Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority
Listing, and all the CoC's project applications that were either approved and ranked, or rejected.
All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific
application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and
guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-509 - Mendocino County CoC

1A-2. Collaborative Applicant Name: Mendocino County Health and Human Services Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mendocino County Health and Human Services Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Not Applicable	No
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	No	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
HIV/Viral Hepetatitis Providers	Yes	Yes
Family and Childrens' Services	Yes	Yes
Orgs. representing senior citizens	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

Between the months of October 2017 and March 2018, the Collaborative Applicant contracted with an independent consultant to work with the MCHSCoC to conduct a research project to assess needs, gaps and duplications in services, as well as to develop a more clear understanding of the demographics of the adult population experiencing homelessness in our community. Over this 6 month process interviews, site visits and conversations were held with over 60 community partners and hundreds of individuals experiencing homelessness in the 3 largest cities and the unincorporated areas within walking distance of those cities. This project allowed us to receive insight from many agencies and individuals who are not regular COC participants. The culmination of this process was a 50 page report in which 28 specific recommendations were made for our community to consider as we work on updating our local Abbreviated Consolidated Plan, including the Mission and Vision of the COC. This report was shared publically in a community forum live streamed to outlying areas of the County, and attended in person by nearly 300 people.
An additional outcome is that the Collaborative Applicant has now engaged the services of a local consultant to work with the COC to convene and facilitate Community Conversations focusing on different sections of the report. These conversations are helping the COC engage with untraditional partners, hear very different perspectives and set the stage for a truly County-wide vision for preventing and reducing homelessness.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1. Each year the COC holds an informational meeting for anyone interested in becoming a member of the COC. This meeting replaces the regular full membership meeting in April, and is a less formal meeting allowing for open question and answer following a brief presentation by COC Membership Committee Board Members and introduction of the current COC Board.
2. Invitation to the informational meeting currently happens in 4 different ways:
a. An invitation is posted to both the Mendocino County website and the HHSA

HOMe Team Unit website,
b. Invitations are distributed via email using distribution lists to all Board Members, and many other general member agencies,
c. All Board Members receive hard copy invitations to distribute at any meeting they may attend in the months leading up to the informational meeting, and
d. The Board engages in targeted recruitment by identifying regions of the community or specific populations that are under represented and approaching individuals and agencies in a position to represent these areas/communities or specific populations.
3. The COC is constantly soliciting new members. All members actively look and listen for possible representatives at other meetings and out in the community. However, the majority of the recruitment takes place at the annual informational meeting.
4. During the months of Oct. 2017 through Apr. 2018 as we were doing local research, members specifically spoke with individuals experiencing homelessness about adding their voices to the COC. During these conversations, we were able to identify some of the key barriers to participation and are currently investigating sources of funds that would allow us to compensate individuals experiencing homelessness for their time, as well as to ensure that they are able to participate in meetings on a regular basis by offering supports such as transportation, mentorship, or other types of supports that will assist with regular attendance and partiicpation.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

As soon as the NOFA was released (June 20, 2018), it was posted to COC page of the Mendocino County website. The NOFA was then sent as an attachment to all COC Board Members to further distribute via email. A time line clarifying required components and due dates was then created and also sent to Board Members for Distribution.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	No
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	No
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
funds through Dept of Finance	Yes
CalWorks	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

Representatives of the COC consulted with partners who had received ESG funding in the past but were not planning to apply for subsequent years. These partners were able to provide us with feedback on their experience which included a suggestion that agencies on the Coast and Inland apply jointly, or

coordinate carefully to ensure continuity of services in both communities. This strategy was attempted during last year's ESG process, but unfortunately, one of the applicants was not accepted due to not having quite enough continuous Emergency Shelter experience.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. Project Sanctuary (PS)I s a domestic violence/rape crisis center serving the needs of domestic violence, sexual assault and stalking victims in Mendocino County. PS has a representative to the governing board of the COC. Referrals are made either through a call to PS office staff or to the crisis line which is answered by staff and volunteers who have all taken the approved DV and SA Training course approved by the state of CA, which emphasizes a trauma-focused approach. The needs of the client are assessed; safety being the first priority, and then the situation is either dealt with directly by placing a client in the protective shelter or referring them for immediate support services. Parents and their children can stay at the Safe House for up to 3 months. The location of the Safe House is kept confidential. During their time at the Safe House we offer them services such as counseling, support groups and financial planning. Clients are provided house food which supplements their food stamps. Staff works with clients to make sure they are signed up to receive any benefits for which they are qualified.
2. When our shelter is full, staff will authorize 1 to 3 nights in a motel for a client in danger while locating a safe house for them in another county. Our agency will either provide gas money or a bus ticket to transport them to another safe location. We provide all clients with the list for low-income housing, help them look for rentals and fill out applications. If a client finds a room or an apartment to rent, we assist them with finding household furniture and kitchen supplies. Our agency currently has two apartments for transitional housing. Depending on the configuration of the family, we might place two families in one apartment.

Therefore, up to three families can be housed in our transitional housing. During the time they reside in our transitional program, they work on short term goals to achieve full independence from our services.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

In a small community such as ours, any appropriate trainings are generally shared across multiple agencies. Both Adult and Child Protection Services frequently offer trainings that are open to community partners, including Community Resilience Model, Triple P, Signs of Safety, Motivational Interviewing, Trauma Informed interviews, and Cultural Humility in our work with various sub-population.
Specific to victim services, domestic violence, sexual assault, dating violence and stalking (XXXXX)

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The Program Director for the local Domestic Violence Services Agency for both inland and on the coast, Project Sanctuary, sits on the COC Board and is able to provide the COC with de-identified data on their service population. We also work closely with law enforcement both inland an coastal who are also able to provide de-identified information on calls related to DV.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?   No

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?

Community Development Commission		Yes-Both	No

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

The Community Development Commission uses a housing first model, pulling from the local coordinated entry system. The CE utilizes the VI-SPDAT which prioritizes homelessness as a vulnerability.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

COC members attended a traing on the specific needs of the LGBTQ+ population during the week of June 24th, 2018. This is a training we intend to participate in at least yearly. This training was particularly interesting in that we learned new information about elderly LGBTQ+ including the high likelihood of isolation, estrangement from family or other social networks the greatly benefit the elderly, and the high percentage of elderly LGBTQ+ experiencing homelessness. While our COC does not have a committee focused specifically on the needs of LGBTQ+ experiencing homelessness, we are encorporating an emphasis on the very individualized needs of all minority populations experiencing homelessness into our Family and Children, TAY and Elders Committees.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	
Homelessness unit in HHSA	X
current work on community wide plan	X

1C-8. Centralized or Coordinated Assessment System. Applicants must:
 (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1. There are Coordinated Entry hubs both on the coast and inland Mendocino County. The inland hub also serves the inland north portion of the county, including our farthest eastern community. Additionally, partner agency staff who work with clients throughout all regions, are in communication with these hubs to ensure clients are entered into CE.
2. This piece of the Mendocino County CE system is less robust than we would like. We are currently working closely with Adventist Health Street Medicine as well as local law enforcement to create homelessness outreach teams which will expand this reach significantly.
3. Following placement on and being pulled from the CE byname list, approval of applications for permanent supportive housing assistance through our local

Public Housing Authority can have wait times of over 45 days. The PHA has been working to reduce this time period with some success, but this only approves receipt of a voucher, not guarantee of the ability to secure residence.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	
Mental Health Care:	X
Correctional Facilities:	
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	
Mental Health Care:	X
Correctional Facilities:	
None:	

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

Instructions

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1.The Mendocino County Homeless Services Continuum of Care Application Review committee considers severity of needs and vulnerabilities when reviewing, ranking, and rating projects. This is done by working with the whole Continuum of Care to identify current assets in homeless services, as well as current gaps in homeless services across the entire county. Consideration is also taken for projects with specific population focus including; Chronic Homeless, Veterans, Youth, Transition Age Youth, Families with Children, Domestic Violence, Substance Abuse, Mental Illness, Co-occurring Disorders, and/or HIV AIDS.
2.The Mendocino County Homeless Services Continuum of Care takes severity of needs and vulnerabilities into account during the review, rating, and ranking process through use of a Local Scoring Matrix which assigns a possible 10 points out of 100 points overall to the Needs For Funds score. As outlined in the Local Scoring Matrix, "Needs for funds is based on whether the application activity meets a high need for the community as identified by the CoC."

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

The Mendocino County Homeless Services Continuum of Care Performance Measurement Committee monitors performance of existing CoC Program-funded projects. The committee oversees partner agency use of HMIS and Coordinated Entry to ensure accurate, transparent, and timely participation. When appropriate, the Performance Measurement Committee also tracks Cost Efficiency per program by monitoring average cost per exit. This is calculated as a function of total project budget as compared to total number of exits to permanent housing. All performances and measurements are communicated to Application Review Committee. They Local Scoring Matrix assigns a possible 10 points out of 100 points overall to the Cost Efficiency Score. These scores are used when rating and ranking projects which can result in reallocating funds

to create new high performing projects.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than
30 days before the FY 2018 CoC Program Competition Application
deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or
reduced, in writing, outside of e-snaps, at least 15 days before FY 2018
CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). Governance Charter pp. 6, 7, 8,10

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Eccovia Solutions

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and**

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	136	15	121	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	112	23	89	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	254	0	254	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 0

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

There were no major changes in the implementation of the sheltered count for the 2018 PIT.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count   Yes
Implementation. Did your CoC change its
unsheltered PIT count implementation,
including methodology and data quality
changes from 2017 to 2018? If your CoC did
not conduct and unsheltered PIT count in
2018, select Not Applicable.

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count
implementation, including methodology and data quality changes from
2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count
results.
(limit 2,000 characters)

1. In the 2017 PIT count volunteers and staff used formulas based on vehicle
type when a person could not be seen. In the 2018 count volunteers and staff
were instructed to count only individuals they were actually able to see.
2. The changes implemented between the 2017 and 2018 PIT counts are likely
responsible for the decrease in total PIT count numbers between the two years.
This adjustment does not concern us as the number is much closer to those in
our HMIS, and also because as we plan for solution development, we must use
limited resources wisely; it would be a significant problem for our community if
we over-developed shelter or services for any one segment of the local
population.

2C-5. Identifying Youth Experiencing   Yes
Homelessness in 2018 PIT Count. Did your
CoC implement specific measures to identify
youth experiencing homelessness in its 2018
PIT count?

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were
engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where
youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting
during the 2018 PIT count.
(limit 2,000 characters)

1. Stakeholders serving youth experiencing homelessness were included in the
very first 2018 PIT committee meeting to contribute to the conversation on how
to ensure a strong Youth count.
2. Current general members and partner agency representatives working
directly with the youth population, assisted in selection, preparation and set-up
of the counting locations, publicity, and the formation of groups responsible for
the count of encampments known to be frequented by youth.
3. The COC attempted to involve more youth this year by asking case

managers to approach youth with the ask. This attempt was unsuccessful. Subsequently, COC partners have taken part in the 100 Day Challenge to End Youth Homelessness through which we have developed a better understanding of and repoir with this particular age group Because of the 100 DC experience, we believe that we have found some champions within the youth population who want to be part of the solution to youth homelessness, we intend to work with these youth in the 2019 count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

No new actions were implemented in the 2018 PIT Count to better determine numbers for any of these populations.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	547

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.
(limit 2,000 characters)

1. Between Oct 2017 and March 2018 partner agencies took part in a local scientific study to get a better understanding of the complex demographics of individuals experiencing HUD defined homelessness in Mendocino County. Out of this study we are able to identify some of the commonalities in the sub-populations which helps us to identify where we need to do further investigation to confidently identify the risk factors.
2. The COC in collaboration with the larger community are currently engaged in facilitated action planning to strategically address prevention and diversion opportunities. This work includes data sharing agreements for interdisciplinary teams designed to efficiently identify and provide appropriate support services to keep individuals and families from becoming homeless.
3. Mendocino County Health and Human Services Agency.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. Unfortunately, Mendocino County has struggled with consistent exit information collection regarding clients returning to homelessness. Partly this is due to the fact that the classification of staff entering information into HMIS were not involved in the initial creation of the HMIS resulting in a both process and technological complications.
2. The COC has appointed an ad hoc committee comprised of the HMIS and Coordinated Entry committees inclusive of case managers and other staff who interface with both clients and the HMIS. This Ad hoc has completed extensive research on alternative process, platforms and service providers, reviewed presentations by the top three vendors identified and are currently experimenting with dummy accounts to determine the best possible system for our community at this time.
3. The questions put to the vendors prior to presentations included all data points indicated in HUD applications over the last few years. The improved system the ad hoc committee is creating will allow direct service and data collection staff to identify and prioritize housing for those identified as most vulnerable, including consideration for those with the longest lengths of homelessness.
4. There is not an individual agency or person responsible for oversight of this, it is a committee responsibility.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	11%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1. The CoC's strategy to increase the rate at which individuals and families in search of permanent housing exit temporary housing for permanent housing is to develop a robust and universal Coordinated Entry system with multiple types of permanent housing.
2. The CoC's strategy to assist individuals and families in retaining permanent housing is through the partnering of COC member agencies to wrap non-billable

services around individuals and families to offer support as individuals and families transition into permanent housing and the responsibilities maintaining a home include.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	1%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1. The COC is working with the larger community using the local research project completed between Oct. 2017 and Mar. 2018 to better understand the demographics of community, including the identification of common factors of those individuals and families returning to homelessness.
2. Understanding these commonalities will help the COC and the community identify opportunities that present the most leverage for reducing the rate of return to homelessness.
3. The Health and Human Services Agency is leading this effort.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1. The COC works closely with Calworks, wellness centers and transitional housing programs to increase life and professional skills and match clients appropriately. Additionally, all individuals entered into the current HMIS are encouraged to and supported in, accessing all income, medical, food security or other sources of assistance available to them.
2. A key criteria of the technology the HMIS and CE committee are currently assessing is the inclusion of mainstream employment organizations as well as other mainstream social programs such as access to recreational opportunities for children, parenting or other support groups and personal interest activities.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)　04/30/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	136
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	136

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.   Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. The COC does not have a strategy in place to meet this goal. However, this is one of the strategic actions that will be developed out of the community conversations and strategic planning founded on the local research completed between Oct and March.
2. The COC is encouraging the use of appropriate data sharing and interdisciplinary teams to work with families to identify existing strengths and social supports that can help them maintain housing. These teams are also able to assist families in setting up mechanisms to mitigate some of the risk factors to their ability to maintain housing.
3. The COC is currently adopting an updated charter which includes a family and children committee. The chair for this committee has not yet been identified but the COC Board member designated to the committee represents the Mendocino County Office of Education.

3B-2.3. Antidiscrimination Policies.　Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4.　Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness.　Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	☐
Bad Credit or Rental History	☐

3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1. Through data sharing agreements, the COC will support the existence of interdisciplinary teams who can work with agencies having access to youth experiencing or at risk of homelessness and work with those youth to create safety plans including housing.
When possible it is preferable to keep families together, when the home environment is unsafe, or mediation is not possible, these teams will engage in a form of family finding. Again, working with the youth the team will connect with existing family, or others who care about the long term well being of the youth and attempt to create a sustainable and healthy living arrangement with them. Plan C is housing away from family which is dependent on the age and individual situation of the youth.
PSH program will continue to work with youth providers to identify individuals and families that may be eligible for PSH and, if awarded, Family Unification Vouchers.

3B-2.6a. Applicants must:
 (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
 (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1. A team of COC member staff participated in the 100 Day Challenge to End Youth Homelessness, providing insight to successful strategies used in other communities. The most successful of these strategies was reaching out to service clubs and other nontraditional partners to increase potential housing options for youth. This included working with the Community Development Commission to subsidize single room rentals.
2. All TAY included in the 100 DC work were entered and exited through HMIS and were also subjects of case conferencing.
3. This multi-faceted tracking provides checks and balances to determine the effectiveness of the strategy and the data collection.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1. McKinney-Vento County Coordinator sits on the board of the COC as an organization representing TAY and unaccompanied youth.
County Coordinator gives trainings to all 13 school districts throughout the school year including community agencies in regards to the laws and legislation around the education of homeless children.
2. County coordinator attends state coordinator meetings and trainings to bring information and education back to the COC and LEA's in Mendocino County. COC and McKinney-Vento coordinator are actively exploring coordinated entry to connect families that come as a referral from local school districts to services.
3. Historically, the MCHSCoC has been able to collaborate effectively without formal agreements between partners. however, as the COC becomes increasing more visible and active in the community the Board has determined that MOU's must be put into place for the benefit of all parties. The COC board is currently reviewing MOU's developed by other COC's to find an appropriate template to adjust to meet local needs.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC follows the policies and procedures as required by McKinney-Vento. HMIS and CE committees are currently working with the McKinney-Vento liaison to create sharing agreements that allow interdisciplinary teams to confer for the purpose of ensuring individuals and families are aware of and are supported in accessing all opportunities available to them.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No",

**from the list below, if the CoC has written formal agreements, MOU/MOA's
or partnerships with providers of early childhood services and support.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe
the actions the CoC has taken to identify, assess, and refer Veterans
experiencing homelessness, who are eligible for U.S. Department of
Veterans Affairs (VA) housing and services, to appropriate resources
such as HUD-VASH, Supportive Services for Veterans Families (SSVF)
program and Grant and Per Diem (GPD).
(limit 2,000 characters)**

Veteran status is included in all intake forms and included in the HMIS. The VA
representative sits on the COC Board to share information and advocate on
behalf of veterans. All veterans are referred to the VA to establish benefit
eligibility, and are further referred to all possible benefit opportunities,
regardless of discharge status.
In the newly developed housing navigation meetings, the VA Social Worker,
who works in the HUD/VASH program, is attending and discussions are
occurring about veterans who are on the by name list and a process will be
implemented to work with the VA to make sure if they are eligible for VA
Services they are referred, and if not, make sure they are provided a preference
on the by name list for PSH certificates.

**3B-3.2. Does the CoC use an active list or by
name list to identify all Veterans experiencing
homelessness in the CoC?** No

**3B-3.3. Is the CoC actively working with the
VA and VA-funded programs to achieve the
benchmarks and criteria for ending Veteran
homelessness?** Yes

3B-3.4. Does the CoC have sufficient No

resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.   Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	☐
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	☐
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	☐
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	☐
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	☐
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	☐
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	☐
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	☐
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	☐
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	☐
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐
Other:	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1. The COC works with mainstream programs that assist persons experiencing homelessness to apply for and receive assistance largely through the communication of county staff who meet regularly with mainstream program providers located in departments within the county system. The COC membership includes representation from the Mendocino County Career Point (formerly Calworks) office, Public Health, Family and Children's Services and Behavioral Health Services. Additionally, individual members who represent partner agencies such as Legal Services, Manzanita, MCAVHN and the Mendocino Coast Hospitality Center provide information to the COC that is based on current internal assistance program activities available through direct provider-programs.

2. Again, due to the closeness of our community and the consistent commitment of COC members to participate in monthly meetings as well as additional committee meetings and community conversations, it is much easier to communicate information universally. Any specific activities or changes in program information may be disseminated via email distribution lists, partner websites, meeting announcements or press release.

3. Currently the person responsible for oversight of for the COC's strategy for mainstream benefits is a Program Specialist within the Mendocino County Health and Human Services Agency. However, our community is looking forward to the opening of a resource/day center dedicated to the needs of those experiencing and at high risk of homelessness, in the future, we anticipate that this center will provide a staff position that includes oversight of mainstream benefits.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	2
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	2
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1. The MCHSCoC outreach activities are generally carried out mostly by individual partners on behalf of the COC. The COC has plans to present formerly to the Board of Supervisors at least annually as well as through public comment at all meetings including agenda items with potential to impact homelessness anywhere in the county.

2. The COC works closely with the Adventist Health Street Medicine teams both inland and on the coast. Street Medicine does not currently cover the entire area of the COC (Mendocino County)which is nearly 4000 square miles. In order to expand the COC's reach to more remote areas of the community, the COC is working with Family Resource Centers (FRC's)that support the smaller

outlying communities. In addition, the COC is working with city and county law enforcement to establish multi-disciplinary outreach teams to reach individuals in areas that aren't safely accessible. The Food Bank located in our largest community is piloting a program in which they will take food to outlying communities, including tribal lands

3. The COC is currently on the schedule of the partners supporting the street outreach effort. However, as those partnerships have expanded to include the FRC's and work with Law Enforcement it is becoming necessary to schedule outreach activities. We consider this a huge step for our small community as we are moving from reactive to proactive outreach activities.

4. The multi-disciplinary nature of the outreach teams working with law enforcement, collaboration with FRC's which are already established within their individual communities and working with medical professionals and

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

1. COC members have become part of a multi-agency team working to ensure fair access to new housing projects. Through this team COC members are able to advocate for fair and equal housing for the most vulnerable in the community, above and beyond funder requirements.

2. The COC communicates effectively with persons with disabilities and limited English proficiency through close connections with partners. Family Resource Centers, Regional Centers, independent agencies dedicated to special populations, medicine, food banks and soup kitchens, all are partners with COC members creating a web of support for almost any need.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	0	0	0

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve   No

**families with children or youth defined as
homeless under other Federal statutes?**

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	VI-SPDAT	08/16/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Rating & Ranking ...	08/16/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting sc...	08/28/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Proc...	09/09/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification outs...	08/28/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	2018 No Rejected ...	08/28/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Funding timeline	08/16/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MCHSCoC Charter	08/16/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS P&P	08/16/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HUD	08/16/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: VI-SPDAT

Attachment Details

Document Description: Rating & Ranking Tool

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting screen shot

Attachment Details

Document Description: Reallocation Process Explanation

Attachment Details

Document Description: Notification outside of esnaps

Attachment Details

Document Description: 2018 No Rejected Applications

Attachment Details

Document Description: Funding timeline

Attachment Details

Document Description: MCHSCoC Charter

Attachment Details

Document Description: HMIS P&P

Attachment Details

Document Description: 2018 HUD

Attachment Details

Document Description:

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Submission Summary

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

Page	Last Updated
1A. Identification	08/07/2018
1B. Engagement	08/15/2018
1C. Coordination	09/09/2018
1D. Discharge Planning	08/08/2018
1E. Project Review	08/28/2018
2A. HMIS Implementation	08/15/2018
2B. PIT Count	08/15/2018
2C. Sheltered Data - Methods	08/08/2018
3A. System Performance	09/09/2018
3B. Performance and Strategic Planning	09/09/2018
4A. Mainstream Benefits and Additional Policies	09/09/2018
4B. Attachments	Please Complete

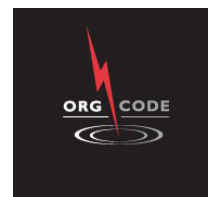**Submission Summary**   No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

· VI-SPDAT V 2.0 for Individuals

· VI-SPDAT V 2.0 for Families

· VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

· SPDAT V 4.0 for Individuals

· SPDAT V 2.0 for Families

· SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ____/____/_____	**Survey Time** __ __ __ __	**Survey Location** _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
In what language do you feel best able to express yourself? _____		

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):**
     _____
   - ☐ **Refused**

> IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.
>
> **SCORE:**

2. How long has it been since you lived in permanent stable housing?   _____ ☐ Refused

3. In the last three years, how many times have you been homeless?   _____ ☐ Refused

> IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.
>
> **SCORE:**

B. Risks

4. In the past six months, how many times have you…

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

> IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**
>
> **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?   ☐ **Y**   ☐ N   ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ **Y**   ☐ N   ☐ Refused

> IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**
>
> **SCORE:**

7. Do you have any legal stuff going on right now that may result ☐ **Y**   ☐ N   ☐ Refused
    in you being locked up, having to pay fines, or that make it
    more difficult to rent a place to live?

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**

8. Does anybody force or trick you to do things that you do not   ☐ **Y**   ☐ N   ☐ Refused
    want to do?

9. Do you ever do things that may be considered to be risky   ☐ **Y**   ☐ N   ☐ Refused
    like exchange sex for money, run drugs for someone, have
    unprotected sex with someone you don't know, share a
    needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer,   ☐ **Y**   ☐ N   ☐ Refused
    or government group like the IRS that thinks you owe them
    money?

11. Do you get any money from the government, a pension,   ☐ Y   ☐ **N**   ☐ Refused
    an inheritance, working under the table, a regular job, or
    anything like that?

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:**

12. Do you have planned activities, other than just surviving, that ☐ Y   ☐ **N**   ☐ Refused
    make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:**

13. Are you currently able to take care of basic needs like bathing, ☐ Y   ☐ **N**   ☐ Refused
    changing clothes, using a restroom, getting food and clean
    water and other things like that?

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:**

14. Is your current homelessness in any way caused by a   ☐ **Y**   ☐ N   ☐ Refused
    relationship that broke down, an unhealthy or abusive
    relationship, or because family or friends caused you to
    become evicted?

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:**

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐ **Y** ☐ N ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

    b) A past head injury? ☐ **Y** ☐ N ☐ Refused

    c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. **SCORE:**

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. **SCORE:**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?   □ **Y**   □ N   □ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?   □ **Y**   □ N   □ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.   **SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?   □ **Y**   □ N   □ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.   **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	□ Yes □ No □ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues

- legal status in country
- income and source of it
- current restrictions on where a person can legally reside

- children that may reside with the adult at some point in the future
- safety planning

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS · AMERICAN VERSION 2.01

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

• it is shorter, usually taking less than 7 minutes to complete;

• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;

• medical, substance use, and mental health questions are all refined;

• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,

• the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.

1 (800) 355-0420   info@orgcode.com   www.orgcode.com

10
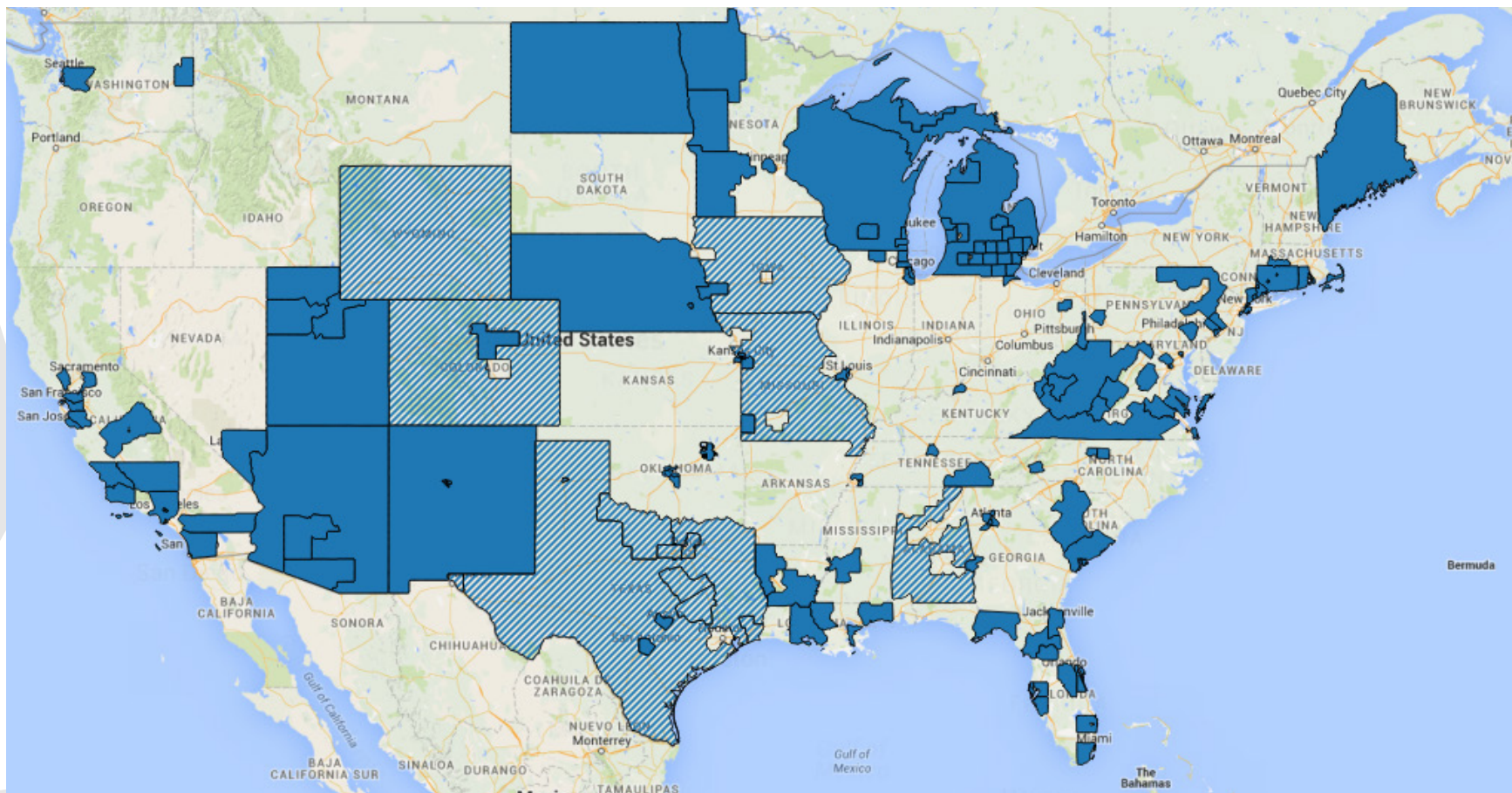
A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

COUNTY OF MENDOCINO HOMELESS SERVICES CONTINUUM OF CARE

PROJECT RATING TOOL

2018

RATING FACTOR	CRITERIA NUMBER	RANKING SYSTEM CRITERIA	POINTS AWARDED	out of	MAX POINT VALUE
PROJECT APPLICATION					
Housing First	1	Is the project a housing first permanent support housing project?			4
		Is the project a transitional housing project?			2
		Is the project neither?			0
PROJECT APPLICATION OR HIC	2				
# Of Beds Dedicated to CH Persons		If the reported number of beds increased on the 2016 housing inventory or is 100% of beds.			5
		If the project number of beds remained constant.			3
		If the project is a transitional housing project			2
		If the number of beds decreased from the 2016 housing inventory.			0
PROJECT APPLICATION					
% Of Beds Non-Dedicated to CH Persons That are Prioritized for CH Persons.	3	If 85% or above, or if 100% of beds are dedicated to CH persons.			5
		If 30% or above, or if the project is a transitional housing project.			2
		If less than 30% of the beds are dedicated to CH persons			0
SERVING HIGH NEED POPULATIONS					
% Of Population Needs	4	If 50% or above with zero income.			5
		If 50% or above with more than one disability.			5
		If 50% or above entering project from place not meant for human habitation.			5
APR - Q27					
% Of Participants remaining in Permanent Supportive Housing or Exiting to Another Permanent Housing Destination or Exiting Transitional Housing to a Permanent Housing Destination	5	If at least 80% or above remain in permanent housing.			4
		If at least 65% or above remain in permanent housing.			2
		If below 65% remain in permanent housing.			0

COUNTY OF MENDOCINO HOMELESS SERVICES CONTINUUM OF CARE

PROJECT RATING TOOL

2018

RATING FACTOR	CRITERIA NUMBER	RANKING SYSTEM CRITERIA	POINTS AWARDED	out of	MAX POINT VALUE
APR - 24b 1 and 2					
% Of Participants (Leavers and Stayers) Increased Employment Income	6	If at least 10% or above increased employment income.			4
		If at least 5% increased employment income.			2
		If under 5% increased employment income.			0
APR - 24b 1 and 2					
% Of Participants (Leavers and Stayers) Increased Other Cash Income	7	If at least 10% or above increased other cash income.			4
		If at least 8% increased other cash income.			2
		If under 5% increased other cash income.			0
APR - 24b 1 and 2					
% Of Participants (Leavers and Stayers) That Had 1+ Non-earned Income Increase	8	If at least 30% or above increased non-earned income.			4
		If at least 20% increased non-earned income.			2
		If under 20% increased non-earned income.			0
PROJECT APPLICATION					
Leveraging	9	If at least 150% was leveraged.			4
		If at least 125% was leveraged.			3
		If at least 100% was leveraged.			2
		If at least 75% was leveraged.			1
		If below 75% was leveraged.			0

COUNTY OF MENDOCINO

California

Health & Human Services Agency

Office of the Director

− Adult & Aging Services

    Area Agency on Aging (AAA)

    Public Guardian/Public Administrator

    Mendocino County Homeless Services Continuum of Care

+ Animal Care Services

+ Behavioral Health and Recovery Services

+ Children's Services

+ Employment & Family Assistance Services

+ Environmental Health

+ Public Health

    Emergency Preparedness and Disaster Response

    Veterans Services

    Boards & Committees

Government » Health & Human Services Agency » Adult & Aging Services »

Mendocino County Homeless Services

Continuum Of Care (MCHSCoC)

The Mendocino County Homeless Services Continuum of Care (MCHSCoC) is a collaborative of over thirty-one agencies throughout Mendocino County. The Collaborative Applicant for the MCHSCoC with monthly meetings at Mendocino County HHSA in Ukiah. Continuum activities include the Point in Time Census and Survey of individuals and families experiencing homelessness, Coordinated Entry, Permanent Housing, and collaboration toward securing and maintaining HUD funded housing projects for addressing homelessness in Mendocino County.

    MCHSCoC General Membership Form
    Governance Charter

News & Notes

    Point-in-Time Count
    Coordinated Entry Process Manual 01-2017

CoC Meeting Agendas and Minutes

2018 Agendas and Minutes

    Homeless Services Continuum of Care Governing Board Meeting Agenda for February 26, 2018
    Homeless Services Continuum of Care Full Membership Board Meeting Agenda for April 16, 2018
    Homeless Services Continuum of Care Annual Board Retreat Agenda for April 23, 2018
    Homeless Services Continuum of Care Governing Board Meeting Agenda for May 21, 2018
    Homeless Services Continuum of Care Governing Board Meeting Agenda for June 18, 2018

2017 Agendas and Minutes

    Homeless Services Continuum of Care Governing Board Meeting Agenda for December 18, 2017
    Homeless Services Continuum of Care Governing Board Meeting Agenda for October 16, 2017
    Homeless Services Continuum of Care Governing Board Meeting Agenda for September 18, 2017
    Homeless Services Continuum of Care Governing Board Meeting Minutes for July 17, 2017
    Homeless Services Continuum of Care Governing Board Meeting Agenda for August 21, 2017
    Homeless Services Continuum of Care Governing Board Meeting Agenda for July 17, 2017

Notices of Funding Availability (NOFA)

2018 Notice of Funding Availability

    HCD 2018 Announcement: Emergency Solutions Grant Program NOFA for State Allocation Balance

    Notice of Funding Availability (NOVA) for the 2018 CoC Program Competition

2017 Notice of Funding Availability

Letter of Acceptance
CA0239C9T090801 - 162644

Dear Heather,   August 28, 2018

It is my pleasure to inform you that the Community Development Commission of Mendocino County's application to the MCHS CoC was received by the August 19th deadline and has been recommended to HUD for funding.

The Tenant Based Rental Assistance renewal project was ranked by the Application Review Committee as number 1 of 3 projects to be submitted. We look forward to working with you on these projects.

Sincerely,

Maya Stuart,
Chairperson
MCHS Continuum of Care

stuartm@mendocinocounty.org

707-468-7065

Letter of Acceptance
CA0239C9T090801-162645

Dear Heather,   August 28, 2018

It is my pleasure to inform you that the Community Development
Commission of Mendocino County's application to the MCHS CoC was
received by the August 19th deadline and has been recommended to HUD
for funding.

The Coordinated Entry renewal project was ranked by the Application
Review Committee as number 2 of 3 projects to be submitted. We look
forward to working with you on these projects.

Sincerely,

Maya Stuart,
Chairperson
MCHS Continuum of Care

stuartm@mendocinocounty.org

707-468-7065

Letter of Acceptance
806636491 - 167661

Dear Sage,   August 28, 2018

It is my pleasure to inform you that the Community Development Commission of Mendocino County's application to the MCHS CoC was received by the August 19th deadline and has been recommended to HUD for funding.

The Rapid Rehousing new project was ranked by the Application Review Committee as number 3 of 3 projects to be submitted. We look forward to working with you on these projects.

Sincerely,

Maya Stuart,
Chairperson
MCHS Continuum of Care

stuartm@mendocinocounty.org

707-468-7065

CA-509

2018

List of projects for MCHSCoC Funding Submission

There were NO REJECTED applications this year.

Mendocino County Homeless Services Continuum of Care
2018 **Collaborative & Program Application** Time-line

WHO	WHAT	WHEN	DUE
Maya Stuart	Prepare Collaborative Application for Board review. Prepare Lead Agency Planning Application and HMIS Lead Project Application.	now	Noon August 1st
Maya S	Board and Committee Members receive the first draft of the Collaborative Application for review.		Noon August 1st
MCHSCoC Board and Committee members	Review the Collaborative Application and provide input. Email input to Maya S.	August 1st – 7th	Noon August 7th
MCHSCoC members	Final submission date for any information to be included in the Collaborative Application.		Noon August 14th
Maya S	Collaborative Application will be emailed to Board Members.		Midnight August 19th
Project Applicants	Complete Project applications emailed to Maya S (must be time marked before the due time).		Midnight August 19th
Maya S	All Project Applications will be delivered to the members of the Application Review Committee.		By 5 PM August 20th
Application Review Committee	Reviews, Rates and Ranks all Project Applications for recommendation to the Board.	August 21st – 27th	Special Meeting August 27th
Special Board Meeting	Special meeting to hear and vote on recommendations of the Application Review Committee. Both Project and Collaborative Applications.		1:30 – 2:30 PM August 27th
Maya S	Written notification to project applicants to report the Board's decision to: accept and rank, reject, or modify		August 27th
Maya S	Consolidated Application (includes all Applications) will be posted on the HHSA CoC and Hand Up Not Hand Out websites.		5 PM September 13th
Maya S	I would like to have all applications and support docs complete and submitted.		5 PM September 13th
Collaborative Applicant	Continuum of Care Applications must be in the e-snaps program		5 PM September 18th

Responsible parties and dates that relate specifically to PROJECT APPLICATIONS are in TEAL.

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Governance Charter
of the Mendocino County
Homeless Services Continuum of Care

I. **NAME AND JURISDICTION**

The Mendocino County Homeless Services Continuum of Care ("MCHSCoC") evolved from an effort to provide a coordinated community-wide response to homelessness in the geographic area of Mendocino County through a Continuum of Care ("CoC"). The MCHSCoC is the CoC for Mendocino County. The MCHSCoC Governing Board ("Governing Board") is the oversight board of the MCHSCoC.

II. **PURPOSE**

The purpose of the MCHSCoC is to provide a coordinated and strategic approach to planning and management of a range of resources to address the needs of families and individuals at risk of homelessness and those who are currently experiencing homelessness in Mendocino County through a CoC. The MCHSCoC brings together a broad spectrum of participants to address all aspects of homelessness and the needs of all the homeless subpopulations. The MCHSCoC works collaboratively to set and achieve goals that are shared by its members.

The Governing Board serves as the Department of Housing and Urban Development (HUD)-designated primary decision making group and oversight board of the CoC funding process for Mendocino County. As the oversight board of the MCHSCoC, the Governing Board:

A. Ensures that the MCHSCoC , as the CoC for the geographic area of Mendocino County, is meeting all of the responsibilities assigned to it by HUD regulations (see "Responsibilities" below);

B. Represents the relevant organizations and projects serving subpopulations;

C. Supports homeless persons in their movement from homelessness to affordable permanent housing and economic stability within a supportive community;

D. Ensures that the MCHSCoC is inclusive of all needs of Mendocino County's homeless sub-populations; and

E. Facilitates responses to issues and concerns that affect the agencies funded by CoC funds that are beyond those addressed in the annual CoC application process.

III. <u>MEMBERSHIP</u>

A. <u>GOVERNING BOARD MEMBERSHIP</u>

Each year, at the annual MCHSCoC General Orientation and Membership Invitation Event, the structure of the MCHSCoC, committees and workgroups, and the Governing Board is outlined. The nomination process for the Governing Board is also explained. Then at the MCHSCoC's Annual Governance Meeting, a slate of potential Governing Board members (developed as described in the "***Governing Board and Officer Nomination and Terms, Section VII"***) is presented to and voted on by the full MCHSCoC general membership.

The Governing Board Membership consists of agencies or individuals described in the "MCHSCoC Governing Board Membership" table incorporated in this Charter as Figure One to Addendum A.

1. The executive director, or authorized representative, of an agency which has been voted in as a member of the Governing Board may appoint an individual from their organization to serve as Governing Board member in their stead;

2. Each Governing Board member may appoint in writing, by telephone, or e-mail, an alternate voting representative if the designated voting representative is unable to attend a meeting. The written proxy will be given to the Secretary prior to the meeting;

Each designated role has one seat on the Board, except as otherwise indicated.

A seat will be added to the Governing Board for an Emergency Solutions Grantee (ESG) when and if ESG grantees are not already represented on the Governing Board in another seat by a member organization receiving ESG funds.

<u>Additional Membership Conditions:</u>

1. No organization may have more than one staff person seated on the Governing Board at any time, regardless of which seats they occupy;

2. The Governing Board is established/activated once seven of the eighteen seats are occupied, pursuant to the process established by this Charter. Two of the seven must include the Collaborative Applicant and the Homeless or Formerly Homeless Individual.

B. MCHSCoC GENERAL MEMBERSHIP

The MCHSCoC General Membership is a volunteer and/or appointed membership. The Governing Board, with the assistance of the Membership Committee will issue a public invitation for new members at least annually, through a General Orientation and Membership Event. The Governing Board and MCHSCoC general membership may solicit specifically for members to represent under-represented subpopulations or groups, including initiating additional actions to ensure representation by homeless and/or formerly homeless persons. Applications for membership shall be reviewed, approved or denied as provided by Section "IV.C.1.g. Membership Committee" of this Charter.

Current Members are incorporated in this Governance Charter in the "MCHSCoC Membership List" at Addendum A, Figure 2. The MCHSCoC general Membership List will be updated at a minimum once a year.

The MCHSCoC is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. The CoC Interim rule (24 CFR Part 578.5) outlines those organizations and individuals, that are to be included as part of the membership in the MCHSCoC. The General Membership consists of three membership categories:

1. **Agency/Organization Membership:** A member agency/organization is a public or private agency or organization that can or does address short and longer-term housing needs, health needs, legal needs, case management, education, or other support services related to the homeless in Mendocino County. Agency/organization membership requires completion of the Memorandum of Understanding for General Membership as prepared and updated by the Governing Board with the assistance of the Membership Committee. This form is incorporated to this Charter as Addendum C.

2. **Individual Membership:** An individual member is a concerned community member who is homeless, or formerly homeless, or has otherwise demonstrated a personal interest in the needs of the homeless in Mendocino County. Individual membership requires completion of the Memorandum of Understanding for Individual General Membership.

3. **Advisory Membership:** An Advisory membership is for those stakeholder individuals and agencies that are interested in participating in the MCHSCoC, but are unable to fulfill membership duties. Examples include individuals with specific knowledge or expertise who may be called upon to provide specific input, or asked to sit on an Ad hoc committee. Advisory members are not held to the attendance or committee requirements of General or Board members, Advisory members do not have the power to vote at any meetings. Advisory membership requires completion of the Memorandum of Understanding for Advisory Membership.

C. **CODE OF CONDUCT**

1. **Scope**
   This section applies to all Members of the MCHSCoC, its Board Members, officers and all persons acting on behalf of the MCHSCoC, herein the Code of Conduct referred to as "Members".

2. **General Statement of Expectation**
   Each Member is expected to adhere to a high standard of ethical conduct and to act in accordance with the MCHSCoC's Mission. Unethical actions, or the appearance of unethical actions, are not acceptable. Members are to be guided by the following principles in carrying out their responsibilities. Note, however, that this Code summarizes such principles and nothing in this Code should be considered as limiting duties, obligations or legal requirements with which Members must comply.

   a. **Loyalty**: Members should not be, or appear to be, subject to influences, interests or relationships that conflict with the mission and purpose of the MCHSCoC.

   b. **Care**: Members shall apply themselves with seriousness and diligence to participating in the affairs of the Board and its committees and shall act prudently in exercising management oversight of the MCHSCoC. Members are expected to understand the MCHSCoC's principal policies and core values.

   c. **Inquiry:** Members shall take such steps as are necessary to be sufficiently informed to make decisions on behalf of the MCHSCoC and to participate in an informed manner in the MCHSCoC's activities. Members are expected to attend all meetings of the MCHSCoC, except if unusual circumstances make attendance impractical.

d. **Compliance with Laws, Rules and Regulations**: Members shall comply with all laws, rules and regulations applicable to the MCHSCoC.

e. **Observance of Ethical Standards**: Members must adhere to the highest of ethical standards in the conduct of their duties. These include honesty, fairness and integrity.

3. Integrity of Records

Members should promote the accurate and reliable preparation and maintenance of the MCHSCoC's records. Diligence in accurately preparing and maintaining MCHSCoC's records allows the MCHSCoC to fulfill its reporting obligations and to provide governmental authorities and the general public with full, fair, accurate, timely, understandable, open and transparent disclosure.

4. Conflicts of Interest

Members must act in accordance with the conflicts of interest requirements at 24 CFR §578.95(b), namely that no member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Members shall review and sign the MCHSCoC's conflict of interest policy before or at the time of taking their seat.

5. Affirmation

All Members shall read this Code at least annually, and shall certify in writing that they have done so and understand the Code.

6. Recusal Process

Definition: "Recusal" means the process by which a person disqualifies himself or herself from a matter because of prejudice or a conflict of interest.

Members, officers or anyone acting on behalf of the MCHSCoC (including committee members) must recuse themselves from participating in or influencing discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents, and

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must recuse themselves in matters as otherwise applicable under 24 CFR §578.95.

7. Enforcement

Members will discuss with the Chair of the Board or the Co-Chair of the Board, any questions or issues that may arise concerning compliance with this Code of Conduct. Breaches of this Code, whether intentional or unintentional, shall be reviewed by the Governing Board (excluding any Members whose breaches are under review). Serious breaches of this Code may be cause for dismissal of the Member. Decisions to dismiss shall be made by majority vote of the MCHSCoC Governing Board at a properly convened meeting of the Board; the meeting shall be by closed session if requested by the Member being reviewed. The Member shall have a right to present a defense at such meeting prior to a final decision.

IV. <u>RESPONSIBILITIES</u>

A. <u>GOVERNING BOARD MEMBERS</u>

As the designated board of the MCHSCoC, the Governing Board, with the assistance of the MCHSCoC committees, works with the MCHSCoC Collaborative Applicant and HMIS Lead to fulfill three major duties:

1. **Operate the** MCHSCoC**, which must:**

   a) Hold meetings of the full MCHSCoC General membership, with published agendas, at least quarterly;

   b) Issue a public invitation for new member agencies or individuals within Mendocino County, at least annually with the assistance of the Membership Committee;

   c) Follow the written process to select board members. Lead the MCHSCoC in reviewing and updating the board selection process for approval of the MCHSCoC membership at least once every 5 years;

   d) Establish additional committees, subcommittees, or workgroups;

   e) Each Governing Board member shall serve one year on a Standing Committee or Work Group as appointed by the Chair of the Governing Board;

f) In consultation with the Collaborative applicant and the HMIS Lead, and with the assistance of the Strategic Planning Committee, further develop, follow, and update annually a governance charter, which includes all procedures and policies necessary to comply with CoC program requirements, as prescribed by HUD; and maintain a code of conduct and a recusal process for the Governing Board, its chair(s), and any person acting on behalf of the Governing Board;

g) With the assistance of the Performance Measurement Committee, consult with recipients and sub-recipients of CoC and/or ESG funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;

h) With the assistance of the Performance Measurement Committee, evaluate outcomes of projects funded under the Emergency Solutions Grants ("ESG") program and the CoC program, and report to HUD;

i) In consultation with recipients of ESG program funds within Mendocino County, and with the assistance of the Strategic Planning Committee, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers; this system will comply with any requirements established by HUD by notice;

j) In consultation with ESG recipients within Mendocino County, and with the assistance of the Strategic Planning Committee, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards, must include:

    i.   Policies and procedures for evaluating individuals' and families' eligibility for assistance under the CoC program (24 CFR Part 578);

ii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

iii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;

iv. Policies and procedures for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;

v. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

vi. If the MCHSCoC is designated a high-performing community, policies and procedures set forth in 24 CFR 576.400(e)((3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

k) With the assistance of the Strategic Planning Committee and consistent with 24 CFR §578.15(b), designate an eligible applicant(s) to submit an application for grant funds in response to a NOFA published by HUD under 24 CFR §578.19. The designation must state whether the Governing Board is designating more than one applicant to apply for funds and, if it is, which applicant is being designated as the collaborative applicant. If only one applicant is designated to apply, that applicant must be designated as the collaborative applicant.

2. **With the assistance of the Homeless Management Information Systems Committee, design and operate a Homeless Management Information System (HMIS)(24 CFR §578.7(b)):**

a. Designate a single HMIS for Mendocino County;

b. Designate an eligible applicant to manage the MCHSCoC's HMIS, which will be known as the HMIS lead;

c. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;

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d. Ensure consistent participation of recipients and sub-recipients in the HMIS;

e. Ensure that the HMIS is administered in compliance with HUD requirements.

3. **With the assistance of the Strategic Planning Committee develop a Continuum of Care plan** consistent with 24 §CFR 578.7(c), that includes:

a. Coordinating the implementation of a housing and service system within Mendocino County that meets the needs of the homeless individuals and families. The system must include:

   i.   Outreach, engagement, and assessment;

   ii. Shelter, housing, and supportive services;

   iii. Prevention strategies.

b. Planning and conducting a annual point-in-time count of homeless persons that meets the requirements of 24 CFR §578.7(c)(2);

c. Conducting an annual gaps analysis of the homeless needs and services available within Mendocino County;

d. Providing information required to complete the Consolidated Plan within Mendocino County;

e. Consulting with State and local government Emergency Solutions Grants program recipients within Mendocino County on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.

B. **MCHSCoC Members:**

The MCHSCoC membership has the following responsibilities:

1. Adopt and follow a written process to select a board (the Governing Board) consistent with 24 CFR §§578.5(b), 578.7(a)(3) and this Charter,

and review, update and approve the process for selection of the board at least once every 5 years;

2. Actively serve on or attend two committees or work groups per year;

3. Comply with the conflict-of-interest requirements at 24 CFR §578.95;

4. Collaborate with other members to work toward the MCHSCoC mission, goals, and objectives;

5. Abide by the MCHSCoC Governance Charter;

6. Attend MCHSCoC meetings. Active members missing three consecutive meetings could be moved to Advisory Membership status;

7. Participate in Point-in-Time Studies, outreach endeavors, training sessions or actual counts.

C. <u>COMMITTEES AND WORK GROUPS</u>

<u>Policy Statement</u>: The MCHSCoC is committed to ensuring that each committee is comprised of members that are representative, and can and do represent, the diverse and vast geographic area of the MCHSCoC. The MCHSCoC is also committed to ensuring that the committees are representative of the diversity of the MCHSCoC service area.

1. Standing committees are comprised of MCHSCoC General Members, with a maximum of two Board members. Board members do not vote in committee, may not hold the position of Chair and are not the designated spokesperson of the committee. Each member serves a minimum of 1 year to a maximum of a 3 years staggered term.

   Each committee elects the Chair and Co-Chair of their respective committee as well as selecting a member who will report back to the full MCHSCoC General Membership at the regularly scheduled MCHSCoC meeting.

   One Governing Board member, assigned by the Chair of the Governing Board, must serve as a member of each Standing Committee or Work Group.

The following are the Standing Committees:

a. **Strategic Planning Committee:**

The Strategic Planning Committee assists the Governing Board in the development and annual update of the Governance Charter, the development of the written standards for providing Continuum of Care assistance, and in making any recommendations for revisions to such standards. The committee also assists in the development of the Continuum of Care plan, and makes recommendations to the Board regarding implementation of and revisions to such plan. The committee assists the Governing Board in establishing either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The committee also assists the Governing Board in developing a specific policy consistent with the requirements established by HUD to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

The Strategic Planning Committee shall be comprised of a minimum of three but ideally five to seven MCHSCoC members in good standing. One of the seats shall be filled by recipient/subrecipient of CoC funding and one by an individual currently or formerly experiencing homelessness.

b. **Homeless Management Information Services (HMIS) Committee:**

The HMIS committee is responsible for planning, coordinating, and evaluating the implementation of HMIS for the MCHSCoC, data collection and processing (e.g. APR preparation), and review of all reports submitted on behalf of the COC, including but not limited to; HIC, APAR, AHAR, PIT. The committee will present these reports to the COC Board for questions and input prior to submitting them to HUD or other funders, in addition the committee will provide the reports to the Board or membership at their request.

This committee is also responsible for making recommendations to improve local data collection processes, reviewing, revising, and recommending to the Governing Board a privacy plan, a security plan, and the Data Quality Plan for the HMIS, and for ensuring consistent

participation, including submission of data and data entry, by the recipients and sub-recipients in the HMIS.

The committee is responsible for all aspects of the Point-in-Time Count (PIT), establishing the survey methods and tools for the annual homeless count in Mendocino County. In addition, this committee coordinates the annual homeless count ensuring that proper procedure is followed. The chair of this committee will act as, or appoint the "Census Coordinator" who will appoint, from this committee, a "Team Captain" for each geographical location of the County. Other team captains may be appointed, as needed, from the MCHSCoC general membership.

This committee is responsible for the collection and consolidation of data, preparing PIT for completion of the Continuum of Care and Consolidated Plan(s) and assists in the completion of a final report to the Collaborative Applicant for electronic submission to HUD.

The HMIS committee shall be comprised of a minimum of three and ideally five to seven MCHSCoC members in good standing who utilize the HMIS system.

c. **Performance Measurement Committee:**

The Performance Measurement Committee is responsible for recommending to the Governing Board performance targets for population and program type, assisting the Governing Board in monitoring recipient and sub-recipient performance and evaluating outcomes, allowing the Governing Board to take action against poor performers, and to report outcomes to HUD. The Committee shall also evaluate the outcome of any project(s) funded under the Emergency Solutions Grants program, allowing the Governing Board to report those outcomes to HUD. This committee is instrumental in determining where resources are best utilized, and in making recommendations to the CoC about re-allocation of funds specifically designated to homelessness services and issues.

The Performance Measurement Committee shall be comprised of a minimum of three and ideally five to seven MCHSCoC members in good standing of whom two or three should be recipients or sub-recipients of CoC funding.

d. Coordinated Entry / Discharge Planning Committee:

The Coordinated Entry/ Discharge Planning Committee is responsible for ensuring that current and appropriate agreements are in place with local institutions that may release individuals into a situation of homelessness, and to work toward the outcome of successful release into a housed situation as opposed to homelessness, as well as coordinated entry planning, development, and recruitment and acts as a liaison between coordinated entry sites and the CoC. Acting as the coordinated entry review team as outlined in the Coordinated Entry policies and procedures manual. This committee makes recommendations to the Governing Board regarding discharge planning and the homeless system of care coordinated entry process.

The Coordinated Entry /Discharge Planning Committee shall be comprised of three and ideally five to seven MCHSCoC members in good standing who are discharging individuals or individuals or agency representatives who are working in the coordinated entry system and or who are receiving referrals for individuals that may be released into a situation of homelessness.

e. TAY Committee:

The Transition Aged Youth (TAY) Committee is responsible for addressing issues specific to the needs of Transition Aged Youth ages 16 – 24, experiencing or at high risk of entering homelessness. This committee should be representative of and expect to consider communities for the geographic area of Mendocino County, including gaps in services, and any other homelessness related issue or emerging problem.

The TAY Committee shall be comprised of a minimum of three, but ideally five to seven MCHSCoC members in good standing from the general membership.

f. Families and Children Committee:

The Families and Children (F&C) Committee is responsible for addressing issues specific to the needs of Families and Children under the age of 16, experiencing or at high risk of entering homelessness. This committee should be representative of and expect to consider communities for the geographic area of Mendocino County, including gaps in services, and any other homelessness related issue or emerging problem.

The Families & Children Committee shall be comprised of a minimum of three, but ideally five to seven MCHSCoC members in good standing from the general membership.

g. Elders Committee:

The Elders Committee (EC) is responsible for addressing issues specific to the needs of Elderly couples and individuals experiencing or at high risk of entering homelessness. This committee should be representative of and expect to consider communities for the geographic area of Mendocino County, including gaps in services, and any other homelessness related issue or emerging problem.

The Elders Committee shall be comprised of a minimum of three, but ideally five to seven MCHSCoC members in good standing from the general membership.

> The Survey/Point-in-Time Committee shall be comprised of a minimum of three and ideally five to seven MCHSCoC members in good standing.

h. Application Review Committee:

The Application Review Committee is responsible for:

1. Developing a request for proposal (RFP) process for parties that may be interested in applying for the COC or ESG NOFA's.

2. Publicizing the availability of the Continuum of Care program (COC) and the Emergency Solutions Grant program (ESG) funding in an effort to ensure that all possible projects are considered.

3. Developing a rating and ranking tool for all appropriate funding opportunities, including but not limited to COC and ESG funds.

4. Reviewing and rating and ranking of applications submitted to the CoC for funding opportunities.

5. Reviewing grants where the agency is asking for a letter of support, and making a recommendation to the Board as to whether or not the letter should be provided. Applicants for funding may not participate on the committee if requests from their agency, or any other conflicts of interest are present.

The Application Review Committee shall be comprised of a minimum of three and ideally five to seven MCHSCoC members in good standing.

i. Membership Committee:

The Membership Committee is responsible for accepting membership applications (as described in Section III.B.), reviewing for membership eligibility, and approving general MCHSCoC membership applications. The committee shall also issue a public invitation for new members, at least annually. Any recommendations for denial of general MCHSCoC membership must go before the Governing Board for final decision.

Along with the Governing Board Secretary, this committee is responsible for maintaining contact information for all MCHSCoC General Members and committee change forms for all committees.

The MCHSCoC is committed to ensuring that the MCHSCoC membership is representative of the diversity of Mendocino County's residents experiencing homelessness. To that end, this committee shall engage in such outreach to any underrepresented communities.

The Membership Committee shall be comprised of a minimum of three but ideally to five to seven MCHSCoC members in good standing from the general membership.

h. Shelter and Solutions Committee:

The Shelter and Solutions Committee is responsible to address issues related to the current system of emergency shelter services and solutions for the geographic area of Mendocino County, including gaps in services, and any other shelter related issue or emerging problem.

The Shelter and Solutions Committee shall be comprised of a minimum of three, but ideally five to seven MCHSCoC members in good standing from the general membership. At least one member of the committee shall be a member organization that is an Emergency Solutions Grant Grantee.

2. **Ad-hoc Committees and Work groups:** Ad-hoc committees and workgroups shall be appointed by the Chair or Co-Chair and approved by vote of the Governing Board.

V. MEETINGS

A. VOTING MEMBERS & VOTING

For the purpose of this Governance Charter, "voting" means voting in the Governing Board, MCHSCoC general membership and committee meetings.

Names of individual voting members, agency/organization voting members, agency/organization voting alternates, and voting Governing Board members shall be on file with the Membership Committee. The Membership Committee must receive changes in writing.

1. **Governing Board Members:**

   Each voting member of the Governing Board shall have one vote in meetings at which they are present.

2. **MCHSCoC General Members:**

   a. All individual and agency/organization general members, except for Advisory Members as defined at Section III.B.3 of this Charter, shall have the right to one vote in meetings on matters appropriately addressed to and within the responsibilities of the MCHSCoC as stated in this Charter. Each agency/organization member shall designate a voting representative to exercise its one vote maximum;

   b. Each agency member may appoint in writing, telephone, or by e-mail, an alternate voting representative if the designated voting representative is unable to attend a meeting. The written proxy will be given to the Secretary prior to the meeting;

3. **Committee Members:**

   a. Each voting member serving on a committee shall have one vote in meetings of that committee.

   b. Committees may develop their own procedures that permit absentee, proxy, telephone, or email votes to effectively conduct their work.

B. QUORUM

Fifty-one (51%) percent of any Governing Board, full MCHSCoC general membership, or committee members entitled to vote must be present at the

meeting to constitute a quorum. If less than a quorum is present, a meeting may be conducted, but no votes on action items or motions can be taken.

C. <u>MAJORITY CARRIES</u>

A simple majority of votes cast shall carry the motion in the meetings of the Governing Board, full MCHSCoC general membership, and committees, except as otherwise provided in this Governance Charter.

D. <u>OPEN MEETINGS</u>

Governing Board and full MCHSCoC general membership meetings shall be open to the public, except as otherwise provided for in this Governance Charter

E. <u>NOTICE AND AGENDA</u>

Action items will be placed on the agendas of the meetings of the Governing Board, full MCHSCoC general membership and committees. Additional items may be added to the agenda at the beginning of the scheduled meeting, but may not be voted upon.

Agendas for the meetings of the Governing Board and full MCHSCoC general membership will be e-mailed to the Governing Board and to those on the MCHSCoC Membership List, and shall be posted at the scheduled location of the meeting three (3) days prior to the meetings.

F. <u>CONDUCT OF MEETINGS</u>

The Chair shall conduct Governing Board and full MCHSCoC general membership meetings. The meetings shall be ordinarily conducted in an informal manner, but may be conducted by Robert's Rules of Order (revised edition), as deemed appropriate by the Chair. The Secretary or delegate representative shall record the minutes of every meeting.

G. <u>FREQUENCY</u>

Meetings of the Governing Board shall be held monthly, except as otherwise provided in this Governance Charter. Afternoon meetings (1:30- 3:30) are the third Monday, unless there is a holiday, in which case it is the second Monday

Meetings of the MCHSCoC general membership shall be held at least quarterly, except as otherwise provided in this Governance Charter (Jan, April, July, October)

Meetings of the Standing Committees shall be held at least quarterly, except as otherwise provided in this Governance Charter

H. SPECIAL MEETINGS OF THE MEMBERSHIP

Special meetings, beyond regularly scheduled monthly meetings, may be called by a majority decision of the Governing Board. Special meetings shall cover only matters of business, which have been stated in the call to meeting. Members shall be provided with a minimum of forty-eight hours notice of a special meeting.

I. EXECUTIVE SESSION

Meetings of the Governing Board related to decisions to dismiss based on a Governing Board member's breach of the code of conduct may be closed to the public if requested by the Board Member under review.

VI. GOVERNANCE CHARTER REVIEW AND AMENDMENT

A. AMENDMENT

This Charter may be amended at any combined meeting of the Governing Board and MCHSCoC general membership by a vote of the majority of the Governing Board.

B. NOTICE

Written notice of any proposed amendment to this Charter shall be mailed, (electronically is acceptable), to all MCHSCoC members at least five (5) calendar days prior to the meeting at which such action is proposed.

C. ANNUAL REVIEW

This Governance Charter must be reviewed and updated as needed by the Governing Board at least annually.

VII. GOVERNING BOARD NOMINATION, OFFICERS AND TERMS

A. NOMINATION

Nominations for the Governing Board shall be made by the MCHSCoC General Membership and nominees must be members of the MCHSCoC General Membership. Nominations for Officers of the Governing Board shall be made by

the Governing Board and nominees must be members of the Governing Board. Nominations shall be made for each of the following seats of the Governing Board by the MCHSCoC General Membership (Figure 1):

- Collaborative Applicant – *One Seat*

- Homeless or Formerly Homeless Individual – *One Seat*

- Shelter Representatives – Coast *(One Seat)*, South County *(One Seat)*, North/Inland County *(One Seat)*

- Public Housing Authority – *One Seat*

- Organization addressing the needs of the Homeless/Chronically Homeless – *One Seat*

- Organization addressing the needs of Unaccompanied or Tansition Aged Youth – *One Seat*

- Organization addressing the needs of the elderly Population – *One Seat*

- Organization addressing the needs of the Seriously Mentally Ill – *One Seat*

- Organization serving persons with chronic substance abuse–*One Seat*

- Organization addressing the needs of Veterans–*One Seat*

- Organization addressing the needs of persons with HIV/AIDS – *One Seat*

- Organization addressing the needs of Victims of Domestic Violence – *One Seat*

- Organization providing health care to the homeless – *One Seat*

- County of Mendocino Health and Human Services Agency – *One Seat*

- Other Government Agency in Mendocino County that is either the authoring agency of the Consolidated Plan and/or addresses the needs of the homeless- *One Seat*

- Homeless of formerly homeless transition aged youth

The Governing Board shall have a Chair, Co-Chair, and Secretary who are members of the Governing Board that shall be nominated and elected by the Governing Board.

Each committee shall have a Chair, Co-Chair, and Reporter who are members of the committee who have volunteered for the Office and are approved by the committee.

The Term of MCHSCoC Governing Board Membership is three (3) years.

B. **LIST OF OFFICERS AND DUTIES**

Governing Board Chair:

The term of office shall be three years. This officer is responsible for presiding over all meetings of the Governing Board and meetings of the full MCHSCoC General Membership. This officer shall act as spokesperson for the Continuum of Care and have final approval on all publicly reported information regarding the CoC.

Governing Board Co-Chair:

The term of office shall be three years. In the absence of the Chair, this officer is responsible for presiding over meetings of the Governing Board and meetings of the full MCHSCoC General Membership.

This officer shall also be responsible for announcing funding opportunities and corresponding deadlines to the Governing Board and MCHSCoC General Membership. This officer shall be responsible for coordinating review by the Governing Board of APR's and other required reports of the MCHSCoC as the CoC.

Governing Board Secretary:

The term of office shall be three years. This officer is responsible for recording minutes at all meetings, preparing the agenda for all meetings, and submitting these to the Chair for approval and distribution (as the Chair is generally an employee of HHSA, distribution and notification sits with the chair).

Committee Chairs:

The term of office shall be one to three years staggered term. These officers shall preside over Committee meetings and are responsible for scheduling meetings and creating the Agenda as stated in this Governance Charter. This officer shall be responsible for presenting Committee recommendations to the Governing Board.

Committee Co-Chairs:

The term of office shall be to three years staggered term. These officers, in the absence of the Chair, are responsible for presiding over Committee Meetings as well as coordinating and communicating scheduling of meetings to Committee Members.

Committee Reporters:

The term of office shall be to three years staggered term. These officers are responsible for recording minutes at all Committee Meetings and reporting to the Governing Board and MCHSCoC General Membership of Committee Meeting dates and times.

MCHSCoC **GOVERNING BOARD MEMBERSHIP**

Role	Organization/Agency/Individual	Sector
Collaborative Applicant– *One Seat*		
Homeless or Formerly Homeless Individual – *One Seat*		
Shelter Representatives – Coast *(One Seat)*, South *(One Seat)*, North *(One Seat)*		
Public Housing Authority – *One Seat*		
Organization addressing the needs of the Chronically Homeless – *One Seat*		
Organization addressing the needs of Unaccompanied or Transition Aged Youth – *One Seat*		
Organization serving the needs of the Elderly Population – *One Seat*		
Organization addressing the needs of the Seriously Mentally Ill – *One Seat*		
Organization addressing the needs of persons with chronic substance abuse – *One Seat*		
Organization addressing the needs of Veterans – *One Seat*		
Organization addressing the needs of persons with HIV/AIDS – *One Seat*		
Organization addressing the needs of Victims of Domestic Violence – *One Seat*		
Organization providing Health Care services to the		

Homeless – **One Seat**		
County of Mendocino, Health and Human Services Agency - **One Seat**		
Other Government Agency in Mendocino County that is either the authoring agency of the Consolidated Plan and/or addresses the needs of the homeless - **One Seat**		
Individual representing Transition Aged Youth who is homeless of formerly homeless- **One Seat**		
Total Seats: **18**		

ADDENDUM A, *Figure 2*
MCHSCoC MEMBERSHIP LIST

Sector	Organization/Agency/Individual	Role
Non-Profit Homeless Assistance Providers		
Victim Service Providers		
Faith-Based Organizations		
Governments		
Businesses		
Advocates		
Public Housing Agencies		
School Districts		
Social Service Providers		
Mental Health Agencies		
Hospitals/Health Care Providers		
Universities		
Affordable Housing		

Developers		
Law Enforcement		
Organizations Serving Veterans		
Organizations that serve Homeless or formerly Homeless Individuals		
Homeless or formerly Homeless Individual(s)		

CA-509

2018

HMIS Policies & Procedures

I.   HMIS Governance Charter/MOU (signed document outlining roles and responsibilities of HMIS and CoC)

II. HMIS Participating Agency MOU - We need to get an electronic copy of this from HHSA. We each have a copy that was signed by our agency but I would like to include a blank one for future use.

III. HMIS Policies and Procedures

 A. HMIS Participating Agency Agreement

 B. HMIS User Agreement

 C. HMIS Client Release of Information

 D. HMIS Privacy Notice

 E. HMIS Data Sharing Agreement (if interagency data sharing is allowed)

 F. Data Quality Plan

 G. Data Privacy Plan

 H. Data Security Plan

 I.   Monitoring Plan and Checklist

I.   HMIS Policies and Procedures

 A. HMIS Participating Agency Agreement

  1. **Purpose:** Establish minimum standards for agencies to collect and maintain records for every client receiving services to assure the accuracy and completeness of records in Mendocino County CoC HMIS

  2. **Agency Responsibilities:**

   a. Assure the accuracy of information entered into Mendocino County CoC HMIS. Any updates in information, error, or inaccuracy that comes to the attention of the agency will be corrected by such agency.

   b. Perform routine Data Quality Assurance procedures (see Table 1.1) then review and promptly correct inaccuracies.

  3. **Agency Confidentiality Responsibilities:**

   a. The agency agrees to abide by all present and future federal and state laws.

   b. The agency Executive Director must accept responsibility for the validity of all records entered into Mendocino County CoC HMIS by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities as an Agency Site Administrator who will be responsible for verifying the accuracy of information. The agency will

provide Mendocino County CoC HMIS Administrator with the name(s), and title(s) of the staff member(s) authorized to supervise data entry personnel.

   c. Data Tracking of Client Services:

      i. The agency will implement a written policy for the delivery of services and tracking of clients that will include but not be limited to the process for determining and recording program specific outcomes and exits.

      ii. The agency will implement a written intake and client record keeping procedure so that files will reflect:

         ✓ The intake interview process.

         ✓ How program eligibility was determined.

         ✓ All records of services provided.

   d. All shelter and supportive housing programs will maintain an up-to-date resident/bed list that shall include but not be limited to the name of each person residing in the program.

   e. Data Entry and Reporting Submission Deadlines:

   f. Intake data should be entered into Mendocino County CoC HMIS as soon as possible but no later than **72 hours after the intake process.**

   g. Shelter exits (emergency and transitional housing programs only)

      ✓ Housing status must be updated in Mendocino County CoC HMIS within 24 hours of program exit.

4. **Data Accuracy Responsibilities:**

   a. The agency will ensure that all clients entered into Mendocino County CoC HMIS will have a unique identification number, either a social security number or system- generated identification number, which matches the *client files* for tracking purposes.

   b. The agency will ensure that missing/unknown data in Mendocino County CoC HMIS will be **less than 5% per month in required variable fields**. For example, if the data for the variable veteran is 'Don't Know' or 'Refused' for less than 5% of clients during the month, the data is accurate. If 'Don't Know' or 'Refused' is greater than or equal to 5%, the data is inaccurate. The only exception is the variable Destination where 'Unknown' is acceptable.

   c. The agency will ensure data is compatible with their available programs in Mendocino County CoC. For example, a family cannot be entered at a single men's shelter or a women's shelter.

   d. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' in Mendocino County CoC HMIS should

be the date the client physically exited the shelter.

5. **Data Quality Assurance Responsibilities:**
    a. The agency will have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.
    b. Agency Site Administrators will assure the following:

Table 1.1

Agency Site Administrators Task List	
1. Run a Mendocino County CoC HMIS report for each program. Review number of open cases to verify that they equal the number of actual open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open.	Monthly
2. Pull 10% of paper files and compare with Mendocino County CoC HMIS data to verify that data is accurate.	Monthly
3. If an overnight shelter, then check Resident/Bed List to verify accuracy against paper shelter list.	Weekly
4. If shelter or transitional housing program, check Resident/Bed List to verify that number of open cases on Mendocino County CoC HMIS report equals the number of individuals and households on Resident/Bed List.	Monthly
5. Issue monthly Data Quality Assurance Report to agency Executive Director on status of quality assurance monitoring check.	Monthly

6. **Monitoring Responsibilities and Expectations:**
    a. The Mendocino County CoC HMIS Administrator will be responsible to contact and visit each agency to ensure data quality assurance at least once every twenty four (24) months.
    b. The details of this Assurance Plan as well as HUD HMIS standards and thresholds will be checked with client files against Mendocino County CoC HMIS data to ensure agencies are meeting guidelines.
    c. A report of the monitoring will be given to the agency. If corrective action is needed, a timeline will be given along with the report to the agency. Within the decided timeline, the agency will submit a corrective action plan to the Mendocino County CoC HMIS Administrator.
7. See Appendix C for HMIS Participating Agency Agreement Document
    a. HMIS User Agreement
    b. HMIS Client Informed Consent and Release of Information Authorization Form
    c. HMIS Privacy Notice
    d. HMIS Data Sharing Agreement (if interagency data sharing is allowed)
    e. Data Quality Plan

8. **Why is Data Quality so Important**
    a. Timely, accurate and complete data is central, critical to the success of an HMIS
    b. Data quality impacts every part of HMIS- for example, reporting is meaningless unless the supporting data is correct and timely
    c. Data quality can't be delegated to HMIS-everyone from the Data Entry Staff, Case/Intake Workers and Executive Directors in the contributing HMIS organizations to the Chair of the Continuum of Care affect the quality of HMIS data.
    d. Bad data is worse than no data

9. **What is Data Quality**
    a. Refers to the HMIS's ability to describe the homeless people, services provided and program outcomes within the CoC.
    b. Data quality is quantitative - It can be measured and tracked over time:
        i. Compared to actual client and shelter records
        ii. Data can be compared to client's 'paper records'
        iii. HMIS attendance and PIT counts can be compared to the agency's daily 'head counts'
        iv. Data quality can be evaluated using analytical tools
        v. Bed utilization rates to test Entry/Exit accuracy

10. **Who is responsible for Data Quality**
    a. The HMIS Lead Agency
        i. Day to Day operation of the HMIS
        ii. User training and certification
        iii. Development and maintenance of HMIS policy and procedures, including a data quality plan, (subject to CoC approval)
    b. Contributory HMIS Organizations (homeless and non-homeless service providers)
    Provide adequate resources for accurate, timely data collection and entry into HMIS
        i. Oversight of employees using HMIS
        ii. End Users Collect and enter client information
        iii. Protect privacy of clients and follow all security requirements

11. **Foundations for Data Quality - CoC**
    a. The CoC primary decision-making entity (Homeless Services Planning Group HSPG) is ultimately responsible for selection of the HMIS lead agency, the selection of HMIS software and accountability for and oversight of the HMIS, including adherence to all data and technical standards. The CoC must

conduct appropriate oversight of the HMIS to ensure that it is compliant with the HMIS Standards and is meeting local needs.

b. The HMIS lead agency is Mendocino County Health and Human Services Agency, Social Services Branch, Adult and Aging Services Division. There is only one HMIS system in the CoC and the HMIS lead agency is responsible for operating that system. The software system the HMIS uses is ClientTrack, a Data System International web based product. The ClientTrack software system was selected by the CoC decision making entity and installed in 2007. ClientTrack training began December 2007 and agencies began to load HMIS data starting with October 2007 HMIS data in January 2008.

c. The HMIS lead agency is responsible for the day to day operation of the HMIS, user training and certification and development and maintenance of HMIS policy and procedures, including a data quality policy and procedure. The HMIS must be in compliance with all HUD HMIS standards (2004, 2010, HPRP)

12. The HMIS Lead Agency functions and responsibilities are assumed on the behalf of the CoC.
    a. Manage the HMIS in a manner that meets HUD's minimum standards for data quality, privacy and security.
    b. Meet additional local standards for data quality, privacy and confidentiality.
    c. Process universal data elements to generate and submit an unduplicated homeless count to the CoC.

13. The HMIS Data Standards are established and approved by HUD and must be adhered to according to 24 CFR 578. Users should utilize the most current HMIS Data Standards Manual and HMIS Data Standards Data Dictionary for specific guidance in regards to this policy.

14. HMIS Participating Agency Data Quality Agreements
    a. Assure the accuracy of information entered into the system. Any updates in information, error or inaccuracy that comes to the attention of the connecting agency will be corrected by such agency.
    b. Perform routine Quality Assurance procedures to monitor data quality and promptly correct inaccuracies.
    c. The connecting agency agrees to abide by all present and future federal and state laws
    d. The connecting agency Executive Director must accept responsibility for the validity of all records entered by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information.
    e. The connecting agency implements a written plan for delivery of services

and tracking of clients that includes the process for determining and recording outcome/exits.

    f.   All services entered will be consistent with corresponding program.

    g.   The client must be eligible to receive such services from the provider per program specific eligibility criteria.

    h.   The agency implements a written intake and client record keeping procedures and files that include:

        i.   Intake Interview

        ii.   Record of services provided

i.   Shelter and supportive housing programs maintain an up-to-date residence list that includes, at least, the name of each person residing in the program.

j.   Intake data should be entered into the HMIS **within 24 hours of the intake process**.

k.   Shelters only: Clients who stayed in shelter during the previous 24-hour period must be entered into HMIS daily by 9:00 am.

l.   Complete and accurate data for the month must be entered into the HMIS by the **fourth working day of the month** following the reporting period.

B. Data Privacy Plan

C. Data Security Plan

D. Monitoring Plan and Checklist

2018 HDX Competition Report

PIT Count Data for CA-509 - Mendocino County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**1242**	**1238**	**880**
Emergency Shelter Total	117	113	94
Safe Haven Total	0	0	0
Transitional Housing Total	75	47	63
Total Sheltered Count	**192**	**160**	**157**
Total Unsheltered Count	**1050**	**1078**	**723**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**177**	**97**	**96**
Sheltered Count of Chronically Homeless Persons	76	38	43
Unsheltered Count of Chronically Homeless Persons	101	59	53

2018 HDX Competition Report

PIT Count Data for CA-509 - Mendocino County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	35	22	14
Sheltered Count of Homeless Households with Children	16	18	14
Unsheltered Count of Homeless Households with Children	19	4	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	92	19	24	12
Sheltered Count of Homeless Veterans	18	5	11	6
Unsheltered Count of Homeless Veterans	74	14	13	6

2018 HDX Competition Report

HIC Data for CA-509 - Mendocino County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	72	15	57	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	112	23	51	57.30%
Rapid Re-Housing (RRH) Beds	0	0	0	NA
Permanent Supportive Housing (PSH) Beds	254	0	254	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	438	38	362	90.50%

2018 HDX Competition Report

HIC Data for CA-509 - Mendocino County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	0	79	67

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC			

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC			

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for CA-509 - Mendocino County CoC

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	223	251	49	47	-2	17	16	-1
1.2 Persons in ES, SH, and TH	324	367	112	112	0	42	42	0

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	223	273	408	711	303	155	420	265
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	324	386	367	621	254	172	373	201

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

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

 After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	62	8	13%	1	2%	5	8%	14	23%
Exit was from TH	25	1	4%	0	0%	1	4%	2	8%
Exit was from SH	0	0		0		0		0	
Exit was from PH	20	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	107	9	8%	1	1%	6	6%	16	15%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1242	1238	-4
Emergency Shelter Total	117	113	-4
Safe Haven Total	0	0	0
Transitional Housing Total	75	47	-28
Total Sheltered Count	192	160	-32
Unsheltered Count	1050	1078	28

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	332	372	40
Emergency Shelter Total	227	258	31
Safe Haven Total	0	0	0
Transitional Housing Total	112	133	21

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	150	130	-20
Number of adults with increased earned income	6	6	0
Percentage of adults who increased earned income	4%	5%	1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	150	130	-20
Number of adults with increased non-employment cash income	37	35	-2
Percentage of adults who increased non-employment cash income	25%	27%	2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	150	130	-20
Number of adults with increased total income	37	35	-2
Percentage of adults who increased total income	25%	27%	2%

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	65	82	17
Number of adults who exited with increased earned income	4	5	1
Percentage of adults who increased earned income	6%	6%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	65	82	17
Number of adults who exited with increased non-employment cash income	7	7	0
Percentage of adults who increased non-employment cash income	11%	9%	-2%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	65	82	17
Number of adults who exited with increased total income	11	9	-2
Percentage of adults who increased total income	17%	11%	-6%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	435	547	112
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	122	138	16
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	313	409	96

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	459	592	133
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	131	151	20
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	328	441	113

FY2017 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

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

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	373	485	112
Of the persons above, those who exited to permanent housing destinations	47	55	8
% Successful exits	13%	11%	-2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	369	323	-46
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	325	294	-31
% Successful exits/retention	88%	91%	3%

2018 HDX Competition Report
FY2017 - SysPM Data Quality

CA-509 - Mendocino County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	89	52	58	57	79	48	57	61	441	386	370	364								
2. Number of HMIS Beds	88	24	0	57	24	43	16	61	244	230	0	364								
3. HMIS Participation Rate from HIC (%)	98.88	46.15	0.00	100.00	30.38	89.58	28.07	100.00	55.33	59.59	0.00	100.00								
4. Unduplicated Persons Served (HMIS)	598	429	227	422	73	90	112	30	271	280	254	191	0	0	0	0	0	0	0	0
5. Total Leavers (HMIS)	574	407	205	411	42	44	51	19	80	39	45	26	0	0	0	0	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	248	218	69	149	0	14	5	0	28	20	25	21	0	0	0	0	0	0	0	0
7. Destination Error Rate (%)	43.21	53.56	33.66	36.25	0.00	31.82	9.80	0.00	35.00	51.28	55.56	80.77								

2018 HDX Competition Report

Submission and Count Dates for CA-509 - Mendocino County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes