mentally Ill**	285	866	1,151
*** Chronic Substance Abuse**	159	1,199	1,358
*** Veterans**	109	267	376
*** Persons with HIV/AIDS**	11	87	98
*** Victims of Domestic Violence**	69	311	380
*** Unaccompanied Youth (under 18)**	5	87	92

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

How frequently does the CoC conduct a point-in-time count?	Biennially
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/31/2010

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

Emergency shelter providers:	100%
Transitional housing providers:	100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Sheltered data collection involved identifying and contacting as many agencies as possible that temporarily house homeless people, and requesting those agencies fill out an online Survey to report the number of homeless individuals and families they sheltered on the night of January 22nd, 2009. Data from Shelters (emergency and transitional) only were included in 2I. In addition data was collected from jails/police departments, drug and alcohol rehabilitation facilities, hospitals, and agencies that housed homeless people with motel vouchers and other agencies. Shelter facilities then reported their occupancies for the night prior to the Street Count to the CoC¿s consultant, Applied Survey Research. ASR went through a verification process to ensure the Survey was filled out appropriately. Finalized data was also compared to the known capacities of each program to eliminate any discrepancies.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The 2009 point-in-time sheltered count documented 1,025 homeless people in Sonoma County, compared to 782 counted in 2007 ¿ overall, a 31% increase over the number of sheltered homeless people reported in 2008. The growth in the sheltered homeless population took place during a year in which emergency and transitional shelter beds increased by only 3% (35 beds). The difference supports shelter providers¿ reports of being full to capacity for most of the winter, with longer waiting lists than they¿d ever seen.
In emergency shelters, the number of individuals in families increased over 2007 by only 2 persons (essentially no change), but the number served in transitional housing increased by 105 people, or 53%, over the 2007 Count. The number of single adults in emergency shelters increased by 49 people, or 18%, and by 87 people or 67% over 2007 in transitional housing. This increase was partially accommodated by the net gain of 35 beds, and the nightly operation of a winter shelter in Guerneville (as opposed to a shelter that only opened on the ¿worst nights¿ in 2007).
The significant increase in numbers, and the higher occupancy than that reported in 2008, appear to be linked to the recession. It is also possible that engaging a research consultant for the 2009 PIT Count resulted in a more complete and accurate sheltered census than we achieved in the 2007 PIT Count.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	Random Sample
Provider expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

A 600-person Survey was conducted to yield subpopulation data about both sheltered and unsheltered homeless in Sonoma County. The same Survey was used in both shelter and street environments. Our consultant, Applied Survey Research, trained homeless workers and service providers to conduct survey; trainings included instruction on respondent eligibility, interviewing protocol, and confidentiality. To ensure confidentiality and privacy, service providers conducted the Surveys in shelters. No self-administered Surveys were accepted. Homeless workers were compensated at $5.00 per completed Survey; a $5.00 pre-paid phone card or grocery card was offered as a participant incentive.
Survey workers employed a randomized ¿every third encounter¿ approach. Survey workers maintained a record of the number of refusals, generating a Survey response rate of 92%.
To ensure representation of shelter and transitional housing residents, quotas were created by program. Typically, program staff conducted Surveys in shelters and transitional housing. 35% of Survey respondents were sheltered homeless, giving an accurate representation of the Census findings, as 32% of homeless persons identified were sheltered. Based on a census of 3,247 homeless persons, the 600 Surveys represent a confidence interval of + / - 4% with a 95% confidence level when generalizing the results of the Survey to the overall homeless population in Sonoma County, given the random sampling approach used.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Only the number of sheltered youth, and of sheltered people living with HIV, have remained about the same as in 2007. All other subpopulations recorded big changes up or down from 2007. This is mostly due to changing methodology: in 2007, providers used case notes to complete surveys on all clients; in 2009, sheltered and unsheltered subpopulation data was collected with a randomized sample survey. The main difference is self-reporting. Therefore in 2009 we see significant decreases in reports of chronic substance abuse (-44%), of domestic violence (-61%), and of the factors that add up to chronic homelessness (-28%). These big decreases are in areas where stigma or denial could discourage self-identification.
The 54% jump in individuals reporting mental illness argues against the stigma/denial theory, except that new mental health services for sheltered homeless (supported through California¿s Mental Health Services Act) began in early 2008. Mental health assessment and linkage with treatment have eliminated some stigma in self-reporting mental health problems. Perhaps more questions about mental health diagnoses also coaxed a higher response.
Lastly, the number of sheltered veterans increased 126%. The advent in 2008 of Sonoma County Vet Connect¿s outreach, and shelter staff efforts to ensure veteran status is recorded in HMIS, may be responsible for this jump.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	X

If Other, specify:

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the Survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual. Overall, the interviewers experienced excellent cooperation from respondents. This was likely influenced by the fact that nearly all of the street interviewers were homeless workers who had previously been, or were now, fellow members of the homeless community. Another reason for interview cooperation may have been the gift of the pre-paid phone card or grocery card, which was given to respondents upon the completion of the interview.

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

In order to avoid potential duplication of respondents, the Survey requested respondents¿ initials and date of birth, so that duplication could be avoided without compromising the respondents¿ anonymity. Upon completion of the Survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents¿ date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the Survey. It was determined that 8 Surveys were duplicates. This left 600 valid Surveys for analysis.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:	X
Public places count with interviews:	
Service-based count:	
HMIS:	
Other:	X

If Other, specify:

To more accurately profile homeless youth in Sonoma County, a Youth Outreach plan was developed for the Census and Survey. The youth component of the street Census occurred in the afternoon on the day of the Census, because youth workers believed the general daybreak enumeration would miss homeless youth. Afterschool hours were considered the best time to send out youth teams. The plan included recruiting and training homeless youth for the Census and Survey; conducting the Census in the late afternoon; using youth-only teams to enumerate homeless youth; using youth interviewers to survey homeless youth; supervising youth Census and Survey workers with youth advocates; analyzing homeless youth Census data to avoid general Census duplication. Community volunteers were assigned to drive youth teams to areas where homeless youth were likely to congregate.
From deployment sites in Santa Rosa and Petaluma, volunteer and agency drivers shuttled youth teams to malls, parks, downtown areas, encampments, abandoned buildings and other outdoor areas to count unaccompanied homeless youth. Youth teams were asked to identify homeless youth from general youth (which they said they could easily do) and categorize them to the best of their ability in age categories under the age of 18, 18- 22, and 23- 27. Individuals between the ages of 18-27 identified in the youth Census were not included in the youth reporting, but were added to the general unsheltered Census results. Youth enumerators were confident that these persons would not have been seen in a daybreak count, a conclusion that is supported by the few youth actually seen at daybreak. The research team felt that any duplication of the young adults found in the youth Census was unlikely to be significant.

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

To avoid duplication of unsheltered and sheltered people, enumeration was done in the early morning, before sheltered people would be on the street. Volunteers transported paid homeless enumerators to and from all 86 Census tracts in Sonoma County. All publicly accessible places in the assigned tract were traveled by foot, bike, or car. Homeless persons were counted and tallied according to observed categories: Adult Male, Adult Female, Youth under 18, undetermined gender, Individual vs. Family. Notations were made of people sleeping in vehicles, encampments, abandoned buildings, and park ranger reports.
Because unaccompanied youth rarely co-mingle with adult homeless, teams of homeless and formerly homeless youth enumerated unaccompanied homeless youth. Each team was given a geographic boundary instead of a Census tract map, and counted when homeless youth were visible, 2:00-6:00 pm. Teams recorded the nearest intersection to where homeless youth were found, to reference location back to the Census tract.
To avoid duplication of Surveys without compromising respondents¿ anonymity, the survey requested respondents¿ initials and date of birth. Following the Survey effort, an extensive verification process eliminated potential duplicates, examining respondents¿ date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the Survey. 8 Surveys were duplicates, leaving 600 valid Surveys for analysis.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC has also worked with the Sonoma County Office of Education's McKinney-Vento program to make sure homeless children are identified and ensured their rights in attending school, to educate district homeless liaisons about services for homeless families, and to engage them in the homeless count. Six-month family shelter stays give residents a better shot at exiting to stable housing. Children are now screened for a range of risks in all family shelters and referred to appropriate services. Outcomes assessment has resulted in a solid improvement in exits to permanent housing throughout this CoC.
Unsheltered families with children typically need no outreach to access Sonoma County family shelters. But in rural areas without family shelters such as western Sonoma County, outreach is still needed. The persistent belief that Child Protective Services will take children away based on homeless status alone means some families go to great lengths to remain undetected; in the 2009 PIT Count, only 2 unsheltered families were seen despite a census with 100% geographic coverage. Unsheltered families with children turn to churches and the police, who in turn refer them to service providers. Motel vouchers are available for short stays as possible; these families are prioritized for homeless prevention supports.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

For several years, community health outreach workers (CHOWS) from 7-8 agencies have collaborated on joint street outreach. Every Wednesday afternoon, staff from the Drug Abuse Alternatives Center, Face to Face, North Bay Veterans Resource Center, Social Advocates for Youth, Sonoma County Mental Health Community Intervention Team, Interlink, and Southwest Health Center have gathered food and blankets, and set up an informal multi-service center in Santa Rosa parks, soup kitchens, and needle exchange sites. The group worked to engage and re-engage homeless individuals who were averse to services. Despite increasing needs as the recession has deepened, service agencies have suffered major cuts and have lost outreach staff. Once their agencies adjusted to thinner staffing the CHOWS have resumed regular joint outreach sessions in October 2009.

At the same time, Sonoma County Vet Connect¿s veteran outreach program has grown. Homeless and other volunteer veterans have provided a weekly drop-in program in Santa Rosa since May 2008, linking dozens of homeless veterans with services every week. In addition to the formerly-homeless veterans who engage veterans on the street, the Sonoma County Veterans Service Office, the VA Medical Clinic, and North Bay Veterans Resource Center are present to enroll veterans in services. In its first year, Vet Connect served more than 300 homeless veterans in its clinics in Santa Rosa, Guerneville, Sonoma, and Petaluma.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

A total of 2,222 unsheltered homeless people were enumerated on streets within the 86 Census tracts of Sonoma County, compared to 532 counted in 2007. The 2009 figure is more than four times the number counted in 2007. While many service providers noted increased demand, and homeless people reported many new homeless faces on the street, the increased total has more to do with a new survey method. The methodology employed in the 2009 study was significantly different from previous homeless counts conducted in Sonoma County and represents the state of the art in such studies, having been profiled in HUD¿s Guide to Counting Unsheltered Homeless People (2008). The results have set a new baseline to support local efforts to end homelessness. Sonoma County¿s research consultant, Applied Survey Research, has found that in communities they had surveyed repeatedly with the same methodology, the number of homeless individuals had not increased dramatically by the time of the 2009 PIT Count. Only a very few of those surveyed (1.3%) mentioned foreclosure of their own property as a cause of their homelessness, while 4.5% responded that their landlord took their home off the rental market for whatever reason, including foreclosure. Because the methodology is so different from that used in the past, only shelter data can be reasonably compared to previous counts.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

21 beds have been added in recent months. Based on the PIT Count and Sonoma County Vet Connect data, at least 26 of the 35 VASH units funded in 2009 will house chronically homeless veterans. Sonoma County Mental Health has directed State Mental Health Services Act funds towards 24 beds in construction at Fife Creek Commons and Windsor Redwoods; these will serve largely homeless, severely mentally ill people, with 50% projected to serve chronically homeless individuals. Cloverdale Community Outreach Committee's SHP-funded Supportive Housing project will open, serving 4 chronically homeless individuals. COTS will expand its Integrity House program, which serves 30% chronically homeless individuals. Lastly, the Sonoma County Housing Authority continually strives to extend its Shelter Plus Care programs to house new chronically homeless individuals. Jointly, Sonoma County agencies will add at least 45 new permanent housing beds for the chronically homeless in the next 12 months.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC applies annually for PSH funding for the chronically homeless, has determined cost-efficient ways to use bonus funds in high-cost Sonoma County (leasing or rental assistance), and trains providers in master leasing. So. Co. Community Development Commission funds Community Housing Sonoma County's mission to build homeless services provider capacity to own/operate supportive housing. CHSC partners with agencies to develop supportive housing; the CoC Training Partnership is formalizing a broader training effort. CHSC plans to develop 300 units of supportive housing in the next 8-10 years as its contribution to 10-year plan goals. State Mental Health Services Act funds are locally designated for severely mentally ill homeless or at risk people; staff project 50% of new units to serve the chronically homeless. Lastly, Sonoma County's 10-year plan goals and committees address linkage to services and garnering needed services dollars to serve its chronically homeless population.

How many permanent housing beds do you currently have in place for chronically homeless persons?	188

How many permanent housing beds do you plan to create in the next 12-months?	254
How many permanent housing beds do you plan to create in the next 5-years?	443
How many permanent housing beds do you plan to create in the next 10-years?	643

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

For 3 years, 80% or more of persons in our permanent supportive housing programs have remained for at least 6 months. Providers use a recovery approach that encourages mutual support; referral to community resources increases self-sufficiency and meaningful activity, which contribute to overall stability. Practices include staff support at intake to determine functioning and to ensure a fit; rental and deposit assistance; assistance with benefits; unlimited access to case managers; living skills education; encouragement of a family-like community; regular house meetings; interventions to prevent evictions; collaboration with County Mental Health to maintain psychiatric stability; outreach to housing developers and landlords to further master-leasing; interfacing with landlords/neighbors to address concerns; educating clients on being good tenants/neighbors; ongoing screening of potential properties (and annual inspections), including a vacancy listing updated weekly.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Sonoma County CoC has achieved consistently high housing retention by adopting system-wide measurement of the % of homeless persons remaining in permanent housing for at least 6 months, through its 10-year plan. Maintaining high achievement will require ongoing use of the practices mentioned above. As the number of CH beds expands, providers are seeking additional funds to best serve very challenging clients. Sonoma County¿s 10-Year Homeless Action Plan called for initiatives to increase client income via employment of homeless individuals and improve access to benefits. Plans include building partnerships with Sonoma County JobLink and the State of California Department of Rehabilitation, to assist permanent supportive housing residents to become meaningfully productive and self-sufficient. Lastly, the planned implementation of a SOAR initiative in 2010 will help to create stable income and health coverage for Sonoma County¿s disabled homeless.

What percentage of homeless persons in permanent housing have remained for at least six months?	80
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	80
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	80
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Since this measure was introduced in 2004, the Sonoma County CoC has consistently ensured the exit of at least 66% of persons moving from transitional to permanent housing -- in some years exiting more than 80% to permanent housing. One key to success has been the State Mental Health Services Act-funded Community Intervention Program, which has provided mental health assessment at emergency shelters and drop-in centers. Another has been establishing standards of tenant education as well as mentoring for those in transition to independent housing. Transitional housing providers address the root causes of homelessness such as chemical dependency, mental health issues, childhood and adult trauma and neglect. Some transitional housing providers have implemented innovative client retention strategies. Most of all, beginning from intake, both providers and clients organized their efforts around the goal of an exit to permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Sonoma County CoC has achieved consistently high rates of exit to permanent housing by adopting system-wide measurement of the % of homeless persons exiting transitional housing to permanent housing, in its 10-year plan. Maintaining high achievement will require ongoing use of the practices mentioned above. The partnership of providers and clients in focusing on a successful exit to permanent housing right from the start cannot be overemphasized. Sonoma County Mental Health has invested new resources into ensuring mentally ill homeless who meet the criteria for public services receive the services and housing they need. The most daunting challenge to maintaining this high achievement is the long-term loss of support for substance abuse treatment. The CoC will continue working in partnership with the County Division of Alcohol & Other Drug Services to provide needed treatment resources to more than 1,350 homeless individuals struggling with chronic substance abuse.

What percentage of homeless persons in transitional housing have moved to permanent housing?	82
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

For the past 4 years, the % of people employed at program exit in Sonoma County has remained high above HUD¿s threshold of 20% -- reaching as high as 41% this year. The most important factor in local providers' focus on employment income has been the extremely high cost of living here. The Sonoma County Living Wage Coalition estimates a worker needs to earn at least $14.90/hour to afford housing in this community. Therefore providers have put much effort into employment skills and counseling, assistance searching for jobs and preparing for interviews, partnerships with JobLink and the Dept. of Rehabilitation, and new workforce development programs. This focus only intensified during 2000, when local unemployment exceeded 10%: providers have been very proactive in assisting homeless clients to access ARRA-originated employment opportunities.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Sonoma County CoC has achieved consistently high rates of people employed at program exit by adopting system-wide measurement of the percentage of homeless persons exiting with employment income in its 10-year plan. Maintaining high achievement will require ongoing use of the practices mentioned above; Sonoma County's 10-Year Homeless Action Plan includes 2 major initiatives regarding homeless client income: in the coming year, the CoC will undertake a system-wide SOAR initiative to at least double the percentage of homeless individuals with disability income. Once the SOAR initiative is established, the CoC will convene sessions with Sonoma County JobLink, the State Dept. of Rehabilitation, and non-profit supportive employment service providers, to set goals and standards in assisting homeless clients to increase income, self-sufficiency, and a sense of meaning through employment.

What percentage of persons are employed at program exit? 41

In 12-months, what percentage of persons will be employed at program exit?	40
In 5-years, what percentage of persons will be employed at program exit?	40
In 10-years, what percentage of persons will be employed at program exit?	40

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

In 2008, the Community Foundation Sonoma County convened an Ending Family Homelessness (EFH) Initiative, bringing together its 6 funded agencies, which provide the majority of local services for homeless families. Participants explored shared understandings of what it takes to end family homelessness, and jointly developed system-wide goals to provide families with the personal resources they need to end their homelessness (in addition to external factors such as jobs and housing). The participating agencies have developed work plans and outcomes assessment consistent with the group¿s overall efforts in strengthening family self-sufficiency, improving the health of the family unit, and developing healthier relationships and support systems. Now adopted as a CoC working group, the EFH Initiative is currently engaged in researching effective interventions and other best practices with the goal of opening participation to all agencies serving homeless families in 2010.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Since 2001, Sonoma County has experienced a precipitous and difficult-to-explain decrease in the number of homeless households with children. In 2001, 291 families were counted, 67% unsheltered and making up 48% of all homeless. In the 2007 PIT Count, only 149 families were found, 43% unsheltered and making up 32% of all homeless. This startling result led to adoption of a more sophisticated count methodology; the more global 2009 PIT Count just confirmed the trend: 165 families were found, 99% sheltered and making up just 15% of all homeless. Provider commitment to ending family homelessness and the development of new affordable or permanent supportive housing options for homeless families have certainly played a role in this decline. The high cost of living may be driving families out of Sonoma County before they actually become homeless. The strategic efforts of the EFH Initiative are designed to conclusively end family homelessness in Sonoma County within the next 10 years.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	165
In 12-months, what will be the total number of homeless households with children?	149

In 5-years, what will be the total number of homeless households with children?	85
In 10-years, what will be the total number of homeless households with children?	5

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The County Human Services Department Children & Families Division (SCHSD); the CoC; Social Advocates for Youth (SAY); & youth-led VOICES are key partners in preventing exits of foster youth to homelessness. SCHSD offers an Independent Living Program (ILP), which teaches daily living skills, money management, decision making, & building self-esteem, and offers financial assistance with college or vocational schools, educational resources, transitional housing, & employment. Many youth move to the ILP Transitional Housing Placement Program or Transitional Housing Plus programs, which provide foster and probation youth affordable housing and comprehensive services. A Life Long Connections program links adults willing to establish a committed relationship with a foster youth, sometimes leading to discharge to the adult's home.
The big gap is with foster and probation youth who leave the system early, without supports. SCHSD's commitment to safe, stable housing for all exiting youth led to a 2008 convening of youth-serving partners, and to adoption of the VOICES (Voice Our Independent Choices for Emancipation Support) model. A youth-led VOICES center opened in April 2009, employing former foster youth, co-locating youth services, and helping transitional youth ages 16-24 find housing and work, develop life skills & navigate public agencies. VOICES leaders worked with SAY to conduct the first Homeless Youth Count in 2009; this data will inform future housing & services.

Health Care:

A grassroots Health Care for the Homeless Collaborative (HCHC) has partnered with the County's 3 major hospitals and most of its health centers. Chaired by St. Joseph Health System (SJHS) and staffed by the Task Force for the Homeless, HCHC aims to give homeless people access to primary, mental, substance abuse, and oral health care. HCHC has designed screening/care standards and an interdisciplinary case management system, and plans to use patient-owned portable electronic medical records. Hospital discharge to homelessness is a key concern: 1,300 homeless use emergency rooms for their medical care, often returning with complications that interrupt efforts to become housed and increase community health costs.
SJHS supports 5 Nightingale beds in Santa Rosa and respite beds at the Mary Isaak Center in Petaluma, using Sonoma State University and Santa Rosa Junior College nursing interns. Kaiser Permanente has just funded Catholic Charities (with HCHC, the CoC, Community Action Partnership, and COTS) to impelement a Regional Community Based Respite Program (RCBR). RCBR will improve facilities and services at Nightingale & a regional respite network will be created. A nurse intake coordinator will link patients with shelters, and with medical providers to establish a primary care home. Homeless patients will discharge from hospitals to safe supported housing, appropriately staffed for their healthcare needs & resulting in better long-term health outcomes.

Mental Health:

Sonoma County Mental Health (SCMH) and the CoC have developed strategies to prevent exit to homelessness from SCMH¿s 23-hour overnight facility, Psychiatric Emergency Services (PES). SCMH¿s long commitment to mentally ill homeless is most recently evidenced by the Community Intervention Program (CIP), which provides mental health assessment, street/shelter outreach, benefits advocacy, & case management to over 1,000 homeless per year.
With its short stay, anyone who exits PES homeless is homeless at entry. For SCMH-enrolled clients, case managers are informed on entry; PES staff/case managers address their housing needs that day. Contracted beds at Opportunity House and at SCMH¿s Crisis Residential facility allow access to housing with mental health support.
About 50 clients whose crisis does not stem from severe mental illness, exit PES homeless each year. SCMH and the CoC are committed to 5 strategies:
1) consumer mentors to assist those exiting PES to connect with substance abuse treatment and housing (including a ¿warm line,¿ in-person contact, and incentives for complete referrals);
2) coordination between CIP and PES to ensure exiting clients access appropriate services;
3) enhanced relationship between PES and substance abuse treatment providers;
4) expanded peer support and use of interns by homeless providers; and
5) seeking funding for engagement and case management for mentally ill homeless individuals who do not meet County target criteria.

Corrections:

The County Sheriff, District Attorney, and Superior Court have long partnered with County Health Services in offering diversion, alternative sentencing, in-custody, probation, and parole mental health and substance abuse treatment programs. County Mental Health operates a mental health probation program and a Jail Mental Health program, providing discharge planning, mental health services, housing resources, and case management. The vast majority of County alcohol/other drug treatment services are funded as criminal justice treatment options, as a key discharge strategy for both drug offenders and those whose substance abuse issues led to other offenses. Most recently the Superior Court has partnered with Project Intercept to create a ¿Court Homeless Protocol,¿ sentencing largely homeless offenders facing a range of misdemeanor & non-violent felony charges into treatment, and ensuring transfer to designated re-entry and housing providers only.

Jail and prison capacity, and appropriate discharge, are issues both locally and statewide. In 2007 the State passed legislation providing funding for ¿secure reentry¿ beds. This year the Sonoma County Board of Supervisors named as a top legislative priority, the recognition of its planned Community Corrections Center as a facility eligible for such re-entry funding. This minimum security residential facility will offer a range of re-entry focused social services, designed both to address criminal risk and to avoid homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	To promote new and existing day centers, emergency shelters, transitional housing facilities and services that will coordinate and improve the continuum of care system for homeless residents of Sonoma County. Provide day center services, emergency shelter beds, and transitional housing with supportive services to homeless persons, some with special needs. Provide mental health, other health and social services, counseling, employment training, education, childcare, parenting education, substance abuse treatment, domestic violence intervention, self-sufficiency skills, and transportation assistance, to homeless persons living on the streets or in emergency shelters, including outreach to the street homeless and assessment of individual and family needs. Some of the assisted persons will be from special needs subpopulations.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Sonoma County and the City of Santa Rosa wished to achieve savings by operating a joint program, so program design was brought to the primary forum for collaboration between City and County: the CoC and its Steering Committee. HPRP was discussed at Steering Committee meetings on 2/24/2009 and 3/31/2009, so Steering Committee recommendations could be incorporated in HPRP program design. With the length of the economic downturn still unknown, the Steering Committee recommended setting aside a portion of HPRP funds, to determine after 3-6 months where the need was highest; and suggested contracting with agencies already providing prevention and tenant-based rental assistance services.

Public comment was gathered at the CoC Planning Group meeting on 4/16/2009. The CoC Coordinator was continually involved as the HPRP program took shape: participating in planning the joint City/County HPRP program; assisting in development of a Request for Qualifications, a housing barrier screen and other instruments; and acting as point of contact for applicants. The Coordinator helped rank qualifications; assisted designated bodies in choosing a contractor; and provided feedback to applicants. Reports on HPRP were presented at CCPG meetings 8/27/2009 and 10/15/2009. Lastly, eligible uses of HPRP funds were discussed at CoC working groups between February and October 2009, to ensure that HPRP is used to address 10-Year Plan prevention and re-housing goals.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Coordination on Neighborhood Stabilization Program: The CoC Coordinator was consulted on the design of the local NSP initiative to ensure consistency with CoC and 10-Year Plan goals of increasing housing options for homeless individuals and families. NSP was discussed at the Continuum of Care Planning Group meeting, January 15, 2009 and CoC participating agencies were invited to meetings to discuss NSP both at the CoC Planning Group meeting and via the CoC listserv. The City of Santa Rosa joined Sonoma County in a joint application to the State of California for NSP matching funds. That application, and Sonoma County¿s entitlement NSP program, both focus on assisting non-profit agencies to purchase foreclosed properties with the intention of creating housing for very low-income and homeless individuals. In addition and consistent with the joint application, the City of Santa Rosa has separately applied to the State of California for NSP funds, to acquire and redevelop foreclosed residential properties with multifamily housing that is restricted for households at 30, 50, and 60% of area median income.

Coordination on CDBG-R: The recipients of Sonoma County CDBG-R funding reflect the longstanding and ongoing coordination between Consolidated Plans, CAPERs, CoC goals and 10-Year Plan goals in Sonoma County. Some CDBG-R funds were provided to CoC participating agencies that had applied for assistance during the regular CDBG funding round, but limited resources meant they could not be funded. These included retaining a staff person at Community Action Partnership¿s Sloan House women¿s emergency shelter; to provide job skills training to the homeless clients at Cloverdale Community Outreach Committee¿s Wallace House and Fero Motel shelter and transitional housing; and to provide job skills training for homeless women impacted by the recession at The Living Room women¿s daytime drop-in center. Additional funds were used to promote energy-efficiency in community facilities that serve homeless and low-income people, such as the Orenda Center detox facility and Drug Abuse Alternatives Center¿s outpatient treatment center.

The City of Santa Rosa will be investing its CDBG-R funds in infrastructure improvements in support of the Railroad Square development and the construction there of 68 units of low-income senior housing ¿ a use that directly addresses key CoC/10-year Plan goals of increasing permanent housing options for homeless seniors.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	218	**Beds**	216	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	85	**%**	81	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	75	**%**	82	**%**
Increase percentage of homeless persons employed at exit to at least 19%	40	**%**	41	**%**
Decrease the number of homeless households with children.	136	**Households**	165	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

New CH beds: 15 CH beds were added (and 8 were lost) 2/1/08-1/31/09; this appears in Section 4B. A total of 31 CH beds have been added in the last 12 months, for a total of 216 CH beds. Delays in executing contracts were primarily responsible for the CoC reaching falling 2 beds short of its goal.
Permanent Housing: Given the high 2008 achievement of 84% of people in permanent supportive housing projects retaining their housing for more than 6 months, and continual high achievement over the years, it was reasonable to set a goal of 85% for the current period. The current achievement, however, is that 81% of people in permanent supportive housing projects retained their housing for more than 6 months -- 95% of our goal and still significantly above HUD's benchmark of 71.5%.
Number of households with children: The goals set in 2008 were based on the number of families found in the 2007 Homeless Count (149 households). However, the 2009 Homeless Count utilized a more thorough methodology and documented 165 homeless families in January 2009, only 2 of which were unsheltered. All goals and unmet need estimates are being revised due to the very large differences between the 2009 PIT Count and all previous counts. Of these the slight increase in the number of homeless families is actually one of the smaller changes.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	344	197
2008	297	180
2009	979	188

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

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Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$189,732	$0	$0	$0	$30,783
Total	$189,732	$0	$0	$0	$30,783

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The 2009 Count methodology was more global than past counts. Previously, homeless were engaged at known locations/events; in 2009, homeless guides canvassed Sonoma County's 86 census tracts, documenting 3 times the homeless individuals found in past years. Peers conducted the subpopulation survey; its data was applied to the total of 2,759 single individuals, more accurately projecting 979 CH individuals.
Delays in executing contracts meant delayed opening of new CH units, but 21 beds for CH have opened since February 1, 2009.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	46
b. Number of participants who did not leave the project(s)	140
c. Number of participants who exited after staying 6 months or longer	32
d. Number of participants who did not exit after staying 6 months or longer	118
e. Number of participants who did not exit and were enrolled for less than 6 months	17
TOTAL PH (%)	81

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	93
b. Number of participants who moved to PH	76
TOTAL TH (%)	304

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 355

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	72	20	%
SSDI	26	7	%
Social Security	4	1	%
General Public Assistance	12	3	%
TANF	63	18	%
SCHIP	0	0	%
Veterans Benefits	1	0	%
Employment Income	145	41	%
Unemployment Benefits	7	2	%
Veterans Health Care	1	0	%
Medicaid	44	12	%
Food Stamps	34	10	%
Other (Please specify below)	16	5	%
6 school financial aid, 6 child support, 1 survivor's benefits, 2 help from extended family			
No Financial Resources	54	15	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

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

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

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

Improving system-wide participation in mainstream programs is the focus of several working groups, under the leadership of the Steering Committee. The Committee on Homeless Veterans¿ mandate is to link homeless veterans with mainstream resources; this was discussed on 11/6/2008, 12/4/2008, 1/6/2009, 2/5/2009, 3/5/2009, 4/2/2009, 5/7/2009, 6/4/2009, 7/2/2009, 8/6/2009, 9/3/2009, and 10/1/2009. The CoC Training Partnership focused on implementing a SOAR initiative 7/27/09, 9/1/09, 9/24/09, and10/19/2009. In addition to endorsing the SOAR initiative on 9/29/09, the Steering Committee approved forming a Safety-Net Committee to improve service provider knowledge of accessing Food Stamps, General Assistance, Medicaid, and the County indigent health service program. The Safety-Net Committee held an initial planning meeting 8/3/09, and a presentation on changing Food Stamp eligibility was made at the 8/27/09 Continuum of Care Planning Group.

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

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

If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Semi-annually
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

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

Has the CoC participated in SOAR training?	Yes

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

Three providers have sent staff to a 4-day training, October 26-29, 2009, designed to prepare them to provide continuing training in the SOAR model in Sonoma County. Implementation of a system-wide SOAR initiative is planned for 2010.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	95%
Assistance with benefits applications is a nearly universal function of case management in Sonoma County homeless service agencies. 6 agencies (of 18 responding to this query) have specialized financial counselors, access coordinators, benefits advocates or eligibility workers who assist clients with applications. In at least one agency, staff accompany clients to benefits appointments.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
Sonoma County Human Services' Economic Assistance Division serves all homeless assistance providers with one-stop eligibility screening for General Assistance, Medicaid, Food Stamps, and TANF.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	90%
4a. Describe the follow-up process:	
Case managers follow up with clients ensuring all forms and supporting documentation are completed; several agencies also contact the provider of mainstream benefits to check on status.	

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

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

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

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

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

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

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

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
The Santa Rosa Zoning Code was revised over the last five years; changes were effective in December 2004. Major regulatory reforms include: ¿ Mass rezoning to achieve consistency between the General Plan and Zoning which will allow more projects to be developed by right. (Ongoing). ¿ Required parking for affordable projects is reduced, and is less than market rate projects. In addition, no covered or visitor spaces are required. ¿ Residential units are allowed in retail and office zoning districts. ¿ Revisions to the Commercial zoning districts to allow residential uses ¿ Revision to Zoning Ordinance to allow Single Room Occupancy units in Commercial zoning districts (Ordinance 3760, 1/3/2006)	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Buckelew SHP (Son...	2009-11-12 11:55:...	1 Year	Buckelew Programs	170,040	Renewal Project	SHP	PH	F
Rent Up	2009-11-08 18:17:...	1 Year	Community Action ...	40,624	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2009-11-03 14:29:...	1 Year	Sonoma County Com...	448,560	Renewal Project	S+C	TRA	U
Homeless Interven...	2009-11-10 14:48:...	1 Year	YWCA Sonoma County	52,500	Renewal Project	SHP	SSO	F
Housing Options	2009-11-02 18:27:...	1 Year	Catholic Charitie...	74,963	Renewal Project	SHP	TH	F
Petaluma Vet House	2009-11-15 21:26:...	1 Year	Interfaith Shelte...	44,536	Renewal Project	SHP	TH	F
The Family Connec...	2009-11-05 18:40:...	1 Year	Committee on the ...	16,000	Renewal Project	SHP	SSO	F
Soroptimist House	2009-11-04 16:18:...	1 Year	Interfaith Shelte...	24,780	Renewal Project	SHP	TH	F
Stony Point Commons	2009-10-30 17:53:...	1 Year	Community Support...	40,842	Renewal Project	SHP	PH	F
Work Right Transi...	2009-10-29 19:36:...	1 Year	Committee on the ...	75,000	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-26 01:27:...	5 Years	Sonoma County Com...	123,120	New Project	S+C	TRA	X
Yulupa Supportive ...	2009-11-12 17:01:...	1 Year	Social Advocates ...	40,000	Renewal Project	SHP	TH	F
Transitional Hous...	2009-11-09 17:05:...	1 Year	Committee on the ...	78,359	Renewal Project	SHP	TH	F

Rent Right	2009-11-05 19:05:...	1 Year	Committee on the ...	29,744	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2009-11-03 14:34:...	1 Year	Sonoma County Com...	216,432	Renewal Project	S+C	TRA	U
Buckelew Samarita...	2009-11-06 12:32:...	1 Year	Buckelew Programs	66,659	Renewal Project	SHP	PH	F
Homeless Managem e...	2009-10-30 17:40:...	1 Year	Sonoma County Com...	135,329	Renewal Project	SHP	HMIS	F
Slater @ Meadow Lane	2009-11-04 16:27:...	1 Year	Interfaith Shelte...	61,134	Renewal Project	SHP	TH	F
Caring Communiti es	2009-11-08 18:13:...	1 Year	Communit y Action ...	107,000	Renewal Project	SHP	SSO	F
Communit y Based P...	2009-11-05 18:57:...	2 Years	Committee on the ...	132,644	New Project	SHP	PH	P1
Communit y Turning...	2009-11-02 18:54:...	1 Year	Catholic Charitie...	80,424	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-03 14:40:...	1 Year	Sonoma County Com...	347,436	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	$1,137,934
Permanent Housing Bonus	$132,644
SPC Renewal	$1,012,428
Rejected	$123,120

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	11/15/2009

Attachment Details

Document Description: Con Plan Certifications - 3 jurisdictions zipped