Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: CA-517 - Napa City & County CoC

1A-2 Collaborative Applicant Name: County of Napa

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?	Monthly
1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?	Quarterly
IB-3 Does the CoC include membership of a homeless or formerly homeless person?	Yes
1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.	Outreach, Advisor, Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Policy Council	Convenes public and private-sector decisionmakers to plan, coordinate, and align Napa CoC policies and activities with federal, state, and local initiatives and funding to prevent & end homelessness (i.e. Ten Year Plan, Open Doors, HUD Strategic Plan, and ESG Coordination). Will work closely with the CoC Board (once established in 2014) to implement CoC priorities. Manages the CoC Homeless Assistance program funding process, including project review and selection and completion of the CoC Application. Oversees annual PIT count/HIC. Ensures CoC is inclusive, engaging in outreach and providing equal access to organizations and individuals from all backgrounds. Sets the CoC meeting agendas and manages CoC-wide communication.	Bi-Monthly	Mitch Wippern - Napa County Health & Human Services Agency (Chair); City of Napa, County of Napa Health & Human Services, Napa Police Department

1C-1.2	HMIS Policy Committee	Plans data collection, analysis, and use for system-wide improvement: plans implementation of federal data standards; optimizes HMIS utilization; improves capacity to enable unduplicated PIT count; facilitates needs analyses and funding prioritization; evaluates/updates HMIS Policies & Procedures Manual including annual review of data quality, security & privacy plans; reviews HMIS bed coverage and implements best practices to expand coverage; conducts RFP For new software/services contracts. HMIS participating agencies on committee also help plan HMIS expansion to mainstream agencies, improvement of staff/user training, review and improvement of data sharing, and compliance with data/technical standards.	Monthly	Cty Health&Hum Svcs (Chair); Buckelew (mental health), Cath Charities, Community Action Napa Valley (shelters/day center/PSH), Family Svcs Napa Valley, Cty Mental Health Svcs, Napa Police Dept St Outreach, Progress Foundation (PSH/ TAY), VOICES (TAY)
1C-1.3	Governance/Hearth Implementation Committee	Plans CoC's HEARTH implementation and CoC governance restructuring, including - drafting and reviewing governance charter (covering governance board and committees/workgroups structure, CoC rogram application and review & rank process, HMIS roles & responsibilities, code of conduct); CoC Board recruitment and selection; implementing Policy Council's coordination and alignment efforts with Ten Year Plan/Consolidated Plan/HUD Strategic Plan/etc.; developing and tracking system-wide performance measures to meet HUD and local strategic objectives, in conjunction with coordinated assessment and referral system implementation.	Monthly	Buckelew (mental health/PSH), Catholic Charities (TH, PSH), Community Action Napa Valley (shelters/day center/PSH), Housing Authority City of Napa (PHA/PSH/TH), Napa County Health & Human Services, NEWS (DV), Napa Police Dept Street Outreach
1C-1.4	Coordinated Assessment Committee	Plans/implements coordinated access, assessment & referral system in compliance with federal regulations: engages/builds relationships with stakeholders (CoC providers, mainstream agencies, community resource centers, affordable housing organizations, funders/foundations & non-HUD service providers); maps service systems, researches system best practices & assessment tool models and determines feasibility for local implementation; drafts/tests universal assessment tool; develops resources and identifies partnerships to support implementation; educates CoC and markets to public re: coordinated system & benefits; plans and implements pilot system (selects population & participants, trains staff, develops initial tool and evaluates outcomes).	Monthly	Buckelew (mental health/PSH), Catholic Charities (TH, PSH), Community Action Napa Valley (shelters/day center, PSH), Napa Cty Health & Human Services, Napa Cty Mental Health Services, Napa Emerg Women's Services (DV), Napa Police Dept Street Outreach

1C-1.5	Economic Self-Sufficiency Committee	Plans improvement of CoC-wide employment and income outcomes by 1) developing strategies to increase/maintain income, including mainstream resources (SSI, food stamps, general assistance, TANF), such as coordinating SOAR training and running SOAR user meetings; 2) deeper targeting for key subpopulations (chronically homeless, veterans, TAY) with new initiatives (Bank on Napa – financial literacy/banking access program; Circles – mentorship program for people moving out of poverty) 3) advocating for increased funding (expand existing social enterprises); 4) hosting community awareness/advocacy events (film screening/community fair focused on food security, convening providers, advocacy organizations, community leaders, general public).	Monthly	NEWS (DV)(Chair); Cath Charities; CANV (shelters/day centr/PSH/food bank); Comm. Resources for Children; 5 Family Resource Ctrs; Hous Auth. City Napa; DA's Office; Cty Library; Cty Self-Sufficiency Prog; Queen of the Valley (hospital); United Way

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

The CoC ensures inclusivity of perspectives in planning & implementation by reaching out to all Napa agencies serving homeless/at-risk, community groups (i.e. Napa Valley Coalition of Nonprofit Agencies), funders & businesses through targeted outreach, community events, surveys & email. All CoC subgroups are open and publicized through the listserv/CoC meetings. For ex, the Coordinated Assessment Committee (comprised of government/non-profit agencies including health & human services, police, faith-based, shelters, mental health, DV) interviewed over a dozen non-CoC agencies (family resource centers, detox centers, hospitals/clinics, etc.) about their resources/services & intake/referral system to build broad stakeholder engagement.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

The CoC review panel follows the rank & selection process outlined in the Governance Charter approved by the full CoC. The panel uses the factors set in the CoC-annually-approved scoring tool: Community Need, Performance Outcomes, Budget & Cost Effectiveness, Agency/Collaborative Capacity, HMIS participation, & Leverage. Over the full CoC listserv, the CoC publicized the CoC NOFA opportunity on 11/22/13, open bidders TA workshop & Napa's ARD/GIW on 11/27/13, 2013 CoC project scoring tool (presented at the TA workshop & approved at 12/5/13 CoC meeting) on 12/16/13, & CoC project rankings (approved at 1/16/14 CoC meeting) on 1/23/14. At the 2 hour TA workshop on 12/5/13, the CoC presented the review & rank process & scoring tool.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The CoC collects/reviews project data yearly to assess effectiveness. The 2013 panel (neutral experts) reviewed/ranked projects on 2012 APR, 2013 HMIS & agency data, considering elements showing success returning persons to PH: # persons served (incl. subpop data), quarterly PIT utilization rates, residential stability (% maintaining housing for 6 mo/1 year, % exiting to PH, avg/median length of time in project), monthly income change, sources of income, employment at exit. The panel also analyzed data on project capacity: 1) budget/cost effectiveness (2013 agency/project budget, 2012 cost per person, anticipated leverage); 2) 2013 agency/collaborative capacity (unresolved HUD/audit findings, HUD deobligated funds, timing/amount of drawdowns, CoC participation); 3) 2013 HMIS completion (% clients exiting to known destination, % data not null/missing/etc). Severity of barriers is taken into account by considering subpopulation served (i.e. severely mental ill) & type of project (PH/TH).

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

Napa CoC welcomes proposals from agencies which have not previously received CoC program funds, even seeking them out when bonus funds are available. The CoC publicized the CoC NOFA/application, local funding available, & review/scoring process over its email listserv (11/22/13 & 11/27/13), at a general CoC meeting (12/5/13), and at the open applicants' technical assistance workshop (12/5/13). The CoC provides any necessary technical assistance/guidance to ensure new applicants understand CoC & general HUD funding & application requirements. The CoC also thoroughly reviews all project applications, providing substantive & technical feedback. The CoC also ensures that the scoring tool is equitable toward new applicants.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	01/30/2014
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

N/A

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

Under the oversight of the CoC, the HMIS Committee (led by staff of the HMIS Lead Agency, which also chairs the CoC), annually reviews and updates the HMIS Policies and Procedures to ensure that they meet current federal standards. (The most recent revision was January 2014.) HMIS Lead Agency Staff, contractor Community Technology Alliance, and/or an Agency's HMIS administrator conduct bimonthly user trainings and audits of data quality, security, and privacy policies at each agency to ensure compliance with federal standards and to improve program-level usage of HMIS. Napa CoC requires complete/accurate HMIS in order to establish an efficient coordinated assessment & referral system and to measure program- and CoC-wide performance in 2014. Thus, the CoC plans to switch to a more robust and end-user friendly HMIS to ensure all agency staff are tracking and using HMIS data in an accurate, consistent, efficient, and secure manner that complies with HUD rules & standards.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The HMIS Policies & Procedures (P&P) has comprehensive privacy, security, and data quality plans which are reviewed by the HMIS Committee & Lead at least annually and when HUD issues new guidance/regulations. The privacy guidelines include limitations on data collection/usage, allowable uses/disclosures, access/correction standards, and protections for violence/stalking victims. The security policies provide for confidentiality, integrity, and availability of all HMIS data, protect against reasonably anticipated security threats, and enforce compliance by end users. The data quality procedures mandate data completeness, accuracy, and consistency.

The P&P were originally developed in 2007 and have been reviewed and updated annually by the HMIS Committee/Lead since (most recently in January 2014). The new version of the P&P is disseminated by the HMIS Lead to all agency administrators, who are required to retrain all agency end users on the data privacy, security, and quality procedures.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	ServicePoint
2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman Systems
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	Yes

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) CA-517 - Napa City & County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$33,969
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$33,969

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$20,345
State	$0
State and Local - Total Amount	$20,345

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-3.6 Total Budget for Operating Year	$54,314

2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	55
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	37
Rapid Re-housing	2

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	4%
Date of birth	0%
Ethnicity	0%
Race	1%
Gender	0%
Veteran status	1%
Disabling condition	1%
Residence prior to program entry	0%
Zip Code of last permanent address	3%
Housing status	1%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

Napa CoC uses HMIS to generate the APR report every 2 months, the CAPER twice a year, and the AHAR annually to meet HUD's reporting requirements. The CoC also uses HMIS-generated reports to complete the data (performance, planning) sections of the CoC application. The CoC uses HMIS data to complete the PIT and to cross-check/de-duplicate data from the PIT surveys. The HMIS Lead/Admin runs the universal data elements report every month to ensure data quality.
All CoC- and ESG- funded agencies use HMIS to generate reports to collect and analyze their outcomes data for their respective CoC project & ESG applications. Agencies such as Napa County Health & Human Services, Community Action Napa Valley, and Catholic Charities also use HMIS to generate reports throughout the year to monitor their performance data to ensure compliance with HUD/other requirements.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

Under CoC oversight, the HMIS Lead Agency (also the CoC Co-Chair) generates monthly Data Quality Reports for each agency using HMIS. These agencies and the HMIS Lead meet monthly at the CoC's HMIS User Workgroup to review reports, correct errors, and determine methods to improve data quality. Agencies must correct all data errors before the next meeting. Under contract with the CoC, Community Technology Alliance (CTA) provides additional technical support & training to the agencies. CTA regularly communicates with and trains the CoC Co-Chair/HMIS Lead staff on system-wide technical issues to better assist the CoC. CTA provides data analysis services to clean and de-duplicate data for PIT, HIC, and AHAR, enabling the CoC to identify and address system errors that created data quality issues. The HMIS Policy & Procedures' data quality guidelines, which mandate data completeness, accuracy, and consistency, also support these efforts.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Bi-Monthly
*** Using data for program management**	Bi-Monthly
*** Integration of HMIS data with data from mainstream resources**	Quarterly
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Quarterly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Information regarding accuracy of capturing participant entry and exit dates is on pages __ of the HMIS Policies & Procedures Manual in sections 9(b)(1), 9(b)(2), and 9(b)(3).

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	100%	0%
Transitional Housing	0%	0%	100%	0%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The 2012 sheltered PIT was 156; 2013 was 177, for an increase of 21. From 2012 to 2013, Emergency Shelters (ES) # of households decreased (97 to 95) while # of persons increased (109 to 119); Transitional Housing (TH) # of households was the same (25); # of persons increased (47 to 58). Napa CoC attributes this slight increase in sheltered persons to the CoC's significant reduction of unsheltered homeless since 2011 (31% decrease in households, 27% decrease in individuals) through improved outreach & lowering barriers to entry/deeper targeting by ES/TH providers implementing Housing First. The increase of sheltered individuals despite the decrease/maintenance of sheltered households reflects CoC success in serving more/larger families.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

Survey providers:	
HMIS:	X
Extrapolation:	
Other:	X

2H-2 If other, provide a detailed description. (limit 750 characters)

Client Interview/Survey: The CoC developed a thorough survey used to interview every homeless person encountered during the PIT count. Program staff administered the survey to sheltered homeless.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

CLIENT INTERVIEW/SURVEY: Staff & volunteers at programs listed in the Housing Inventory Count individually interviewed each sheltered homeless person on the morning of the PIT count, completing a scantron survey form with their responses.
HMIS: Agency staff updated HMIS data (cleaned the month before to prepare for the count) for all clients. They used HMIS data to cross-check and de-duplicate PIT survey data and added any missing information by reviewing HMIS and case management records. Since agency staff work closely with most of the sheltered homeless population, they could readily assess the accuracy of the data provided through all other methods and adjust the procedures as necessary.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

N/A

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS: Agency staff examined client subpopulation data in HMIS to establish a base-line count. 1 month before the PIT, the CoC cleaned the database to ensure accurate/updated data.
INTERVIEWS: Staff followed up after the HMIS baseline with individual interviews of clients using a survey to ensure completion & accuracy of sub-population data; responses were recorded on a scantron form.
NON-HMIS CLIENT INFO: Staff examined clients' case management files to confirm self-provided information from interviews.
PROVIDER EXPERTISE: Staff used their provider expertise (and deep knowledge of clients through case management) to cross-check all other data. This allowed them to analyze initial PIT data and address any discrepancies across data sources.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

TRAINING: CoC staff conducted mandatory training for all agency staff/volunteers by reviewing HUD guidance, disseminating written instructions & reviewing data collection form requirements.
FOLLOW-UP: The CoC repeatedly reminded providers in the weeks/days before the count to maximize participation.
HMIS: The CoC cleaned the database 1 month before the count and used HMIS to conduct a baseline count. After the interviews, CoC staff cross-checked & de-duplicated survey results using HMIS.
NON-HMIS DE-DUPLICATION: To ensure de-duplicated data, Agency staff conducted a blitz count of all sheltered persons, compared personally identifying information, used screening questions at interviews, & compared data with the 2012 PIT count.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count:	01/24/2013
2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?	Not Applicable
2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:	04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

The 2013 unsheltered PIT count showed a 27% reduction in unsheltered individuals (92 to 68) and a 31% decrease in unsheltered households (87 to 60) from the 2011 count. This can be attributed to 2 new PSH programs becoming operational: Hartle Court (17 beds) and Supportive Housing Program-Good News (3 beds). This significant decrease also reflects the CoC's success in moving unsheltered persons into emergency shelter and transitional housing through improved outreach and lowered barriers. (This also resulted in the sheltered PIT count to remain roughly the same/increase slightly from 2011/2012.)

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

PUBLIC PLACES WITH INTERVIEW: Early in the morning, the plainclothes Napa Police Outreach team (the primary street outreach services provider for Napa CoC) conducted a blitz count across the county's main centralized area (downtown Napa) and known homeless encampments in the CoC, dividing the geography to be thorough but not duplicative. Staff counted and conducted interviews of unsheltered persons before they moved for the day, giving food/socks as participation incentives.
SERVICE-BASED COUNT: The CoC's Day Center served breakfast to draw unsheltered persons, and staff interviewed all clients.
HMIS: All interview data was collected in a "PIT" HMIS database, which was analyzed for discrepancies/errors to ensure accuracy and completion.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Complete Coverage

2M-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

TRAINING: The CoC conducted mandatory training for all staff conducting the PIT count by reviewing HUD guidance, written instructions, and data collection form requirements.
BLITZ: The Napa Police Outreach Team divided the CoC into 3 geographic territories, conducting the unsheltered count/interviews at the centralized downtown area & all known homeless encampments very early on the morning of the count before unsheltered persons moved for the day. Simultaneously, agency staff conducted the shelter & day center count to avoid double counting.
UNIQUE IDENTIFIER: All surveys obtained first/last initials and date of birth to enable de-duplication.
SURVEY QUESTION: All surveys asked persons if they had already been interviewed on that day.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		0	1	1
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	14	35	39	40
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		2	2	2
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	85%	90%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

The CoC expects to gain 4 PSH CH-dedicated beds with the 2014 opening of Catholic Charities' Home for Good project (formerly a CANV PSH project to be transferred). CoC-funded agencies providing PSH for CH commit to seeking CoC funding to develop new PSH units & prioritizing at least 80% of their PSH beds made available through turnover for CH; 65% of CoC-funded PSH beds are now CH-dedicated.
The update to Napa's 10 year plan includes an emphasis on prioritizing beds for CH veterans & Families. The CoC will annually advocate for at least 2 private opportunities to expand PSH capacity for CH, a historically successful strategy resulting in projects such the Gasser Foundation/County Affordable Housing Trust rehabilitation project (managed by County Mental Health) that is building up to 13 PSH beds expected to come online by 2015. Napa County & Housing Authority of the City of Napa administer PH grants together and will try to increase the annual # housing choice vouchers for CH families.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The CoC Policy Council (led by CoC Co-Chair Mitch Wippern, Deputy Director of Operations at Napa County Health & Human Services) will manage all aspects of implementing the goals to increase PSH capacity for chronically homeless persons and updating the 10 year plan to include increased PSH bed targets. The Council will be supported by CoC agencies that currently provide PSH for CH, including Buckelew, Catholic Charities, Community Action Napa Valley, Housing Authority of City of Napa, and Progress Foundation; these agencies have committed to seeking opportunities to increase the number of PSH beds, dedicating new rapid res-housing beds to CH, and prioritizing as many of their PSH beds made available through turnover for chronically homeless as possible in the coming years.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	33	37	37
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	28	30	31
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	85%	81%	84%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC will use 1) deeper targeting (case management) & 2) better coordination of supportive services to ensure each PSH project participant accesses all available resources. All CoC-funded PSH projects are Housing First, & most beds are CH-dedicated; staff coordinate across agencies to provide intensive case management enabling clients' to overcome barriers to stability. 3) Agencies will foster relationships with landlords to resolve client issues. 4) The CoC holds projects accountable by annually reviewing housing stability through review & rank; 15% of 2013's score was based on HUD's goal re: % of formerly homeless individuals remaining housed for at least 6 months; only projects meeting HUD's goal received full points. 5) Housing stability outcomes will be written into performance measures to be developed in 2014. 6) Projects unable to meet this goal will receive TA from the CoC to improve their performance, and 7) may be subject to reallocation during the review & rank process.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

1) The CoC Policy Council (led by CoC Co-Chair Mitch Wippern, Deputy Director of Operations at Napa County Health & Human Services) and the new CoC Board (including both public & private stakeholders) will be responsible for implementing the goals to increase housing stability in CoC-funded projects. 2) The CoC Board will periodically review performance outcomes related to housing stability for all programs & revise the CoC's 10 year plan to reach increased housing stability targets. 3) CoC Staff will provide TA to agencies to increase their capacity to maintain housing for their clients. 4) The Economic Self-Sufficiency Committee will continue to implement SOAR to increase self-sufficiency for individuals in housing. 5) Agencies that manage all CoC-funded projects will coordinate with other CoC & non-CoC providers to ensure each project participant has the necessary access to supportive services (i.e. mental health, detox) to remain housed.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 50

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	11%	12%	13%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	11%	12%	13%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	14	28.00	%
Unemployment Insurance	2	4.00	%
SSI	23	46.00	%

SSDI	10	20.00	%
Veteran's disability	0		%
Private disability insurance	1	2.00	%
Worker's compensation	0		%
TANF or equivalent	4	8.00	%
General Assistance	3	6.00	%
Retirement (Social Security)	2	4.00	%
Veteran's pension	0		%
Pension from former job	0		%
Child support	2	4.00	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	8	16.00	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

SCREENING FOR INCOME ELIGIBILITY: The CoC will implement a coordinated assessment system that incorporates/strengthens the CoC policy of screening all clients for non-employment income eligibility at intake (including for SSI/SSDI, unemployment, general assistance, TANF, pensions) among participating services. North Bay Veterans' Agency will also increase coordination with other CoC agencies to ensure all veterans are receiving their appropriate benefits and pensions.

SOAR: In July, 23 staff from 10 Napa agencies (including all ES, TH, CoC-funded PSH, street outreach, & local hospitals) completed a 2-day SOAR training to improve their SSI/SSDI process. These staff will continue to meet in a monthly peer group to ensure successful & expedited SSI/SSDI applications, and will train new staff in the process.

ECONOMIC SELF-SUFFICIENCY INITIATIVES: The ESS Committee will partner with groups like United Way to share information/best practices about increasing access to income benefits.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

JOB TRAINING: Napa CoC will expand 2 successful targeted employment programs that train homeless/at-risk of homeless clients in job skills and provide job placement assistance, such as CANV's CHEF (culinary training program – 200 hrs/wk paid internship for ~25 currently homeless people/year) and Buckelew Programs' Blue Skies Café (social enterprise with 45-55 12-week internships for PSH residents per year).

CASE MANAGEMENT: CoC-funded projects will provide or refer all clients to employment services, including job seeking/placement assistance, transportation to interviews, obtaining workplace attire, etc.

BUILD PARTNERSHIPS: The CoC will reach out to Napa's Workforce Investment Board & One-Stop Career Center Satellites & County Welfare-to-Work programs to broaden resources for clients.

BEST PRACTICES: The CoC will send a representative to regional peer-learning forums at least quarterly to identify employment best practices.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

1) The Economic Self-Sufficiency Committee, chaired by Tracy Lamb, Exec. Dir. of Napa Emergency Women's Services, will oversee implementation to increase participants' income/employment.
2) ESS will engage in education, advocacy, outreach, & partnership building to increase employment rates & income. ESS will set up presentations on relevant topics at ESS/CoC meetings at least 2x/year and seek out best practices learning opportunities.
3) ESS will coordinate monthly SOAR implementation meetings to increase SSI/SSDI rates.
4) CoC agencies engaging in case management will work with County eligibility staff to screen and help clients to apply for benefits and/or help them access employment services, including by referrals.
5) Agencies running job-training programs will seek to expand their programs.
6) The Coordinated Assessment Committee will design the system/tool to ensure that all clients accessing the system are referred to the most appropriate income or employment support services.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 50

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	35%	36%	37%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	20	40.00 %
MEDICAID health insurance	26	52.00 %
MEDICARE health insurance	2	4.00 %
State children's health insurance	0	%
WIC	0	%

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	1	2.00	%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	1	2.00	%
Other Source	4	8.00	%
No sources	14	28.00	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

SYSTEM-WIDE SCREENING & BENEFITS ASSISTANCE: Implementation of the coordinated assessment system in 2014-2015 will ensure that participating agencies 1) screen all clients for mainstream benefit eligibility at intake (including for TANF, Section 8, food stamps, SNAP, WIC) and 2) provide benefits assistance as needed, including identification of and referral to eligible benefits, assistance with applications & eligibility verification, and transportation support. The CoC will partner with the new “Hub” that will centralize county benefits/services screening.

FOCUS ON NON-INCOME BENEFITS: The ESS committee will seek out partnerships with agencies such as Disability Services & Legal Center (disability rights advocates), Circles (community economic mentors), etc. to provide CoC agencies with information & best practices on helping clients access & retain mainstream benefits like healthcare, behavioral health counseling & treatment, and assistance with public transportation & food security.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

ECONOMIC SELF-SUFFICIENCY: chaired by Tracy Lamb (Napa Emergency Women’s Services): will manage overall strategies to increase mainstream benefits received. Will seek collaboration with County’s “Hub” center, mental health services agency & public transportation to improve screening and access to benefits.

COC AGENCY STAFF: will engage in case management and support the ESS committee through screening & helping clients to apply for benefits.

COORDINATED ASSESSMENT COMMITTEE: responsible for designing & implementing a system/tool that effectively screens, assesses & refers clients to appropriate benefits assistance. Will incorporate County’s “Hub” center.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	10	12
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	4	4	4

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

From 2013 through 2015, the CoC will seek to expand its rapid rehousing (RR) programs for households with children through increased ESG funding for RR. For the 2014 state (non-entitlement) ESG competition, the CoC provided extensive technical assistance to agencies with experience providing RRH to families (CANV, NEWS, Catholic Charities), assisting them to apply for over $320,000 in projects for RRH for households with children. Although the 2015 ESG competition amounts are not yet set, the CoC will likely apply for similar amounts of funding for the same programs. If funded, these projects should provide RRH funding for at least 10 households with children in 2014 and expand to 12 in 2015.
Also, agencies providing private Season of Sharing temporary rental assistance (CANV, NEWS) will also prioritize RRH.
The Coordinated Assessment Committee will prioritize families with children in RRH referrals to be consistent with the CoC Plan and system-wide needs.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The CoC Policy Council (led by CoC Co-Chair Mitch Wippern, Deputy Director of Operations at Napa County Health & Human Services) will be responsible for implementing the goals to increase the RRH interventions for households with children. The Council will coordinate ESG-funded RRH opportunities to maximize the amount of RRH assistance available to families in the CoC. The Council will be supported by the CoC agencies seeking this funding through ESG, including Catholic Charities, Community Action Napa Valley's Samaritan Family Center, and Napa Emergency Women's Services. These agencies have extensive experience providing RRH and other services to households with children. The Coordinated Assessment Committee is designing an assessment tool that prioritizes RRH for the most appropriate family households and a coordinated referral system that will rapidly rehouse them as quickly as possible.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

For RRH, the CoC does not receive any CoC funding, and only one agency receives ESG funding (CANV's South Napa Shelter). The CoC is currently finalizing CoC-wide written policies and procedures for CoC/ESG-funded RRH assistance in conjunction with the development of its coordinated assessment system. However, the agency that provides RRH has thorough/objective written standards based on ESG requirements and CoC-wide policies established during the Homelessness Prevention & Rapid Re-Housing Program. These policies include determining/prioritizing households receiving RRH (CH/veterans/parents age 18-24 w/infants); $/% of rent each participant must pay (30% of income).

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)

There is currently only one RRH program funded by CoC/ESG funds: CANV's program at South Napa Shelter, where case management is provided to each participant weekly during the first 3 months and biweekly from 4 to 24 months into the program. Case managers meet with participants at least monthly and at the participant's home quarterly. At each meeting, case management focuses on helping clients become more self-sufficient, measuring progress under an individualized service plan that addresses housing, employment, benefits, life skills & other factors that may affect the client's long-term housing stability. Providers assess whether assistance should end/increase at 3 months & 1 year. If funded by ESG, CANV/NEWS' RRH program (Samaritan Family Center) would adopt this policy. Catholic Charities' RRH program would include monthly case management meetings to help participants retain PH.
The CoC is finalizing CoC-wide standards for RRH, including case management and assessment.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)

The CoC plans to incorporate post-RRH assistance follow-up procedures into its CoC-wide CoC/ESG RRH written standards. CANV & NEWS are the primary entities providing RRH in the CoC, and Catholic Charities has a pending ESG application. Case managers at these agencies try to follow up with participants to ensure that their housing has stabilized after RRH assistance has ended, if they retain updated contact information. CANV/NEWS use HMIS to conduct intake for all clients who enter any of their ES, TH, PSH, supportive services and/or day center programs; they routinely track repeat clients to try to reduce returns to homelessness. Since CANV is the only (non-DV) ES & day center provider and NEWS is the only DV-specific provider in Napa CoC, they are generally able to accurately assess returns to homelessness both within & after 12 months of RRH assistance because their past clients usually return if they need additional services.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

N/A

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Napa CoC's 10 year plan prohibits discharging foster youth to streets, shelters, or McKinney Vento-funded programs. As part of the County's Emancipating Youth Services steering committee, CoC agencies & other providers manage the system for foster care youth emancipating to adulthood, overseeing social workers & probation officers who help clients develop a Transitional Living Plan that minimizes the disruptive effects of emancipation & facilitates long-term financial & housing stability. Case managers provide a wide array of supports to help youth adhere to their plan (help obtaining documents such as birth certificates & IDs, completing applications for SSDI/Medi-Cal/other benefits; and securing housing, employment or other financial support. Upon discharge, Napa CoC agencies routinely allow foster youth to remain in or return to foster care after emancipation (before age 21) and helps secure a 2 year housing subsidy.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The Emancipating Youth Services steering committee is the primary entity responsible for ensuring a smooth transition from the foster care system into adulthood. Members/partners include LOCAL GOVERNMENT: Napa County Health & Human Services, Probation, County Office of Education, Workforce Investment Board; TAY HOUSING/SERVICE PROVIDERS: Progress Foundation, Aldea Family Services, On-the-Verge. The committee includes and closely works with CoC agencies (County HHS, Progress Foundation) to ensure former foster youth are not discharged into homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain. (limit 750 characters)

N/A

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Napa CoC has a policy of not discharging patients from hospital/other healthcare institutions onto streets, shelters, or McKinney Vento-funded programs. Implementation of the CoC's policy is overseen by County Health & Human Services. Upon admission to Queen of the Valley Medical Center (Napa's only hospital), a staff social worker assesses the patient's anticipated discharge needs & resources available, including housing needs & appropriate housing options. Patients needing skilled care placement are referred to a nursing home where MediCal reimburses expenses. The social worker helps patients needing lower levels of medical care to identify discharge-housing options & to access needed mainstream benefits/services. The CoC is exploring Nightingale, a respite discharge project proposed by Catholic Charities (which runs similar programs elsewhere), that would co-locate a clinic with supportive housing for homeless patients requiring skilled care.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Napa County Health & Human Services Agency coordinates hospital discharge planning for the CoC, in partnership with the Queen of the Valley Medical Center/Care Network (outreach team for holistic healing for those with long-term illnesses), Piner's Nursing Home, & Home Instead (respite care facility). Catholic Charities and Clinic Ole (community health clinic) may join this partnership through the Nightingale program.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC's discharge planning for those leaving mental health institutions is set and implemented by the County Mental Health Services-led Residential Utilization Review Committee. In close partnership with the CoC (i.e. led by & comprised of CoC agencies), this Committee creates housing plans for people in long-term care facilities (i.e. IMDs) who have been identified as ready for discharge into the community within 30-60 days. The Committee works with both CoC-funded PSH projects and non-CoC funded supportive housing (including Family Services of Napa Valley Satellite Housing Program; Progress Foundation's Bella House, Progress Place, Skyline Apartments & Hartle Court; and local board & care homes) to secure appropriate placement after discharge. These partners agree to plans to move people from 24-hour staffed residential housing programs into less restrictive, more recovery-focused supportive housing programs before transitioning to independent/mainstream housing.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Residential Utilization Review Committee (led by staff from the county's Mental Health Services division) leads biweekly meetings to coordinate each patient's housing and supportive services plan. They work with the county's mental health division and mental health providers under contract with the county to ensure appropriate supportive services, including intensive mental health assistance, for clients. Supportive housing stakeholders include CoC-funded Buckelew Programs, Housing Authority of the City of Napa, Community Action Napa Valley, & Catholic Charities; as well as non-CoC-funded Family Services of Napa Valley Satellite Housing Program, Progress Foundation (Bella House, Progress Place, Skyline Apartments, Hartle Court) and local board & care homes.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-4.1a If other, please explain. (limit 750 characters)

N/A

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC's 10 Year Plan established protocols not to discharge any former inmates to the streets or shelters. The Napa CoC Co-Chairs, one of whom is a lieutenant in the Napa Police Department, work with the county jail director to track client housing status at booking & connect homeless inmates to appropriate housing/services prior to discharge. (Note: there are no prisons in Napa county.) With the support of CoC providers, inmates with mental health diagnoses are referred to County mental health system navigators by nurses, corrections officers, and a forensic mental health counselor 2 months prior to their anticipated discharge date. These navigators meet with inmates on a weekly or bi-weekly basis to set up relationships with to housing, mental health, employment, income, alcohol/other drug, and other mainstream services. Navigators stay connected to these clients as appropriate or until they obtain housing in programs such as Project 90 or Mental Health Services Act housing.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

In partnership with the CoC, the County Health & Human Services Agency, Department of Corrections, Adult Probation, and Alcohol & Other Drugs, Mental Health Navigators, as well as the City of Napa Police Department, are responsible for ensuring that people are not discharged from corrections into homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC is currently realigning its 10 year plan with the federal strategic plan and HEARTH priorities, which will then be updated in the Consolidated Plan. Until the revision, the CoC strategic goals in the Consolidated Plan are: 1. Support + implement the comprehensive strategy identifying the needs in the homeless + housing service delivery system for the City and County of Napa; 2. Continue to build the coordinating relationships between the City, County + the community based organizations that provide housing assistance and support services for the homeless and special needs populations; 3.Our strategy to end chronic homelessness is to: (1) identify who is chronically homeless + why; (2) engage them through persistent outreach; (3) supply them with permanent subsidized housing; and (4) provide them with comprehensive, integrated health and supportive services to stabilize them in housing.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

As a non-entitlement jurisdiction, Napa CoC coordinates extensively with CA Dept. of Housing & Community Development (recipient) & current/potential local subrecipients (3 very active CoC members: CANV, NEWS & Catholic Charities) for ESG allocation/evaluation. The CoC lead & applicant attended all of HCD's ESG workshops, giving feedback to improve the process. Following the state competition framework, the CoC designed/approved a process for scoring projects on "local priorities" that reflects its needs based on a gap analysis; over 3 CoC meetings with subrecipient input, the CoC decided to prioritize program component types, target populations & stronger performance. The CoC monitors outcomes for ESG projects by setting performance standards & reviewing outcomes during the annual review & rank panel (comprised of 2 CoC Co-chairs & an active CoC member). In creating HEARTH-compliant CoC-wide performance measures, the CoC will incorporate ESG subrecipients' outcomes.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The State allocated 2012 ESG funding to Napa as follows: Out of $352,358 awarded (all to CANV's adult & family shelters), $272,358 (77.3%) was for emergency shelter (ES), & $80,000 (22.7%) was for Rapid Re-Housing (RRH). CANV applied for but did not receive $107,642 in RRH and Homelessness Prevention (HP). CANV applied with this breakdown because Napa CoC prioritized projects with RRH & HP components to continue the success of HPRP programs expiring.
The CoC has not yet submitted its ESG rankings for 2013, but there are 7 applications applying for a total of $1,178,695, including $505,155 (42.9%) for RRH & $0 for HP; the rest goes mostly to ES. In ranking applicants, the CoC chose to align with the state's increased preference for RH, while maintaining sufficient funding for ES, since ESG traditionally funds a significant portion of ES. The ESG applicants chose not to apply for HP because of funding limitations & their choice to prioritize ES & RRH.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The CoC's 10 Year Plan update includes realignment with the federal strategic plan & Consolidated Plan (CP) to set more aggressive targets to prevent/end family homelessness. A task force launched in 2013 (CoC, Napa school district & CANV's family shelter) is addressing the higher # of at-risk families & barriers identified in the analysis of impediments (i.e. Spanish outreach to limited English proficient parents); their strategies will be incorporated into the CP. Current HP programs for all of Napa county which have successfully prevented families from becoming homeless include 1) CANV distribution of HP funds from private donors (Seasons of Sharing/HCA), but also seeks ESG HP funds, to cover rent/utilities; 2) Biweekly meeting of CoC agencies-CANV (family shelter), NEWS (DV shelter), Catholic Charities (TH for moms), County Health & Human Services (CalWorks, Family Preservation) to review/approve HP funding for at-risk families & to coordinate their services/resources.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC promotes effective/efficient use of all housing/services by emphasizing leverage in competitions & designing a coordinated assessment system that includes these sources:
FEDERAL
HOPWA: CoC directs people with HIV/AIDS to the local hospital's supportive services which screens for/ provides rent/mortgage/utility assistance
TANF: CoC agencies work with County Health & Human Services to screen clients/apply for benefits
RHY: N/A
HEAD START: CoC agencies partner with HS-funded programs to ensure eligible children obtain services
CDBG: CoC member Housing Authority of City of Napa (PHA) prioritizes funding for shelters
STATE:
The CoC directs agencies to maximize use of funding from Head Start (early education), Mental Health Services Act/MediCal (non-CoC PSH: Progress Foundation, Family Services Napa Valley), & Foster Care/TAY (TH/SS: Progress Foundation, VOICES).
PRIVATE
CoC promotes leverage for food (Food Bank), meals (Meals on Wheels, Salvation Army, churches), clothes (churches), etc.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Housing Authority of the City of Napa (HACN – the only PHA located in the CoC) is extremely active as a CoC member. Two HACN staff regularly attend the CoC's monthly meetings, and one staff serves on the CoC's Governance Committee and sits on the ESG Review & Rank Panel. HACN has also been a CoC Project Applicant for many years, sponsoring 3 permanent supportive housing projects that provide almost half of CoC-funded PSH projects and bed capacity. HACN also administers the funding for and supports TRAIN, the CoC-funded transitional housing program. HACN partners with the CoC to set up Section 8 and FUP vouchers for clients transitioning into permanent housing; while HACN officially has no preferences in distribution, it actively works with the CoC to ensure all eligible homeless/at-risk persons apply for vouchers. Finally, HACN advocates for shelter funding from the City of Napa's general fund.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC Policy Council & 10 Year Plan direct all CoC and ESG–funded projects to use a low-barrier Housing First model. All CoC-funded PSH follow Housing First policies, and CoC staff have trained ESG-funded shelters on implementing Housing First in their programs to improve their effectiveness with this model. CoC staff have reviewed all CoC and ESG-funded projects to remove all unnecessary barriers to entry, including income eligibility, "clean"/sober rules, credit history, etc. The CoC is now reaching out to non-CoC-/ESG-funded projects & funders to advocate for Housing First for all programs in Napa to ensure that homeless/at-risk of homeless persons have sufficient access to critical resources without facing prohibitive barriers to assistance. The Coordinated Assessment Committee will assess eligibility criteria for all participating programs in order to help them reduce unnecessary barrier to enrollment/access to housing/services.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

100% of the CoC-funded PSH in Napa CoC (Buckelew Programs, Catholic Charities, CANV, Housing Authority of City of Napa) follow a Housing First model. The CoC advocates for all non-CoC-funded PSH to adopt Housing First by offering training on this model, disseminating research on why low-barrier services are more effective & cost-efficient in addressing homelessness, and demonstrating the model's benefits through implementation in CoC-funded projects. The CoC also encourages non-PSH projects (emergency shelters, day center, transitional housing, rapid re-housing) to assume Housing First principles so that the CoC can be consistent in lowering barriers to entry for all homeless and at-risk of homelessness. In addition, the Coordinated Assessment committee will evaluate all participating programs' eligibility criteria to try to help them reduce unnecessary barriers to enrollment & access to housing & services.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Since August 2013, the CoC Coordinated Assessment Committee has met monthly to plan & implement a CoC-wide coordinated access, assessment & referral system. The Committee has surveyed/interviewed all CoC & many non-CoC service providers, mapping out available housing/services; researched/analyzed best practices; identified a target population (families) for a pilot system; and determined likely access points to ensure the system is accessible across the entire geography & regardless of language/ability. The committee is now finalizing a standardized assessment tool (trying to balance thoroughness & efficiency to ensure intake staff can best direct people to the most needs-appropriate housing/service), agencies/access points for the pilot system, & a coordinated referral process; assessing resource capacity; and creating a publicity plan (including targeted provider & general community outreach, Spanish materials). The CoC expects to implement the pilot system by the end of 2014.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Napa CoC agencies actively outreach to underserved populations of all backgrounds, especially the nearly 1/3 of the population that is Spanish-speaking yet significantly underrepresented as consumers. All CoC-/ESG-funded shelter/housing providers, and most CoC member agencies, have at least one bilingual Spanish staff & translated materials to assist this population. Many agencies also engage in special outreach activities such as community education/presentations at Spanish-speaking churches, schools, community events, and Puertas Abiertas (Latino-targeted family resource center), to ensure that Spanish-speaking persons are aware of community resources, especially those available regardless of a person's immigration/citizenship status. CoC member agencies such as Fair Housing Napa Valley & disability rights advocates also proactively outreach to race/color/religion minorities & people with disabilities to ensure their access to equal housing/services resources.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC works closely with the Napa County Office of Education & Napa County School Districts' Community Agencies through the Education Support for Homeless Children & Youth Program. Under CoC policy, the district liaison (Tara Bianchi, principal at Yountville Elementary School) partners with CoC-funded (TH), ESG-funded (family shelter), & other (DV shelter, TH for moms) agencies that serve households with children to ensure that all school-age children in their programs maintain enrollment in the appropriate education programs/school and to help provide supplies (textbooks) for students. (The district follows up with agencies to ensure compliance with this policy.) Ms. Bianchi presented at the April 2013 CoC meeting to increase awareness of district-provided services for McKinney-Vento eligible students (school selection, transportation, immediate enrollment & attendance, records/release to facilitate transfers).

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The CoC (including ESG recipient CANV/Samaritan Family Center) coordinates with Napa County Office of Education & Napa School Districts' Community Agencies' Education Support for Homeless Children & Youth Program conducts an annual survey of all students to identify students who become or remain homeless (under the Department of Education's definition). Once homeless students are identified, the district liaison works with CoC/ESG providers to ensure they inform these families of their eligibility for McKinney-Vento educational services. The liaison also works with the Office of Education to monitor these students' academic success & ensure education stability through school selection, transportation, immediate enrollment/attendance, & facilitated transfers. Through the 2013-established family/child homelessness task force, the CoC seeks input from the district & County Office on all education-related matters, incorporating recommendations in its strategic planning & Consolidated Plan.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.
(limit 1000 characters)

The CoC has a written policy (developed by CoC/ESG-programs serving households with children and approved by the full membership) that prohibits CoC & ESG-funded projects (including all ES and most TH & PSH in the CoC) from denying admission to a family because they have a child under 18 and denying admission to a family member. The policy allows for the following exceptions: 1) the project was approved by CoC/ESG program administrators to serve limited demographics (ex. Rainbow House transitional housing serves single mothers age 18-29 & their children), 2) the project lacks capacity to serve a family member with special needs, 3) the family member causes a safety concern for other program participants/staff/project, or 4) the family member does not adhere to the project's guidelines and would otherwise be terminated for cause under the project's policies. The CoC monitors projects to ensure they are complying with this policy.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)

The CoC encourages agencies to track additional episodes of homelessness through HMIS & reduce returns through strategic case management: CANV's day center uses HMIS to monitor the top 20 clients using their services. South Napa Shelter & Samaritan Family Center profile each consumer on a weekly basis through case management to determine who "blows out" of shelters and/or uses the shelters as a revolving door and why; staff then follow-up with appropriate treatments (ex. detox) to increase success. CoC-funded TRAIN (TH) requires all case managers to follow up with clients quarterly for a year after program exit, updating HMIS & case files accordingly. NEWS (DV shelter) tracks clients who return to use their services in their case files & database. Smaller CoC-funded PSH program with very low turnover focus on case management to track & serve people who return (Buckelew's PSH serves ~11 persons/year; HACN's PSH serves ~17 persons/year).

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC adopted the 4 goals of Opening Doors into its strategic plan/activities:
1) The CoC prioritizes CH by dedicating 65% of CoC-funded beds & prioritizing 80% of beds available by turnover for CH. The CoC actively seeks to increase PSH for CH.
2) The CoC partners with North Bay Veterans' Resource Center & the VA to ensure vets receive all services for which they qualify (ex. SSVF/HUD-VASH).
3) The CoC prioritizes resources for families/youth/children for RRH (i.e. CANV's program) & other dedicated programs (family ES, TH for single moms, TAY housing/services) & ensures accurate PIT #s by providing special incentives for youth (meal, prizes).
4) The CoC seeks to end homelessness by increasing efficiency through coordinated assessment & pushing for lower barriers for all housing/services (ex. requiring CoC/ESG-funded programs to be Housing First).
The CoC's targeted strategies should enable it to meet the goals set in the federal plan.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The CoC prioritizes ending homelessness for households with dependent children, directing CoC, ESG & non-HUD resources to family-dedicated programs (i.e. shelters). At bimonthly meetings, CoC agencies (CANV, Catholic Charities, County Health&Human Services (Family Preservation, CalWorks) & NEWS (DV)) partner to ensure all homeless/at-risk families receive any available housing/services/income/benefits. The CoC's outreach plan includes identifying/following up with homeless/at-risk families through Napa Police's street outreach team, the school district's student survey (which notes "doubled up" families), partnerships with family resource centers across Napa county, & collaboration with mainstream service providers for this population.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

Napa Emergency Women's Services (NEWS), an active CoC agency, drives the CoC's efforts to address the needs of DV victims/families. NEWS provides 14 ES beds, 7 TH beds (through CoC-funded TRAIN program), HP & RRH for DV survivors/families. NEWS works closely with Napa's family & adult ES to shelter family members where separation is necessary for safety. NEWS receives referrals from and has 30+ MOUs with partner agencies (police, child welfare, legal services, family resource centers, mental health services). The CoC protects victim safety/privacy by ensuring confidentiality both for HMIS & NEWS' comparable database.
NEWS provides extensive supportive services: case management & home visitation, support groups (including Spanish speaking, kids/teens-oriented, post-trauma), 24 hour crisis intervention counseling (in-person/phone), outreach/education program (prevention), court services, specialized services for co-occurrence with mental health/dependency, children's services.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

The Napa CoC agencies focusing on services for unaccompanied youth are VOICES (resource center serving TAY emancipating from systems of care, providing comprehensive outreach, education, employment, health/wellness, independent living program, housing assistance resources, & referrals, as well as community building and empowerment; accessible to ages 16-24) and Progress Foundation (Places-10 bed, 24 month housing program for emancipated foster youth providing housing assistance & supportive services to transition to self-sufficiency; 18-24 years old). Both not only directly provide intensive case management, they also partner with CoC agencies and beyond in making referrals to mental health, housing (ex. FUP vouchers), alcohol/other drugs, education, employment, & other services.
The CoC point-in-time count committee works closely with VOICES/Places to provide special incentives (gift cards, special event) and follows USICH/HUD guidance on counting youth to ensure accuracy.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

HHSA's Community Outreach & Integration Team (COIT), Napa Police's street outreach team, & CANV staff conduct daily outreach across the county to unsheltered persons, esp CH in encampments & other uninhabitable places where homeless persons congregate. These outreach teams build relationships through repeated contact over extended periods; use peer mentors/incentives to engage service-averse individuals; provide referrals to a one-stop day center, housing/shelter, treatment/other services; & offer basic survival items.
The CoC outreach team covers rural areas by coordinating with police & family centers in more distant towns (Calistoga, St. Helena, American Canyon).
Community Clinic Ole also offers mobile healthcare services to homeless.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

North Bay Veterans Resource Center (NBVRC), a new/active CoC member, manages Napa's SSVF vouchers (covering rental assistance, security deposit & utilities); provides case management (employment, housing, counseling services); provides mental health/substance abuse treatment services & low-income/dual diagnosis TH to Napa veterans at out-of-county sites. NBVRC attends monthly Napa Veterans Advocacy Coalition meetings, connecting veterans with CoC agencies (adult ES & day center) & non-CoC resources (Napa Valley College's veterans resource center/lounge; vets home in Yountville for seniors, disabled, PTSD).
The County's vets navigator connects vets to benefits & counseling, working with the local Veterans Affairs.
Napa receives 50 HUD-VASH vouchers through the Housing Authority of the City of Napa, targeted toward CH.
At intake, CoC/ESG-funded projects identify vets not eligible for vet services, giving them preference over vets who can access VA-funded resources.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	No
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

As part of the annual review & ank procedures, CoC staff collect & analyze APR/HMIS/self-reported data from CoC-funded agencies, compiling it into a report reviewed by a neutral panel. The outcomes on which each project is scored include ending chronic homelessness (# of persons served (including subpopulation data), quarterly PIT utilization rates); housing stability (% maintaining housing for 6 mo/1 year, % exiting to PH, average/median length of time in project); increasing project participant income and mainstream benefits (monthly income change, sources of income). (Note: use of RRH to reduce homelessness among families has not been measured due to lack of CoC-funded RRH projects). If any project performs poorly on any of these factors, it receives a low score/rank and is identified for follow-up technical assistance from the CoC staff. The project is then reviewed regularly (monthly or quarterly), including an on-site visit, until its performance aligns with HUD/local standards.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

Napa CoC assists project recipients in achieving HUD's performance goals through monitoring, technical assistance & capacity building support.
Napa CoC reviews & provides substantive feedback on each project's performance on HUD objectives at least annually & more regularly if any concern is raised by the project, consumers, or other agencies. All projects are offered TA by the CoC/contract consultants for support in areas such as project strategic planning, implementing HUD-recommended best practices (ex. Housing First), training (ex. CoC-wide SOAR training), and coordinating with other CoC and non-CoC agencies (ex. building strategic partnerships, developing coordinated assessment & referral system).
In compliance with HEARTH, Napa CoC is also in the process of establishing performance measures to supplement/complement HUD's objectives; the CoC anticipates that regular monitoring of these outcomes will enable it to intervene for underperforming projects before an issue exacerbates.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

When a project is identified as underperforming during its annual review or otherwise raised concerns, CoC staff or contract consultants provide TA to the agency to address structural factors underlying poor outcomes.
The CoC evaluates & provides feedback on agency capacity by examining performance outcomes, effectiveness of HMIS data collection & usage, compliance with federal/state/local regulations & guidance, project utilization, and administrative effectiveness (regularity & amount of LOCCS drawdowns, fund accounting, fundraising, staff management capacity), in light of the agency's structure & capacity (agency & project budgets, funding sources, staff capacity/turnover, management, etc.).
TA provided in recent years has ranged from assessing and making recommendations concerning an agency's management structure due to personnel/competency/morale issues (which were adopted) to training agencies on how to use HMIS more effectively to track and address the needs of clients.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

Napa CoC's HMIS (comprised mainly of CoC/ESG-funded project data) reports the average period someone remains homeless is 55 days in ES & 6.6 months in TH. Currently, the CoC encourages agencies to track length of time persons remain homeless through HMIS & case management files, a process followed by most CoC/ESG-funded projects & open to non-HUD projects.
To reduce the length of homelessness, the CoC tries to 1) reduce barriers to housing/services to ensure homeless receive needed supportive services for economic/personal stability; 2) secure housing from both CoC & non-CoC PSH & RR (i.e. PHA Section 8/FUP vouchers), 3) ensure agencies obtain needed supportive services to promote economic/personal stability, 4) implement a coordinated assessment system to ensure optimization of services, 5) build relationships with landlords to increase PH options, 6) advocate for more affordable housing opportunities. The CoC plans to deepen these efforts to further reduce length of homelessness.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

Napa's CoC/ESG-funded programs use some combination of HMIS & case management records to track additional episodes of homelessness, which are relatively rare in Napa. Some of these programs (TRAIN-TH/CANV-ES/Napa Police Outreach-RR) follow up with clients quarterly after exit to determine if they return to homelessness & reasons why. CoC agencies systematically uses HMIS to record returns to homelessness for persons who access the day center, ES, or other CoC/ESG-funded programs. The staff at that program can see that person/household previously received RRH/TH/PSH & tailor subsequent case management accordingly, whether by seeking more appropriate resources/supports, or by contacting past case managers to coordinate addressing their needs. Since Napa is a small CoC, those most likely to return to homelessness have accessed other agencies; staff are accustomed to cross-agency collaboration to reduce additional spells of homelessness.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

The CoC reaches all of Napa County by working with community-based organizations across the county, including family resource centers in St. Helena, Calistoga & American Canyon. All CoC agencies' services are available to anyone in the county, & several agencies (COIT/Napa Police street outreach, County Mental Health Services, community health clinic medical mobile outreach team, youth/TAY resources); travel to locations across the county to serve homeless persons/families.
The CoC engages persons with disabilities by partnering with mental health/disabilities services agencies. Napa CoC agencies actively outreach/provide services in Spanish (primary language of LEP persons In Napa). All CoC- /ESG-funded & most CoC member agencies have at least one bilingual Spanish staff & provide translated materials. Many agencies also engage in outreach events such as community education/presentations at Spanish-speaking churches/schools/events & at the Latino-focused family resource center.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?	No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

N/A

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?	No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	100%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 07/19/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)

The County Health & Human Services Agency, which processes MediCal insurance for most CoC agencies' participants, has enrollment and education/outreach programming to help eligible recipients transition over to the proper insurance under the ACA. Benefits staff at the primary PSH/TH agencies (CANV, Catholic Charities, NEWS, etc.) are also helping their clients enroll in ACA if they are not already set up through MediCal. In addition, community clinics such as Clinic Ole, and the CARE network at Queen of the Valley Medical Center (which provides holistic assistance to low-income individuals with chronic health conditions) provide education and outreach sessions on ACA and help their clients enroll. These outreach programs are provided in Spanish.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The CoC constantly identifies/seeks mainstream resources/supportive services through active members that provide/utilize such resources. For ex, the director of operations for the County's Health & Human Services Agency (includes Self-Sufficiency Services & Mental Health Services) is CoC Co-Chair & Chair of Policy Council. The county's mental health, disabilities, alcohol & other drugs, aging, health clinic, family, foster youth, & other social service divisions provide the CoC with substantial leverage re: mainstream resources/supportive services. Active CoC members that leverage their own mainstream resource/services include CANV (food bank, meals on wheels, job training); Catholic Charities (food security, hospital discharge planning); Buckelew & Progress Foundation (mental health services). CoC leaders also seek affordable housing resources to expand PH opportunities for clients ready for mainstream housing, including by partnerships with the PHA (obtaining vouchers), VA, etc.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes		
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

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Submission Summary

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Attachments	Please Complete
Submission Summary	No Input Required