

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Napa

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
Seniors, veterans, faith-based, family orgs	Yes	Yes
Fair housing, foundation, funders	Yes	Yes

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

1.CoC solicits/considers opinions by recruiting from public and private agencies for CoC Board and committees, including representatives for schools, seniors, youth, vets, DV, criminal justice, philanthropy, healthcare, mentally ill, and solicits other feedback through attending county board of supervisors/city council meetings, neighborhood/community meetings, roundtables assembled by community groups and funders.

2.Monthly CoC general and Board meetings, plus other committees, trainings and forums announced via 88-member listserv, and wide outreach through multiple stakeholders. All are open to public and diverse speakers/partners invited. County’s largest social service provider HHSA serves as the Collaborative Applicant, and multiple departments attend, disseminate meeting information and bring potential partners and leaders to meetings. Hospitals, law enforcement, DV, vets, and youth providers attend and represented on board, bring input from clients, partners, network. Funding and other announcements made on county website.

3.CoC addresses concerns by community and board through CoC meetings, committees, reports by community partners, and invites public participation in system design and oversight. In 2017-2018 CoC coordinated series of forums/work groups on encampments, racial inequity, homeless youth, and needs of seniors to inform future approaches and priorities of homeless system. DV, vets, and youth provider actively engaged in HIC/PIT, shelter and outreach discussions, and CE redesign process to ensure alignment with HUD priorities and equal access to CoC resources.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

1-2.County HHSA website has ongoing description of CoC and its meetings with open invitation for new members, all meetings publicized through listserv with 88 members from across social services/housing sector. CoC annually sends direct invitations for new members to listserv of community organizations, county offices, Live Health Napa, vets working group and others (last sent 7/3/18) specifically recruiting people with lived experience of homelessness.

Other outreach through recruiting community members for meeting presentations/attendance, including people with lived experience of homelessness, representatives from healthcare, mainstream services, education, funders, vets groups, youth/LGBTQ advocates, seniors.

3. Board and CoC recruit new members annually, including through outreach to community networks, including fair housing, DV, veterans, healthcare, housing, mainstream benefits as well as people with lived experience, and community votes on applicants with the goal of a diverse Board that represents homeless community and system of care. All welcome to attend meetings.

4. CoC Board includes individual with lived experience of homelessness, now working with HHS to conduct outreach and housing placement services for those currently experiencing homeless, and all members encourage others with lived experience to attend and participate in CoC meetings and serve on Board.

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

1. CoC announced funding opportunity via an open 88-member CoC listserv to regional homelessness providers, most of whom have not previously received Napa CoC funding. Notice encourages new organizations to apply, and offers technical assistance and training to all applicants. CoC also published funding announcements on County/CoC website, discussed application process at public meetings, conducted outreach and actively used regional contacts to seek new providers and add to CoC's provider capacity. (Subrecipients and subcontractors of CoC providers chosen through outreach and competitive RFP, which has brought in experienced, regional providers and added to CoC provider capacity and level of service.) CoC invites all applicants to open workshop with extra time/resources for new applications to enable first-time orgs to be successful. Materials provided by email and at workshop state that proposals are SUBMITTED VIA EMAIL.

2. All applications are reviewed/scored by an independent review and rank panel, based on community-developed and -approved scoring tool that considers project type, HUD threshold eligibility factors, design/readiness, implementation of best practices (housing first, coordinated entry), agency capacity, budget. Both renewal and new projects scored on 100-point scale.

3. CoC NOFA announced via listserv 6/22/18; posted on County/CoC website 7/3/18; Bidders Conference/Technical Assistance workshop open to all held 7/17/18 via webinar and recorded for maximum accessibility to all renewal and new applicants.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
VA, SSVF, nonRHY youth providers, developers	Yes
State health/mental health, local funding	Yes

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

1. Napa CoC is a CA Balance of State ESG recipient: Napa CoC collaborates with state Dept of Housing and Community Development (HCD) (the ESG recipient) through: attending planning and feedback sessions to address how state ESG funds should be distributed and evaluated, providing

HIC/PIT/HMIS data to support ConPlan and funding decisions, evaluations of ESG recipients. As required by state, CoC monitors performance of ESG program recipients/subrecipients and reports during yearly application cycle as well as through ongoing participation in ConPlan process.

2. CoC Collaborative Applicant is applicant for ESG funds and CoC recruits/reviews/recommends providers in competitive process, based on their past and proposed outcomes, contribution to system performance and adoption of HUD and state best practices (Housing First, Coordinated Entry, addressing needs of identified subpopulations through trauma-informed services). ESG funds are allocated based on identified community needs (ie need for prevention funds vs. outreach funds) aligned with state funding priorities and goals. Locally ESG funds are pooled with CoC funds, state funds, and local and private housing resources and services in a flex pool, operated by competitively chosen provider. Napa CoC and Collaborative Applicant monitor performance of all ESG resources and their performance outcomes.

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

1.COC PROTOCOLS: Napa victim service provider NEWS is voting member of CoC Board, and serves on coordinated entry (CE) and other committees. NEWS helped CoC develop protocols and policies that ensure survivors receive safe, confidential, trauma-informed, victim-centered assessments, housing, and services at every point in system of care, including anonymous access to CE. NEWS reviews all CoC policies and protocols, and helped create CE procedures as well as Written Standards and a VAWA-compliant Emergency Transfer Plan for survivors. EMERGENCY TRANSFERS administered by CE system for all ESG-, CoC- and other programs, and CoC will provide emergency transfers for all survivors who request it. The CoC provides annual training to all CE, housing and service providers on the emergency transfer rules (5.3.18), along with model VAWA-compliant lease provisions, certification

forms, and resources for ensuring survivor safety and compliance with the rules. 2.CLIENT CHOICE: CoC CE and Written Standards mandate survivors have equal access to all CoC and local housing/services. NEWS is a CE access point, DV-dedicated, CoC-funded RRH housing provider, and collaborates with CoC/ESG/HHS/CalWorks/SOAR/Schools/other programs to ensure survivors have low-barrier housing and services that consider trauma/safety/confidentiality. Survivors have full access to CoC housing/services depending on client choice regardless of whether they present at NEWS/other CE access point, and all CE/providers trained on safety planning/confidentiality/best practices in engaging survivors. CE/CoC provider staff trained on confidentiality requirements/use of HMIS/VAWA-compliant data gathering/safety and trauma-informed care with emphasis on special needs of survivors. Where appropriate depending on safety needs/client choice, NEWS provides de-identified data necessary to access CE and mainstream resources (ie VI-SPDAT score or eligibility information) while maintaining client confidentiality.

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

1. CoC victim services, shelter, and housing provider NEWS conducts regular, ongoing training to CoC and other mainstream providers and staff, including local law enforcement, to ensure safe access for all survivors to housing/services programs. CE/CoC provider staff receive training at least ANNUALLY. All training/services are trauma-informed, survivor-centered that focuses on client choice and safety, and confidentiality. NEWS offers immediate 24-hour on-call services to PD, street outreach, shelter, access points and other social services to ensure access to safety and planning protocols as well as all mainstream and targeted resources. NEWS works with shelters/CE/outreach to consult on individual cases, provide targeted training and direction for CoC staff who work with survivors. NEWS is on CoC Board/CE committee and helped write/implement CE policies ensuring that all street outreach/access point staff are trained on DV client choice/privacy/safety planning and how to handle emergencies. If household presents risk of harm during assessment or other contact with CoC staff, NEWS and PD if applicable are contacted for immediate assistance/consultation.

2. CE policies require all CE staff-data, assessment, placement, outreach, navigation-to be trained at least annually in safety and planning protocols for survivors; individual survivors' needs for trauma-informed, victim-centered approach are discussed as part of holistic case conferencing for safe placement/client choice/service needs. CE/program staff trained in emergency transfer policy/VAWA data confidentiality requirements/best practices; work closely with DV provider NEWS to ensure access to information and confidentiality. NEWS administers VI-SPDAT assessment tool, and provides de-identified data from its VAWA-compliant database to CE and HMIS administrators. NEWS administers CoC-funded housing as well as housing funded by state/private grants and actively participates in CE policy/administration.

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

SYSTEM-LEVEL DATA: CoC uses de-identified data from NEWS DV provider's VAWA-compliant database for all CoC reporting, including APRs (for CoC-funded programs where NEWS is a contracted provider), system performance measures, HIC/PIT, and ongoing needs assessments, including Homeless Action Plan and Con Plan. Data used to determine needs of survivors and other homeless individuals and survivors, to assess gaps/need for additional housing/services, to assess effectiveness, and local best practices (comparing DV RRH placements/outcomes to those of other programs/providers).

PROJECT-LEVEL DATA: NEWS is a CoC program subcontractor and provides de-identified data to HMIS administrator for use in APRs and other system performance measures, as well as for use in Coordinated Entry and monitoring of program effectiveness.

CE: CE polices provide that NEWS provides HMIS/CE a unique client identification number along with minimum information necessary to determine eligibility and prioritization so that survivors have equal access and be referred to CoC housing and services resources. CE priority queue numbers used to address scope of need for shelter/housing/other interventions.

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

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
HOUSING DIVISION, CITY OF NAPA	24.00%	Yes-Both	Yes

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

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

There are two PHAs in the CoC: Napa County Housing Authority and Housing Division, City of Napa. Napa County Housing Authority does NOT administer vouchers or public housing and is focused primarily on housing for migrant/seasonal farm workers, including administering farmworker housing centers. All HCV and other housing programs are administered through Housing Division, City of Napa, which works closely with the CoC and provides a homeless preference for its Housing Choice Vouchers. The Housing Division has implemented a move-on/step up program to free up PSH, and also administers a CoC-funded PSH rental assistance program. The Housing Manager sits on the CoC Board and is an advocate and strong partner for programs that serve homeless individuals and families.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description. (limit 2,000 characters)

In 2017 the Housing Division worked with the CoC to design and implement a voluntary move-on/step up program for families/individuals who no longer need supportive services, to free up PSH subsidies for those who require intensive support services and case management. Potential individuals/families are identified by case managers, who work with PSH clients to ensure client choice and smooth transition to new subsidy program. Approximately 3 have been identified for 2018. The Housing Division administers a PSH program, and the Housing Manager sits on the CoC Board and is an advocate and strong partner for programs that serve homeless individuals and families.

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

CoC serves LGBTQ persons using best practices, consults with county equity office, LGBTQ Connections, VOICES, formerly homeless individuals, and other organizations and providers to ensure culturally competent outreach, equal access to LGBTQ youth/families/individuals for all housing and services. Representatives from VOICES (youth program affiliated with LGBTQ

Connections) and Fair Housing Napa Valley serve on CoC Board and committees, including Coordinated Entry, Funding, and Point-in-Time Count. LGBTQ Connection consults on shelter/drop-in center policies and case management issues for transgender/LGBTQ clients. LGBTQ Connections provides ongoing trainings as needed to new staff and programs. In 2018, CoC began working with Napa County Office of Diversity and Inclusion to ensure all programs, trainings, policies, and plans address needs of LGBTQ, and people of all races, languages, self-identities, and cultures.

- CoC Written Standards and CE policies (updated 2018) include anti-discrimination policies, and all providers – including outreach, assessment, shelter, services and housing -- must create welcoming, affirming environment for all program participants/employees regardless of race, ethnicity, ages, abilities, language, country of origin, sexual orientation, gender identity and gender expressions.
- CoC annually conducts training for all providers/staff on ensuring program and service staff and policies are culturally competent and minimize barriers for LGBTQ identifying clients and comply with the Equal Access Rule, including Equal Access in Accordance with Individual's Gender Identity (last trainings 7/24/18; 8/2/18). In order to expand community capacity, CoC also actively encourages CoC member/staff/provider attendance at HUD and other sponsored trainings/webinars through publication on CoC listserv/direct email to providers. Information about right to equal access and nondiscrimination provided to CoC community and posted at all sites.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>

Other:(limit 50 characters)	
PD serves on CoC Board	<input checked="" type="checkbox"/>
Monthly mtgs with law enfo/outreach	<input checked="" type="checkbox"/>
Community meetings	<input checked="" type="checkbox"/>

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

1.CE system covers entire Napa County CoC with access points near social services/providers, via outreach workers on call to travel on to individuals’ locations, marketing/outreach throughout county. Fliers/outreach/education sent to orgs that serve homeless or at-risk populations (social service agencies, food banks, schools, churches, government orgs). CE system includes healthcare orgs, state/local government providers, CoC-/ESG-funded providers, youth orgs, housing authorities, mental health and substance abuse orgs, law enforcement, child welfare, housing developers, veterans organizations (including VA and SSVF providers), respite care, drop-in shelters, CalWorks.
 2.CE street outreach team travels to encampments, builds connections to individuals/communities unlikely to engage at shelters/drop-in centers, partners w/law enforcement, healthcare, faith communities, along with peer and community outreach, to reach the hard-to-engage, including those with limited English-language ability (bilingual outreach staff), youth/young adults, veterans, chronically homeless, DV survivors and families who avoid social-service engagement. Local SSVF provider, youth outreach provide peer engagement. Outreach workers trained in culturally competent and trauma-informed methods of engagement/assessment. 3.CE uses VI-SPDAT triage/assessment tool to prioritize based on vulnerability and engages in weekly holistic case conferencing to ensure appropriate housing/services prioritized to those high-scoring individuals and families. Tie breakers include length of time homeless and medical vulnerability. Napa has pooled housing/services from multiple sources into a flex pool with flex funds available, and CE team matches clients to all CoC housing and services as well as flex funds to ensure success, expediting housing navigation and warm handoffs to housing and individualized supports, and ensuring assistance in most timely manner.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

1. Specific vulnerabilities considered in selection process: CH, low or no income, current or past substance abuse history, history of victimization (DV, sexual assault, abuse), criminal histories, mental illness, disabilities.

2. Ranking process/renewal scoring tool rates projects on how they serve participants with highest needs/vulnerabilities. Out of 100 points, 20 examine projects' low-barrier services and access to those with severe needs; 10 points for housing first, 5 for serving CH, 3 for lowering barriers to those with most severe needs (ie low or no income, substance abuse, criminal records, survivors of DV, LGBTQ, people who resist services, significant medical/behavioral health challenges, sleeping outdoors, heavy utilizers of public services, uniquely vulnerable to illness, death or victimization), 2 points for affirmatively furthering fair housing (including having specific procedures in place for to ensure clients with unique challenges like LEP, vets, survivors, disabilities have fair/equal access to programs). Scoring tool directs panelists to review projects' narratives and populations served while evaluating data outcomes/performance during rank/review/selection process to ensure severity

of needs and subpopulation vulnerabilities considered in evaluation of outcomes and scores. Panelists review detailed questions re: housing first practices/policies and review APR data on program participant needs/vulnerabilities. New projects also scored on how projects propose to serve high-needs individuals through examination of linkages to supportive services, housing first implementation, staff training, and whether program design/budget can achieve outcomes for highly vulnerable populations, and must be HF.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

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

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

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

Reallocation: No

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

1. Throughout year, CoC actively reviews CoC-funded programs through 1)

evaluation report of outcomes/practices to ensure projects compliant with all HUD priorities (HMIS data quality, accepting placements of highly vulnerable through CE, implementation of housing first, services targeted to needs of clients and subpopulations served), 2) annual review of CoC and individual project system performance measures and outcomes to determine whether projects are contributing to reducing homelessness through increasing housing stability and other measures. 3) During NOFA scoring, rank and review panelists evaluate cost-effectiveness, outcomes, and system performance and have ability to recommend reallocation of projects that do not meet local and HUD-recommended benchmarks for performance. Higher performance accomplished through evaluation and change of subcontracts/subrecipients pursuant to competitive procurement and application process.

2. CoC reallocated its last transitional housing project in 2015. All remaining projects reflect HUD and community priorities: high-performing PSH/RRH/CE/HMIS with high APR/SPM outcomes. CoC projects have not been reallocated because of their high performance, ability to meet needs of highly vulnerable individuals in community and few organizations willing to take on administration of HUD grants in small community. In 2016-17 Napa redesigned systems of care – implementing HF and best practices in shelters, street outreach in 2017, hired new, high-performing vendor from out of area to run shelters, CE access points and locate housing and navigate placement into housing through use of funding pool, which combines CoC housing/services along with state and locally funded housing/services/flex fund. Napa HHSA (largest recipient of CoC and ESG funds) has changed providers/contractors on these and other grants, and is continuing to monitor/evaluate performance of subcontractors on its CoC grants in order to ensure higher performance.

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

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Applicants must: CoC Gov Charter: pp 12-14; HMIS Gov Charter 1-18; MOU, p2
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	85	12	73	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	66	0	55	83.33%
Rapid Re-Housing (RRH) beds	38	1	37	100.00%
Permanent Supportive Housing (PSH) beds	57	0	57	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

Total bed coverage in CoC is 95.28%. All ESG/CoC/county-funded projects in HMIS, with 100% coverage for all project types except TH. In 2016-2017 the CoC successfully worked with providers to include data in HMIS, increasing participation from privately-funded orgs to 100% in PH/RRH. TH coverage is 83.3%, an increase from 59% in 2016 and 81% in 2017.

Potential steps and implementation: Bed coverage would be 100% except for a single privately-funded TH provider with 11 beds. The CoC HMIS lead, with support from county HHSA and the CoC Board is working with last remaining non-HMIS provider to enter its 11 beds into HMIS or provide data so that HMIS coordinator may do so. HMIS lead will continue to work to deepen collaboration and closer ties with the TH provider not yet in the HMIS system, including to provide support and incentives for the provider to join HMIS, such as 1) incorporating and enforcing contractual provision requiring HMIS usage into county funding requirements, 2) providing ongoing data entry support, and 3) providing training of new staff. Provider attends CoC meetings, collaborates with CoC providers, and HMIS lead and CoC Board working with provider to emphasize importance of HMIS data to strengthen system and increase local resources.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/27/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/27/2018

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

Instructions:

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

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

No changes to methodology.

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

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

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

1. STAKEHOLDERS ENGAGED: Prior to count, CoC engaged VOICES and ON THE MOVE (organizations comprised of youth advocates, peers, and providers who serve homeless youth) in a series of meetings to develop strategies for an accurate count of homeless youth. VOICES advocate serves on CoC Board, and coordinated with outreach teams, provider, shelter staff, on how best to engage youth for the count and afterwards to build lasting trust in youth community.
2. IDENTIFIED LOCATIONS: Working with new outreach teams as well as Napa PD outreach, family service organizations, and education liaisons, the youth representatives and PIT outreach team identified sites where youth might be found, gathered incentives for youth who engage with count, created and distributed informational flyers to publicize the count, and engaged peers (formerly or currently homeless youth) to conduct count. Incentives included gift cards to Starbucks where youth often gather to use wifi/charge phones, bus passes, food bags and hygiene supplies.
3. INVOLVED YOUTH: Youth advocates from peer organizations VOICES and ON THE MOVE engaged in planning sessions and identifying strategies for engaging and locating youth. Formerly/currently homeless youth were trained and participated as members of the PIT Count Team with street outreach staff conducting count. Involvement of youth in PIT count led to county HHS organizing additional forums for youth involvement in CoC, and youth summits to quantify and map pathways for youth-targeted or available housing and services for homeless youth and young adults.

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

**(3) Veterans experiencing homelessness.
(limit 2,000 characters)**

IMPROVEMENTS: Napa's new expanded outreach team led planning and directed PIT along with partner Napa PD and providers; PIT committee held multiple meetings plus ongoing planning calls to ensure that entire county was covered by teams that included subpopulation peers, outreach workers, bilingual staff. Prior to count, wide range of groups engaged to better identify and reach marginalized populations. Faith-based community, neighborhood groups, local law enforcement, property owners, and parks staff helped identify where families, individuals and CH persons most likely to be found during count.

1.CH: PIT Count team improved ability to locate chronically homeless through better planning, outreach, and identification. Count slightly higher than 2017, due to better weather (in 2017 heavy storms/flooding caused individuals to move from identified encampments and other known sites day before count) and through expanded outreach teams with knowledge of CH individuals and ability to target locations that included private property and remote rural areas.

2.FAMILIES: Sheltered and unsheltered families with children decreased by 41.6% from 2017. Prior to count team engaged providers and orgs where families might present, including churches, schools, and primary DV provider to ensure accurate count. Outreach team has dedicated family coordinator to ensure all families sheltered immediately, and helped ensure count reached entire geographic area and was accurate reflection of family homelessness.

3.VETS: Total number of homeless veterans increased from 2017-18 by 5, due to increased outreach/better identification of veteran status as a result of by-name list outreach and engagement. Vets groups and CoC by-name vets working group identified areas where vets would be located, and sent peer outreach along with PIT teams to ensure engagement of population. All counted vets are part of veterans by-name list, and targeted for housing/services.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	342
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3A-1a. Applicants must:

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

First-time homeless increased by only 5 individuals, due in part to better outreach and HMIS data quality procedures by Napa's new outreach team. This was a small increase given that Oct. 2017 fires displaced hundreds of Napa area residents and workers, reduced and/or interrupted low-wage harvest and tourism jobs, and diminished already scarce housing supply. Area was declared federal disaster area; CoC providers coordinated with federal and state officials and led emergency housing and support efforts to ensure immediate housing options for Napa families.

1.RISK FACTORS: Uses data analysis, PIT/HMIS/healthcare/education/DV provider data to track origins/precipitating causes of homelessness, which include DV, health crisis, eviction, job loss, insufficient income to area rent ratio. CoC providers/CE access point leverage resources of small community and collaborates with partners to ID risk individuals at risk. CoC uses problem-solving approach to identify/provide resources to help retain housing.

2.STRATEGIES: CoC coordinates with hospitals/healthcare, schools, family/youth providers, law enforcement, churches to ID and connect those at risk of homelessness to prevention/problem-solving resources. CoC instituting diversion problem-solving at all access points in Dec. 2018. New team will use existing and new funding sources (ESG/health sector funding for prevention and one-time needs, flex funds contributed by philanthropy/hospitals) for family reunification, back rent, deposits, vehicle repair, bus tickets, mediation, as well as links to community services like childcare, eviction prevention, mediation, mental health/substance abuse services, comprehensive services for older adults, veterans, and family resources. New state funding (online January 2019) will provide flexible resources for prevention, problem-solving and resolution of one-time needs.

Napa County Homeless Services Coordinator.

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

Average length of time homeless (LOTH) was 129; median LOTH decreased by 11% (from 100 days to 89).

STRATEGY: Napa’s efforts involve housing longest-term homeless and immediately housing recently homeless or at-risk families. In July 2017, Napa CoC contracted with new, experienced provider that runs outreach, CE access point, shelter, and manages housing navigation/location/placement into housing for majority of Napa’s CoC and privately funded PH. In fall 2016, all shelters lowered barriers to serve more CH, mentally ill and addicted individuals, helping engage/stabilize highest-need clients and connect them to services/housing. Community resources help implement goals of rapidly rehousing most vulnerable families/individuals using ESG/CoC/privately funded RRH and PSH. Additional outreach/case management funds provided by state healthcare funds help support and successfully place high-needs clients with longest LOTH into housing. All CoC/ESG providers evaluated on reducing LOTH and participate in CE to place clients by vulnerability and LOTH. Families: Sole family shelter abruptly closed due to environmental safety issue, CE team placed families placed directly into RRH using master-leased shared housing; family outreach coordinator/CE team working to use this model in future to immediately place families experiencing homelessness into RRH with intensive supports; only 1 unsheltered family on PIT.

ID: CoC identifies LOTH in HMIS/CE community queue; LOTH is primary tie breaker for individuals with same score on assessment tool. CoC outreach engage/assess CH households on streets, in encampments. Holistic CE case conferencing identifies barriers to housing and specific needs of longest-term, most vulnerable homeless individuals, and provides intensive, wraparound case management to ensure placement success. New provider consolidating housing location/navigation to increase rate of placement in tight housing market.

4.HHSA Homeless Services Coordinator

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

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	42%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%

3A-3a. Applicants must:

(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1.STRATEGY TO INCREASE SUCCESSFUL EXITS FROM ES/TH/RRH: Small decrease in percent of successful exits reflect greater universe of exits (228 more exits; 78 more exits to PH from ES/TH/RRH in 2018) recorded in HMIS due to data quality improvements and additional placements. Data shows an increase of 48% in the number of successful exits from 2016. Despite loss of regional housing from catastrophic fire, Napa’s new housing navigation/placement team successfully placing highest vulnerability individuals/families in permanent housing destinations. All shelters now housing first, housing focused access points, and provide problem-solving, flexible funds & immediate links to income/housing. Napa using intensive case management before and after housing referral/placement, funded by state healthcare pilot program; flexible funding supports through philanthropic partners; and leveraging other community-based supports to ensure placement/success in subsidized and other permanent housing. Napa using landlord incentives to increase supply of housing and working with developers to identify opportunities for MOUs and set-asides at FMRs, essential in tight housing market, with one successful collaborative effort opening units in fall 2018.

2.RETENTION OF PSH: 98% retention of PSH supported by Napa’s trauma-informed housing-first providers and strong case management using motivational interviewing and mediation/crisis intervention with LLs, links to mainstream services, and healthcare and other community supports. Napa has move-on/step-up program for those who no longer need supports; and working to improve/retain stability while housing very high-need individuals and families through leveraging additional funding sources for wraparound case management and intensive supports aimed at retention of housing. All PH monitored and evaluated on rates of successful exits/housing stability.
 Responsible: HHSA Homeless Services Coordinator

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	13%

3A-4a. Applicants must:

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

1.COMMON FACTORS: CoC reviews SPMS and APRs and implemented intensive HMIS data quality review from prior-year data, including review of data sources of returns to homelessness and projects from which they exit/re-enter system. CoC/CE team reviews data, engages with providers to ensure data quality as well as to IDENTIFY AND FOLLOW UP on clients who have exited, engage in outreach to identify barriers to retention and needs for those who return to homelessness. Common factors for returns to homelessness include income to rent ratios, evictions, inappropriate placement into housing with insufficient supports for level of need, insufficient case management and followup for level of need.

2.STRATEGY TO REDUCE RATE: New CE/outreach/referral protocols (started July 2017) integrate case conferencing to ensure warm handoff to wraparound case management, consideration of client choice, and establishment of links to community benefits and services including employment, healthcare, benefits, emergency/flex funds). In addition, outreach/access point teams instituting problem solving that provides flex funds/mediation/other strategies to prevent returns to homelessness to increase housing retention and prevent entry/return to homelessness. Pilot implementation already underway leveraging ESG prevention, health system, state and philanthropic funds in pool for wide variety of onetime needs including back rent, vehicle repairs, deposits, damage payments to LLs, mediation that help prevent returns to homelessness.

3.HHSA Homeless Services Coordinator oversees strategy for reducing returns to homeless, monitoring HMIS data and providers who oversee assessment/placement/referral into housing and provision of case management support.

3A-5. Job and Income Growth. Applicants must:

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

1.STRATEGY TO INCREASE: Employment and nonemployment cash income increased for stayers by 8% in FY 2017. CoC uses state-funded healthcare sector funds (Whole Person Care-WPC), local healthcare funding, local public and private sector funding to provide MediCal, SSI/SSDI, VA, and other mainstream benefits and benefits advocacy to clients. SOAR (SSI/SSDI Outreach, Access and Recovery) specialists serve all CoC programs, and work with outreach and shelter teams to ensure access to benefits. WPC data outcomes used to measure success of MediCal recipients; HMIS and APR data

used to evaluate CoC project performance; HMIS coordinator works to ensure increases in cash benefits applied for and reported; county veterans services office works with CoC participants to advocate for access to and increase veterans' income. CoC and ESG providers scored in competition on increasing employment income, and CoC has Economic Self-Sufficiency Committee to increase access to employment.

2.MAINSTREAM EMPLOYMENT: Strategies include linking clients to mainstream agencies like Workforce Investment Board (WIB), CA Dept of Industrial Rehabilitation (DIR), Napa Career Center, Napa Valley College, Napa Valley Adult School, as well as specialized programs like Salvation Army's Napa Valley Culinary Training Academy and VOICES for youth and young adults, which provide employment and training programs. 100% of CoC programs work with WIB/DIR, and coordinate meetings to address needs of this population. CoC programs provide assistance, transportation, vocational rehabilitation, assistive technologies, training and navigation necessary to access employment programs.

3.CoC/County Homeless Services Coordinator oversees WPC, HMIS, and CE data, and works with CoC Economic Self-Sufficiency Committee to ensure continuing advocacy and income opportunities for homeless individuals and families

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/31/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	28
Total	28

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

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

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

3B-2.2. Applicants must:

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

1.STRATEGY CoC addresses lack of affordable/available rentals by using ESG/CoC/state/private funds to increase number of RRH subsidies available and working with landlords to identify available affordable units. Uses F-VI-SPDAT to identify/prioritize most vulnerable families and assess family needs and strengths; CoC written standards mandate families immediately assessed/referred to RRH to house within 30 days of homelessness. CE uses holistic case conferencing to identify appropriate housing and services to ensure family success by appropriate placement/wraparound services. After sudden closure of family shelter, all families placed in RRH/PH immediately and CoC working to replicate success of rapid response for all unsheltered families. Local DV provider received large state grant to house survivors; working with ESG/CoC/CalWORKS/private funds to house all families.

2.ADDRESSES HOUSING/SERVICE NEEDS. CoC contracted with new provider for coordinated assessment, housing navigation, and problem solving to help families retain housing. Using state/local public and private funding to establish flex fund for landlord incentives (deposits, repairs/damages, bonus), flexible funds including move-in assistance, utilities, emergency repairs and one-time funds to help families gain/maintain housing. Private and healthcare sector funds providing additional level of intensive case management and link to mainstream services (healthcare, childcare, education, employment, benefits, community orgs) to help high-needs families increase income and self-sufficiency to retain housing after subsidy ends. Problem-solving services using flex funds also available for emergency needs that jeopardize retention of housing.

3.HHSA Homeless Services Coordinator and Abode’s Director of Housing Services responsible for strategy and implementation.

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

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

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

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

1. STRATEGY TO INCREASE HOUSING/SERVICES. The number of Napa youth who report as homeless under HUD standards is small; in 2018 PIT Count, there were 15, with 5 in shelter, 6 in TH, and 5 unsheltered (a reduction from 16 unsheltered youth in 2017). Napa conducted outreach with youth services providers and independent funders to coordinate/expand TAY housing/services. There are 26 youth in community CE queue (reduction from 50 in 2017); all Napa CoC/ESG/housing/homeless services resources open to TAY, and community is increasing RRH and problem solving services using flexible funds online. Problem solving includes onetime needs including back rent, vehicle repairs, deposits, damage payments to LLs, mediation that help prevent returns to homelessness. MORE EFFECTIVELY USING EXISTING RESOURCES: CoC organized 2018 Youth Summit to map resources, attended by youth orgs, child welfare/foster care/ILP and THP services, healthcare and

mental health services targeted at TAY, juvenile probation, county equity office, education representatives. Second summit to be held in fall 2018 and will incorporate youth leadership, examine available and needed resources and current prioritization of youth. Summit will recommend uses of 2018 state emergency funding for youth (minimum of \$62,000 new funds to be allocated to youth for targeted rental assistance, shelter and/or services designed to serve unique needs of TAY).

INCREASING ACCESS TO HOUSING/SERVICES FOR UNSHELTERED YOUTH. CE/shelter/housing providers meet regularly with LEAs, school staff, child welfare, youth orgs to coordinate services. Youth summits using system map tools to identify housing/services as well as existing and improved pathways for TAY to access those resources. Youth reluctant to self-identify as homeless and access adult systems of care, so youth summit partners evaluating creating better pathways to existing resources, appropriate prioritization/assessment tools, and creation of new resources using state/local/private funds. Using community priorities, county will apply for 2018-19 state funding to serve homeless youth through targeted rental assistance, shelter, and services designed to serve unique needs of TAY, and incorporate principles of youth engagement, positive youth development, and age-appropriate case management.

3B-2.6a. Applicants must:

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

1. EVIDENCE USED TO MEASURE STRATEGIES. PIT Count comparisons, in which unsheltered youth declined in 2018; the numbers of TAY in CE community queue have also declined (26 in 2018 vs. 50 in 2017). The community also looks at the severity of needs of TAY in community queue to determine effectiveness of strategies and assessment of ongoing need. In 2018, 4 scored in the higher-needs PSH range, 15 in the diversion/RRH range, and 2 with low indication of vulnerability. In addition, the CoC reviews HMIS data about services accessed by TAY to monitor accessibility.
2. MEASURE COC USES: Numbers of TAY on PIT; school district lists of homeless youth/families; HMIS data/community queue for CE, severity of needs on VI-SPDAT; what services accessed; shelter/youth provider/LEA meet regularly to discuss high-needs individuals and supports needed for successful outcomes. CoC looking for reduced numbers of unsheltered youth/youth needing PH as well as reduced numbers of homeless youth/families in district schools; reduced length of time homeless, reduced returns to homelessness, and increased links to mainstream benefits, employment, education, health/mental health services.
3. WHY MEASURE APPROPRIATE. Numbers on PIT/HMIS important to measure success in housing youth. Napa has extremely small homeless/at-risk population (less than 5%) of total ID'd on PIT, and identification/outreach/discussion of individuals and their needs – similar to vets byname list - has proven more effective in measuring needs and outcomes than

static data measures, especially when data measures currently do not reflect outcomes specific to youth: stable housing, permanent connections, social-emotional well being, education/employment.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

COLLABORATES: CoC identifies homeless youth/families and assures housing/educational services through weekly case planning meetings where providers and McKinney-Vento LEAs/schools/educators/child welfare coordinate services. LEAs come to CoC meetings to report; and school districts provide statistics regarding homeless families/youth in district schools. Youth summit engaged representatives for schools and local community college for further collaboration in serving local homeless youth. Other collaborations include youth outreach and other providers who serve pregnant youth/parents, youth with mental health issues, at risk and LGBTQ youth, youth outreach, peer resource centers and links to education.

PARTNERSHIPS. HHSA, CoC, DV providers have MOUs with childcare organizations (ChildStart -Headstart provider) and local childcare organization. Youth services provider co-located with school, child welfare, health, CoC services to ensure availability/access. CoC Written Standards require all CoC/ESG programs to coordinate with LEAs/schools, program policies mandate assessment of education needs and provide and link to services. All providers trained on local education services and required to inform families/youth of educational rights through flyers, LEA/SEA collaboration.

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

CoC and housing/services program policies mandate assessment of childcare/education needs and mandatory link to services. CoC Written Standards mandate all CoC- and ESG-funded programs are required to coordinate with local education authorities and school districts to ensure all children are enrolled in early childhood programs or in school and connected to appropriate educational services in community so that children/families at risk of homelessness or experiencing homelessness are connected to appropriate intervention. CoC Written Standards further mandate that programs may not deny admission on the basis that there is a child under 18 or separate family members. Napa County RRH program standards mandate that case manager will assess each participant for children's participation in school . All providers trained on education services and required to inform families/youth of educational rights through fliers, LEA/SEA collaboration. Local school districts/SEA partners in Coordinated Entry, CoC planning activities.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

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

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

IDENTIFYING HOMELESS VETS. Numbers of vets increased by 5 in 2018 (23 in '18 from 17 in '17), reflecting CoC’s work in better identifying/engaging vets. CoC, VA, Veterans Resource Center (SSVF provider), county vets services officer, CE, CoC & PD outreach, SOAR & health services case managers meet monthly and share data/resources for all vets on by-name list. Vets officer advocates for discharge status upgrades; all information linked to HMIS; providers have access to VA database to best identify current service/discharge status and access paperwork. Vets are identified by outreach workers (CoC CE and SSVF outreach) who ensure inclusion on vets byname lists for further verification of vets status.

ASSESSING HOMELESS VETS. Vets engaged through CoC & SSVF outreach, assessed using VI-SPDAT, and vets benefits eligibility checked in VA database. County vets officer checks eligibility/status and advocates for vets to ensure access to highest level of benefits. Events held to draw vets to engage in assessment/services. Vets prioritized on community queue and byname list, matched with appropriate resources/eligibility lists. Outreach/case workers provide transportation to VA centers for medical/housing appointments to verify eligibility/complete VA assessments.

REFERRING HOMELESS VETS: CoC engages county vets services officer, VA, hospitals, street outreach, shelter, PD, SOAR case management to expedite eligibility documentation, provide onsite and mobile access to

mainstream and vets services, medical care, housing, and applications for benefits/housing SSVF provider provides vets-specific outreach, flex funds, rapid rehousing subsidies. Small number of HUD-VASH vouchers ported to community, and homeless veterans targeted for units in newly developed housing, online winter 2018. Monthly meetings with VA/SSVF/SOAR/Outreach/shelter staff/CE/PD/health services discuss each vet on byname list, update status and eligibility until vet connected with housing/services.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

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

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

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>

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

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

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

Instructions:

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

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

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
State health funds for MediCal case mgt.	Yes	Yes

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

1. WORKS WITH MAINSTREAM PROGRAMS. . CoC works with 1) SOAR program funded through local hospital, which connects clients to SSI, SSDI, vets programs, food stamps, TANF, CalWorks and other benefits programs, 2) Local clinics provide onsite shelter and mobile medical care and ACA signup, 3) vets groups and nonprofits for vets connect events that offer assistance applying for benefits. In addition, CoC received state Whole Person Care health services funds to enhance outreach and multidisciplinary teams to connect CoC clients with mainstream benefits and resources, and add wraparound support services to MediCal eligible clients.

2. KEEPS STAFF UP TO DATE: Through ongoing trainings/site-based collaboration with SOAR and other programs 100% of CoC projects provide

assistance to obtain/increase and ensure access to mainstream benefits; access to SOAR rep that visits shelters/programs to facilitate benefits signup; Whole Person Care staff ensure all MediCal-eligible clients enrolled and receiving benefits; collaboration with county departments with resource specialists (ie veterans service officer, older adults, CalWorks, mental health) to ensure targeted links to specific benefits. CoC Collaborative Applicant and main recipient of CoC funds is county, and systematically provides updated information about benefits and programs to providers and programs. All CoC programs evaluated for ensuring clients increase/maintain level of benefits through HMIS/WPC /APR data.

3.NAME RESPONSIBLE: HHSA Homeless Services Coordinator oversees WPC, HMIS data, monitors subrecipient CoC programs; coordinates with SOAR service manager.

4A-2.Housing First: Applicants must report:

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	6
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	6
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

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

DESCRIBE OUTREACH/METHODS. Napa created new outreach team available daily, deployed from newly consolidated 24-hour shelter and drop-in center. New outreach team assigned to identify and engage most vulnerable unsheltered individuals and families least likely to seek services, using trauma-informed, harm-reduction skills. Additional teams funded by vets SSVF team, and by Whole Person Care, provides link from outreach to healthcare, housing, case management for most vulnerable individuals and directly links to housing navigation and benefits. During past year, CoC representatives, including shelter and outreach providers, met with property owners, parks administration, law enforcement/security organizations to address issues of encampments in

order to provide engagement rather than criminalization of sites where complaints had been lodged.
COVERAGE: Through countywide collaboration and relationships with community organizations, multiple law enforcement jurisdictions, parks, schools, churches, and property owners, CoC outreach, funded through ESG and CoC funds, WPC, and local funds covers 100% of geographic area and travels to wherever individuals need engagement.
FREQUENCY: Teams conduct street outreach daily (six days per week, plus on call) to engage the hardest to serve., and are deployed from 24-hour shelter/drop-in center, and respond to emergencies.
REACHING THOSE LEAST LIKELY TO SEEK ASSISTANCE: Team is bilingual/bicultural and works with providers, subpopulation providers/peers to provide trauma-informed, culturally competent engagement to vets, youth, DV, families, seniors, monolingual Spanish speakers, and collaborates with police outreach and community to identify and go to sites where hard-to-serve individuals stay. Has access to language line, TTY, case managers with experience communicating with individuals with cognitive/behavioral health/other impairments and provides access to services/transportation if needed.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

STRATEGY to MARKET: CoC and program policies mandate affirmatively furthering fair housing, providing access to all eligible persons and proactively engaging those with barriers to access. Access points/providers comply with state and federal law and nondiscrimination best practices. Executive Director of Fair Housing Napa is on CoC Board; all CE access points/program sites display signs informing participants of right/method to file nondiscrimination complaint under state/federal law. CE policies mandate marketing CE access to all, including those least likely to apply, through fliers, community announcements, newspapers, social media targeted at homeless community, county social services email networks, county and nonprofit offices where homeless clients may seek other services, homeless and vet connect events that provide services, outreach and incentives. ADA-compliant CoC access points near sites accessible by public transit and mobile teams engage those with barriers to site-based services/engagement. CoC programs evaluated on strategies to lower barriers to disabled, LEP, LGBTQ, youth, and compliance with equal access/anti-discrimination laws and best practices.
COMMUNICATED STRATEGY: CoC has bilingual/bicultural outreach workers and program staff, all programs have access to interpreters through language line, audio services, ASL, large-format print; outreach and other social services workers with experience communicating with those with disabilities and across cultural, linguistic, and other barriers. Access sites are ADA-compliant, bilingual outreach workers conduct assessments in the field to lower access barriers.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	50	38	-12

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

4A-7. Homeless under Other Federal Statutes. No
 Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	1C-5. PHA Adminis...	09/12/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	1C-5. PHA Adminis...	09/12/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	1C-8. Centralized...	09/12/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	1E-1. Objective C...	09/12/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	1E-3. Public Post...	09/12/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	1E-3. Public Post...	09/12/2018
1E-4. CoC's Reallocation Process	Yes	1E-4. CoC's Reall...	09/12/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	1E-5. Notificatio...	09/12/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	1E-5. Notificatio...	09/12/2018
1E-5. Public Posting–Local Competition Deadline	Yes	1E-5. Public Post...	09/12/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	2A-1. CoC and HMI...	09/12/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	2A-2. HMIS–Polic...	09/12/2018
3A-6. HDX–2018 Competition Report	Yes	3A-6. HDX–2018 Co...	09/12/2018
3B-2. Order of Priority–Written Standards	No	3B-2. Order of Pr...	09/12/2018

3B-5. Racial Disparities Summary	No	3B-5. Racial Disp...	09/12/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: 1C-5. PHA Administration Plan - Homeless Preference

Attachment Details

Document Description: 1C-5. PHA Administration Plan - Move-on Multifamily Assisted Housing Owners' Preference

Attachment Details

Document Description: 1C-8. Centralized or Coordinated Assessment Tool

Attachment Details

Document Description: 1E-1. Objective Criteria - Rate, Rank, Review & Selection Criteria

Attachment Details

Document Description: 1E-3. Public Posting CoC-Approved Consolidated Application

Attachment Details

Document Description: 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: 1E-4. CoC’s Reallocation Process

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: 1E-5. Public Posting–Local Competition Deadline

Attachment Details

Document Description: 2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)

Attachment Details

Document Description: 2A-2. HMIS–Policies and Procedures Manual

Attachment Details

Document Description: 3A-6. HDX–2018 Competition Report

Attachment Details

Document Description: 3B-2. Order of Priority–Written Standards

Attachment Details

Document Description: 3B-5. Racial Disparities Summary

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/12/2018
1C. Coordination	09/12/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/12/2018
3A. System Performance	09/12/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/12/2018
4B. Attachments	09/12/2018

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Submission Summary

No Input Required

ATTACHMENT: PHA ADMINISTRATION PLAN (APPLICABLE SECTIONS ONLY)

DOCUMENT SATISFYING REQUIREMENT	PAGE
City of Napa Housing Authority Administration Plan – <i>excerpt for applicable sections only</i>	2-4
○ Homeless Preference for Housing	3-4

Administrative Plan

Housing Choice Voucher Program



Housing Authority of the City of Napa

Family Unification Program (FUP) vouchers are made available to families for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or the delay in the discharge of the child, or children, to the family from out of home care. FUP vouchers will also be used for a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older.

The participants for the program are referred by Napa County Health & Human Services Agency Child Welfare Services who screens and ranks referrals from community agencies that currently provide case management services to the families.

The HACN will identify and ensure the certification of FUP-eligible families and/or FUP-eligible youth that are on the waiting list and ensure that the family and/or youth will maintain their original position on the waiting list after they are certified. The HACN will also place all FUP-eligible families and/or FUP-eligible youth that have been referred from the Child Welfare Services Division (CWS) of Napa County Health & Human Services Agency on the HACN waiting list in the order of first come, first served.

3. Mainstream Vouchers

Mainstream program vouchers enable families having a person with disabilities to lease affordable private housing of their choice. Mainstream program vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

The HACN administers thirty (30) Mainstream vouchers for qualifying participants. Community agencies that have referred clients to this program will provide ongoing case management as needed.

4. Homeless Admissions Preference

The HACN administers a limited homeless preference of 15 (fifteen) Housing Choice Vouchers and 5 (five) Project Based Vouchers. The preference is limited to 15 (fifteen) Housing Choice Vouchers and 5 (five) Project Based Vouchers. The preference is restricted to referrals from a partnering homeless service agency.

The HACN will prioritize households in two ways. First, when appropriate support services are available for clients, the HACN will prioritize households that are assessed as being the highest need for permanent supportive housing using the Vulnerability Index Service Prioritization Assessment Tool (VI-SPDAT). The VI-SPDAT is the community adopted housing assessment tool for the Continuum of Care coordinated entry system. Referrals to the HACN for Housing Choice Vouchers will come directly from the coordinated entry system. Secondly, the HACN will prioritize for households who are currently living in permanent supportive housing but who no longer need

intensive case management, the HACN will transition permanent supportive housing households onto Housing Choice Vouchers only when

a) households have appropriate supports to succeed in less service intensive housing and

b) turnover permanent supportive housing units are then targeted to households prioritized through the coordinated entry system.

The HACN will allow the partnering homeless service agency to verify the individual or family meets the preference qualification and the agency will verify the preference qualification before the individual or family is referred to the HACN.

H. ORDER OF SELECTION [24 CFR 982.207(E)]

1. Local Preferences - Local preferences will be used to select families from the waiting list. Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list. Among applicants with equal preference status, the waiting list will be organized by date and time.

2. The HACN has selected the following system to apply local preferences:

CATEGORY	POINTS
Veterans	= 1 point
Federal Disaster	= 20 points
Residency	= 10 points
Family (with children/elderly/disabled individuals)	= 15 points
Single non-elderly, non-disabled person	= 0 points

3. Final Verification of Preference - Preference information on applications will be updated as applicants are selected from the waiting list. At that time, the HACN will obtain updated verifications of preference at the interview and by third party verification.

4. Preference Denial [24 CFR 982.207] - If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be notified in writing within ten (10) days of the date that the preference has been denied. The HACN will offer the applicant a meeting to discuss the preference denial before the applicant is returned to the waiting list without the local preference. The difference between a meeting and a review or hearing is that the meeting can be conducted by the person who decided that the preference was denied.

I. REMOVAL FROM WAITING LIST [24 CFR 982.204(C)]

1. The HACN waiting list may be purged not more than one time each year by a mailing to all applicants, or at the HACN'S option, to all applicants who have been on the waiting list more than three years, to ensure that the waiting list is current and accurate. The mailing will request confirmation of continued interest. Mailings to the applicant that

ATTACHMENT: Move-on Multifamily Assisted

DOCUMENT SATISFYING REQUIREMENT	PAGE
City of Napa Housing Authority Administration Plan – <i>excerpt for applicable sections only</i>	2-4
○ Reference to move-on program	3-4

Administrative Plan

Housing Choice Voucher Program



Housing Authority of the City of Napa

Family Unification Program (FUP) vouchers are made available to families for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or the delay in the discharge of the child, or children, to the family from out of home care. FUP vouchers will also be used for a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older.

The participants for the program are referred by Napa County Health & Human Services Agency Child Welfare Services who screens and ranks referrals from community agencies that currently provide case management services to the families.

The HACN will identify and ensure the certification of FUP-eligible families and/or FUP-eligible youth that are on the waiting list and ensure that the family and/or youth will maintain their original position on the waiting list after they are certified. The HACN will also place all FUP-eligible families and/or FUP-eligible youth that have been referred from the Child Welfare Services Division (CWS) of Napa County Health & Human Services Agency on the HACN waiting list in the order of first come, first served.

3. Mainstream Vouchers

Mainstream program vouchers enable families having a person with disabilities to lease affordable private housing of their choice. Mainstream program vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

The HACN administers thirty (30) Mainstream vouchers for qualifying participants. Community agencies that have referred clients to this program will provide ongoing case management as needed.

4. Homeless Admissions Preference

The HACN administers a limited homeless preference of 15 (fifteen) Housing Choice Vouchers and 5 (five) Project Based Vouchers. The preference is limited to 15 (fifteen) Housing Choice Vouchers and 5 (five) Project Based Vouchers. The preference is restricted to referrals from a partnering homeless service agency.

The HACN will prioritize households in two ways. First, when appropriate support services are available for clients, the HACN will prioritize households that are assessed as being the highest need for permanent supportive housing using the Vulnerability Index Service Prioritization Assessment Tool (VI-SPDAT). The VI-SPDAT is the community adopted housing assessment tool for the Continuum of Care coordinated entry system. Referrals to the HACN for Housing Choice Vouchers will come directly from the coordinated entry system. Secondly, the HACN will prioritize for households who are currently living in permanent supportive housing but who no longer need

intensive case management, the HACN will transition permanent supportive housing households onto Housing Choice Vouchers only when

- a) households have appropriate supports to succeed in less service intensive housing and
- b) turnover permanent supportive housing units are then targeted to households prioritized through the coordinated entry system.

The HACN will allow the partnering homeless service agency to verify the individual or family meets the preference qualification and the agency will verify the preference qualification before the individual or family is referred to the HACN.

H. ORDER OF SELECTION [24 CFR 982.207(E)]

- 1. Local Preferences - Local preferences will be used to select families from the waiting list. Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list. Among applicants with equal preference status, the waiting list will be organized by date and time.
- 2. The HACN has selected the following system to apply local preferences:

CATEGORY	POINTS
Veterans	= 1 point
Federal Disaster	= 20 points
Residency	= 10 points
Family (with children/elderly/disabled individuals)	= 15 points
Single non-elderly, non-disabled person	= 0 points

- 3. Final Verification of Preference - Preference information on applications will be updated as applicants are selected from the waiting list. At that time, the HACN will obtain updated verifications of preference at the interview and by third party verification.
- 4. Preference Denial [24 CFR 982.207] - If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be notified in writing within ten (10) days of the date that the preference has been denied. The HACN will offer the applicant a meeting to discuss the preference denial before the applicant is returned to the waiting list without the local preference. The difference between a meeting and a review or hearing is that the meeting can be conducted by the person who decided that the preference was denied.

I. REMOVAL FROM WAITING LIST [24 CFR 982.204(C)]

- 1. The HACN waiting list may be purged not more than one time each year by a mailing to all applicants, or at the HACN'S option, to all applicants who have been on the waiting list more than three years, to ensure that the waiting list is current and accurate. The mailing will request confirmation of continued interest. Mailings to the applicant that

ATTACHMENT: CE Assessment Tool

<u>DOCUMENT SATISFYING REQUIREMENT</u>	<u>PAGE</u>
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Napa County VI-SPDAT 2.0 for Families with Children	6-10

Vulnerability Index – Single Adults - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Administration

Interviewer's Name _____ Agency _____
Survey Date ____/____/____ Survey Time ____:____ AM/PM Survey Location _____

Opening Script

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

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

Basic Information

Client Information

First Name _____ Nickname _____ Last Name _____

In what language do you feel best able to express yourself? _____

Date of Birth _____ Age _____ Social Security # _____ Consent to participate Yes No

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (*Check one*)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**
2. How long has it been since you lived in permanent stable housing? _____ Refused
3. In the last three years, how many times have you been homeless? _____ Refused

B. Risks

4. In the past six months, how many times have you...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator or a crime or because the police told them that they must move along? _____ Refused

Vulnerability Index – Single Adults - Service Prioritization Decision Assistance Tool (VI-SPDAT)

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

5. Have you been attacked or beaten up since they've become homeless? Yes No Refused

6. Have you threatened or tried to harm yourself or anyone else in the last year? Yes No Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused

8. Does anybody force or trick you to do things that you do not want to do? Yes No Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused

11. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted? Yes No Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of the physical health? Yes No Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or hearth? Yes No Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Yes No Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused

19. When you are sick or not feeling well, do you avoid getting medical help? Yes No Refused

20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Yes No Refused

Vulnerability Index – Single Adults - Service Prioritization Decision Assistance Tool (VI-SPDAT)

21. Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Yes No Refused
 - b) A past head injury? Yes No Refused
 - c) A learning disability, developmental disability, or other impairment? Yes No Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because help would be needed? Yes No Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused
27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Yes No Refused

Finally, I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

Veteran Status Yes No Refused

What is your citizenship status? Citizen Legal Resident Undocumented Refused

Where did you live prior to becoming homeless?

This city This region Other part of the State Somewhere else Refused

Have you ever been in foster care? Yes No Refused

Have you ever been in jail? Yes No Refused

Have you ever been in prison? Yes No Refused

Do you have a permanent physical disability that limits your mobility? [i.e. wheelchair, amputation, unable to climb stairs?] Yes No Refused

What type of health insurance do you have, if any?

Medicaid/Medical Private Insurance

Medicare No Health Insurance

VA Medical Other

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Place: _____

Time: _____ Or Morning/afternoon/Evening/Night (circle one)

Vulnerability Index – Single Adults - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone: () _____

Email: _____

Ok, now I'll like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

Yes No Refused

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

Administration

Interviewer's Name _____ Agency _____
 Survey Date ____/____/____ Survey Time ____:____ AM/PM Survey Location _____

Opening Script

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

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

Basic Information

Parent 1

First Name _____ Nickname _____ Last Name _____

In what language do you feel best able to express yourself? _____

Date of Birth _____ Age _____ Social Security # _____ Consent to participate Yes No

No Second parent currently part of the household

Parent 2

First Name _____ Nickname _____ Last Name _____

In what language do you feel best able to express yourself? _____

Date of Birth _____ Age _____ Social Security # _____ Consent to participate Yes No

Children

1. How many children under the age of 18 are currently with you? _____ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused

3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Yes No Refused

4. Please provide list of children’s names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (*Check one*)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**
6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator or a crime or because the police told them that they must move along? _____ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? _____ Refused
9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Yes No Refused
10. Have you or anyone in your family threatened or tried to harm themselves or anyone else in the last year? Yes No Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Yes No Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owes them money? Yes No Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Yes No Refused
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Yes No Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Yes No Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: Yes No Refused

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

- a) A mental health issue or concern? Yes No Refused
- b) A past head injury? Yes No Refused
- c) A learning disability, developmental disability, or other impairment? Yes No Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Yes No Refused
28. **IF THE FAMILYH SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Yes No N/A or Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused
30. Are there any medications like painkillers that you or anyone in your family doesn't take the way the doctor prescribed or where they sell the medication? Yes No Refused
31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused
- E. Family Unity**
32. Are there any children that have been removed from the family by a child protection service with the last 180 days? Yes No Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused
34. In the last 180 days, have any children lived with family of friends because of your homelessness or housing situation? Yes No Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused
36. **IF THERE ARE SCHOLOL-AGED CHILDREN:** Do your children attend school more often than not each week? Yes No N/A or Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, or a relative moving in, or anything like that? Yes No Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

Yes No Refused

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie or anything like that?

Yes No Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children 13 or older?

Yes No Refused

b) 2 or more hours per day for children aged 12 or younger?

Yes No Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER OR 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

Yes No N/A or Refused

Finally, I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

Veteran Status Yes No Refused

What is your citizenship status? Citizen Legal Resident Undocumented Refused

Where did you live prior to becoming homeless?

This city This region Other part of the State Somewhere else Refused

Have you ever been in foster care? Yes No Refused

Have you ever been in jail? Yes No Refused

Have you ever been in prison? Yes No Refused

Do you have a permanent physical disability that limits your mobility? [i.e. wheelchair, amputation, unable to climb stairs?] Yes No Refused

What type of health insurance do you have, if any?

Medicaid/Medical Private Insurance

Medicare No Health Insurance

VA Medical Other

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Place: _____

Time: _____ Or Morning/afternoon/Evening/Night (circle one)

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone: () _____

Email: _____

Ok, now I'll like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

Yes No Refused

ATTACHMENT: 1E-1. CoC RATING AND RANKING PROCEDURE

Napa CoC creates a consolidated scoring report and tool for review and rank panelists. Materials from APRs, Supplemental Application Materials and HUD e-snaps applications provide objective criteria, outcomes data and information enabling reviewers to evaluate unique circumstances and vulnerability of populations served – including survivors of domestic violence. An independent, non-conflicted panel reviews this report and utilizing a locally approved scoring tool, ranks new/renewal projects on the same scale. An opportunity to appeal is provided to projects meeting a specific set of criteria.

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Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

DETAILED TIMELINE & DEADLINES

**Detailed
NOFA
Timeline**

Dates	Activities
May 7, 2018	Submission of Supplemental Applications were due to HomeBase
June 15, 2018	Draft PRESTO reports were provided to projects
June 20, 2018	HUD NOFA Announced
June 21, 2018	HUD NOFA posted on Napa County website
June 22, 2018	Comments on draft PRESTO reports due to HomeBase
July 9, 2018	Circulate any proposed changes to scoring tools/process for review and comment.
July 11, 2018	CoC Board meeting; approval of any proposed changes to process
July 17, 2018	Mandatory Technical Assistance workshop for all project applicants.
August 2, 2018	CoC meeting; Board review and approval of any proposed changes to process.
August 3, 2018	All HUD Project Applications due to CoC (create but do not submit in e-snaps)
August 10, 2018	Review & Rank panel training (via webinar)
August 20, 2018	Review & Rank panel (applicants must have a representative available for presentation)
August 21, 2018	Review & Rank panel results announced
August 24, 2018	Deadline for submitting appeal of Review & Rank Panel decisions (within three business days of receipt of the ranked list)
August 27, 2018	Appeals considered and decisions announced
August 28, 2018	CoC Board approval of Priority Listings; Priority Listings finalized
August 29, 2018	Priority Listing posted on the Napa County website; applicants notified
August 10- September 13, 2018	Project application review by HomeBase and coordination with applicants
September 13, 2018	Project Application final submission in E-Snaps
September 14, 2018	Publication of CoC Application on County website
September 17, 2018	Consolidated Application final submission to HUD for FY 2018 funds.

RENEWAL PROJECTS*

Provider	Project Name
Bucklew Programs	Napa PSH (PSH)
County of Napa Health & Human Services Agency	HMIS
County of Napa Health & Human Services Agency	Home To Stay (RRH)
County of Napa Health & Human Services Agency	Permanent Supportive Housing I
County of Napa Health & Human Services Agency	Permanent Supportive Housing II
County of Napa Health & Human Services Agency	Coordinated Assessment
Housing Authority of the City of Napa	Shelter Plus Care (PSH)

See Napa 2018 GIW for additional renewal project information:

https://view.officeapps.live.com/op/view.aspx?src=https://www.hudexchange.info/resource/reportmanagement/published/CoC_GIW_CoC_CA-517-2017_CA_2018_20180413.xlsx.

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

OVERVIEW OF THE PROJECT REVIEW PROCESS / NOFA SUBMISSION TIMELINE (FROM SECTION IV OF THE NAPA COC GOVERNANCE CHARTER)

Immediately after HUD's Continuum of Care Program NOFA is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the Napa CoC. The following is an overview of the timeline of tasks for NOFA submission. The timeline is subject to change annually, depending on HUD/NOFA requirements.

- Prior to the NOFA release, the Collaborative Applicant will design scoring tools and any corresponding local application materials to assist in the review and ranking of all renewal and new project applicants. These materials will take into consideration both local and HUD priorities.
- The scoring tools will be finalized and presented to the CoCB for review and approval.
- Upon publication of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire CoC.
- All applicants/potential applicants participate in the NOFA Overview Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.
- Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four (4) to six (6) weeks of the NOFA release (and generally not less than thirty (30) days prior to the NOFA submission deadline).
 - Any late application received within forty-eight (48) hours of the due date/time will receive a fifteen (15) point score reduction. Late applications received after forty-eight (48) hours will not be accepted.
 - Incomplete applications cannot be cured for the Review and Rank Panel scoring process but must be corrected prior to HUD submission.
- Qualified, non-conflicted Review and Rank Panel members are recruited and oriented to the local review and ranking process. (See below for more detail.)
- The Review and Rank Panel members receive all local application and scoring materials and review and score each program's application.
- The Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:
 - One ranked list is prepared based on a compilation of Review and Rank Panel raw scores for each application.
 - Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.

Review and Rating Process

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

- The highest scoring and eligible new permanent housing project will be selected to apply for any “Permanent Housing Bonus” funding available through the NOFA.
- In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the CoCB has determined that renewal Permanent Supportive Housing projects with a strong track record of performance as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in Homeless Management Information System.
- In order to promote system performance by promoting housing stability and retention and enabling newly funded PSH projects to quickly house and retain individuals in housing, the CoCB has determined that newly funded projects without a full year of data will be scored as renewal PSH projects and eligible to be prioritized above new projects as outlined above; and in the outcome measures of Section 2 of the Renewal Scoring Tool, points will be awarded based on pro-rated occupancy and capacity measures.
 - Second-time or older renewal projects that do not have performance data for a full year of operation will be required to submit an explanation as to why they have not started spending out project funds and provide a plan for doing so within the HUD-mandated period. In extreme cases where community funding is at risk, panelists may exercise scoring discretion, including removing prioritization over new projects, recommending reallocation or placement into Tier 2.
- The Review and Rank Panel determines if any renewal project should be considered for a decrease in funding due to substandard performance. Any funding captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.
- Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. (See below for more details on the appeals process.) In addition, projects are given feedback from the Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.
- Appeals, if any, are considered.
- A final ranked project list is submitted to the CoCB for review and approval.
- The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC’s Consolidated Application.

**Review
and
Rating
Process
Cont.**

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

Review and Rank Panel Membership

The Collaborative Applicant recruits between three (3) and five (5) Review and Rank Panel members who are:

- Knowledgeable about homelessness and housing in the community and who are broadly representative of the relevant sectors, subpopulations, and geographic areas
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within the Napa CoC; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Reallocation of Funds

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC and CoCB. All final decisions about reallocation must be approved by the CoCB.

Using All Available Funds

The Napa CoC will do everything possible to ensure it applies for all funds available to the community. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no Permanent Housing Bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will email the CoCB and other interested parties (all homeless service and housing providers in the CoC area) with specifics regarding how much money is available and or which type of programs.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this email is distributed, as determined by NOFA submission deadline.

**Reallo-
cation
Process**

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

Appeals Policy and Process

Appeals Process

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the CoCB. The Appeals Committee will only be established if an applicant requests an appeal.

The Appeals Committee

The Appeals Committee will be comprised of three (3) impartial members of the CoCB. These three voting members will not have participated in the original Review and Rank Panel. No member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient CoCB members who qualify for the appeals committee, a member of the CoC may participate in the Appeals Committee.

The role of the Appeals Committee is to read and review only those parts of the application that are being appealed. If deemed necessary, the Appeals Committee may request that one member of the Review and Rank Panel attend the meeting in a non-voting, advisory capacity.

Eligible Appeals

- The application of any Project Applicant agency that receives less funding than applied for may be appealed.
- The application of any Project Applicant agency that is ranked in a Tier 2 (if tiers are required by HUD) may be appealed.
- The application of any Project Applicant agency that is ranked in the bottom third of Tier 1 (if tiers are required by HUD) may be appealed.

Note: Project Applicants that have been found to not meet the threshold requirements are not eligible for an appeal.

Applicants may appeal if they can prove their score is not reflective of the application information provided, or if they can describe bias or unfairness in the process that warrants the appeal.

The Appeals Process

- Any and all appeals must be received in writing with supporting documentation within three (3) business days of the notification of ranking to projects.
- All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.
- The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The appeal must include a copy of the application and all accompanying materials submitted to the Review and Rank Committee. No additional information can be submitted. The appeal is limited to one single spaced page in 12-point font.
- All valid appeals will be read, reviewed, and evaluated by the Appeals Committee.

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

- The Appeals Committee will meet to deliberate the appeal.
 - The Appeals Committee will review the rankings made by the Review and Rank Committee only on the basis of the submitted project application, the one page appeal, any statements made during the appeal process, and the material used by the Review and Rank Panel. No new information can be submitted by the Project Applicant appealing or reviewed by the Appeals Committee.
 - The decision of the Appeals Committee must be supported by a simple majority vote.
- The appealing agency will receive a written decision of the Appeals Committee within two (2) business days of the Appeals Committee Meeting.
- The decision of the Appeals Committee will be final.

**Appeals
Policy
and
Process
Cont.**

Final Prioritized List of Applications

The CoCB must approve the final ranked list of all Project Applicant proposals. Any CoCB members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the NOFA deadline as part of the CoC Consolidated Application. Conditional award funding is typically based upon the prioritized list of Project Applicants that are submitted; however, actual awards/award amounts are determined by HUD.

Napa County Continuum of Care
 2018 Continuum of Care Program Grants
RENEWAL PROJECT SCORING FACTORS
 2018 Rank & Review APPROVED 7.11.18

I. Overview

Threshold Requirements

All renewal projects are reviewed for the below factors, which are required but not scored. If the project is not compliant with any of the below threshold criteria, it is ineligible for CoC funding.

HUD Thresholds	The project is compliant with the eligibility requirements of the CoC Interim Rule and Subsequent Notices and meets the threshold requirements outlined in the current Notice of Funding Availability.
Housing First	The project’s policies include a commitment to identifying and lowering barriers to housing.
Coordinated Entry	The project will participate in the Coordinated Entry System. Projects that have not agreed to participate in Coordinated Entry are not eligible for funding, unless the project is a domestic violence service agency or serving survivors of domestic violence.
HMIS Implementation	The project will enter data for all CoC-funded beds into HMIS (or parallel database for survivors of domestic violence)
Match	The agency has committed to match 25% of the grant.
Equal Access & Non-Discrimination	The project ensures equal access for all program participants regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, familial status or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act and the Equal Access Rule.
Recent Financial Statement	Projects must provide the most recent audited financial statement, and single audit if applicable.

Scoring Factors

Factor	Possible	Points Earned
1. Project’s Work is Consistent with Community Needs	10	
2. Housing First	10	

3. <u>Outcomes that Contribute to Improving System Performance on Measures Related to Successful Placement or Retention of Housing and Income and Benefits Growth</u>	40	
4. Budget and Cost Effectiveness	15	
5. Agency/Collaborative Capacity	15	
6. HMIS	10	
Total	100	

II. Detail

Objective criteria based on population served

1. **Project’s Work is Consistent with Community Needs (10 points possible)**

Does the project consider the severity of needs and vulnerabilities experienced by program participants in their provision of services? Needs and vulnerabilities include: low or no income, current or past substance abuse, a history of victimization (e.g., domestic violence, sexual assault, childhood abuse), criminal histories, and chronic homelessness.

	Possible Points		Total Points
1a. Project prioritizes chronically homeless individuals or families.	5	<p>Award 5 points if project dedicates all of its beds to CH individuals and families. Award 3 points if project dedicates 75% or more of its beds to CH.</p> <p>Award 5 points if project that does not dedicate 75%+ of its beds to CH prioritizes all of its beds made available through turnover to CH individuals/families.</p>	
1b. Severity of Needs: The majority of the individuals and families the project serves have severe needs: people with low/no income, active or past substance use, criminal records, survivors	3		

of domestic violence, LGBTQ, people who resist receiving services, people with significant challenges to their behavioral or medical health, people who heavily utilize public services, people who have been sleeping outdoors, and people who are unusually vulnerable to illness, death, or victimization.			
1c. Fair Housing and Safeguards for Special Populations: Award 2 points for specific procedures in place that ensure clients from different subpopulations have fair and equal access to the program, including people experiencing chronic homelessness, veterans, individuals with Limited English Proficiency (LEP), families with children, Transition-Aged Youth (TAY), older adults, individuals with disabilities, and survivors of domestic violence.	2		

2. Housing First

(10 points possible)

The project accepts referrals from the Coordinated Entry System and does not reject referrals because participants have little to no income, current or past substance use, eviction history or poor credit, reasons related to domestic violence, or criminal history.

**Objective criteria
- housing first**

	Possible Points	Scale	Total Points
2a. Applicants are accepted regardless of sobriety or use of substances or completion of treatment. Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction. The project does not drug test participants or require drug testing.	2		
2b. The project does not disqualify applicants for having too little or no income, poor credit, or eviction history.	2		
2c. The project does not disqualify applicants for reasons related to domestic violence (lack of a protective order, period of separation from abuser, law enforcement involvement, etc.)	2		
2d. Participation in services or program compliance (beyond what is statutorily mandated) is not a condition of housing tenancy.	2		

2e. The project does not conduct criminal background checks for applicants or participants, unless required by law or funding stream.	2		
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3. Outcomes that Contribute to Improving System Performance on Measures Related to Successful Placement or Retention of Housing and Income and Benefits Growth

(40 points possible)

Improving system performance

Keep in mind that outcomes will naturally be lower in a more difficult to serve population **such as chronically homeless people, homeless people with mental and/or addictive illnesses.**

	Possible Points	Scale	Total Points
3a. Is the project at capacity in serving the number of homeless people it is designed to serve?	10	10 pts. 90-100% 8pts. 85-89.9% 6pts. 80-84.9% 4pts. 75-79.9% 3pts. 70-74.9% 2pts. 65-69.9% 1pt. 60-64.9% 0pts. 0-59.9%	
3b. Housing Stability: The percentage of formerly homeless individuals who remain housed in the HUD permanent housing project for at least twelve months is at least 80%. [Note: Individuals who have been in program fewer than 12 months but remain in housing count do not count in this measure.] For Rapid Rehousing Projects, the percentage of homeless individuals who exit to/in a form of permanent housing. [Note: this is calculated at exit.] CoC Housing Stability Objective: 80%	10	10pts. 80-100% 8pts. 77-79.9% 6pts. 70-76.9% 4pts. 65-69.9% 2pts. 60-64.9% 0pts. 0-59.9%	Improving system performance - positive housing outcomes
3c. Increased Income: The percentage of participants who maintain or increase earned or unearned income between entry and follow up/exit.	10	10pts. 75% - 100% 8pts. 50- 74.9% 6pts. 20 - 49.9% 4pts. 10 - 19.9% 2pts. 5.0 - 9.9% 0 pts. 0 - 4.9%	Improving system performance - increased income

3d. Mainstream Benefits: The percentage of adults with at least one non-cash mainstream benefit by follow up/exit.	5	5pts. 85 – 100% 4pts. 70 – 84.9% 3pts. 55 – 69.9% 2pts. 40 – 54.9% 1pt. 25 – 39.9% 0pts. 0 – 24.9%	
3e. Health Insurance: The percentage of participants with at least one source of health insurance by follow up/exit	5	5pts. 85 – 100% 4pts. 70 – 84.9% 3pts. 55 – 69.9% 2pts. 40 – 54.9% 1pt. 25 – 39.9% 0pts. 0 – 24.9%	

4. Budget and Cost Effectiveness

(15 points possible)

	Possible Points	Scale	Total Points
4a. Budget and Cost Effectiveness: Does the proposed budget reflect sufficient resources to accomplish project goals in a cost-effective manner? For PSH projects, is the cost per household served consistent with the type of programming provided? For other project types, is the cost per permanent housing outcome consistent with the type of programming provided?	5		
4b. De-Obligation: Has HUD de-obligated funds <i>in the past three years</i> because of under-spending or untimely drawdowns/invoicing?	5	Award up to 5 points based on spending and timely drawdowns/invoicing over the past three years.	Objective criteria - budget & cost effectiveness

4c. Grant Draw Downs or Invoices: Were grant funds drawn down/invoiced over the past grant year?	5	5 pts. 90-100% drawn down/invoiced 4 pts. 80-89% 3 pts. 70-79% 2 pts. 60-69% 1 pt. 50-59% 0 pts. 0-49%	Objective criteria: budget & cost-effectiveness
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5. Agency/Collaborative Capacity

(15 points possible)

	Possible Points	Scale	Total Points
5a. HUD findings: Does the program have any outstanding HUD findings and/or financial audit findings? Has HUD de-obligated any of the agency's/program's grant funds <i>because of monitoring findings</i> ?	5		
5b. Participation in CoC Activities: Does the agency participate in the Continuum of Care?	10	Award 6 points if attend monthly CoC General and/or Board meetings Award 4 points if participated in a committee and/or attended trainings throughout the year	

6. HMIS Data Quality

(10 points possible)

	Possible Points	Scale	Total Points
6a. HMIS: Percentage of null or missing values	5	5pts. 0-4.9% 4pts. 5-9.9% 3pts. 10-14.9% 0pts. 16-100%	

Objective criteria - HMIS data quality

NAPA COUNTY CONTINUUM OF CARE

<p>6b. HMIS: Percentage of leavers who exit to a known destination; projects with no leavers score 5 points</p>	<p>5</p>	<p>5pts. 95-100% 4pts. 90-94.9% 3pts. 85-89.9% 0pts. 0-84.9%</p>	
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Points Earned: _____

Napa County Continuum of Care
 2018 Continuum of Care Program Grants
NEW PROJECT SCORING FACTORS
 2018 Rank & Review APPROVED 7.11.18

I. Overview

Threshold Requirements

All new projects are reviewed for the below factors, which are required but not scored. If the project is not compliant with any of the below threshold criteria, it is ineligible for CoC funding.

HUD Thresholds	The project is compliant with the eligibility requirements of the CoC Interim Rule and Subsequent Notices and meets the threshold requirements outlined in the current Notice of Funding Availability.
Housing First	The project’s policies include a commitment to identifying and lowering barriers to housing.
Coordinated Entry	The project will participate in the Coordinated Entry System. Projects that have not agreed to participate in Coordinated Entry are not eligible for funding. Victim-service agencies or those serving survivors of domestic violence shall participate in Coordinated Entry while protecting client data and safety to ensure fair and equal access to the coordinated entry process and housing and services opportunities.
HMIS Implementation	The project will enter data for all CoC-funded beds into HMIS (or parallel database for survivors of domestic violence)
Match	The agency has committed to match 25% of the grant.
Equal Access & Non-Discrimination	The project ensures equal access for all program participants regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, familial status or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act and the Equal Access Rule.

Scoring Factors

Factor	Possible	Points Earned
1. Project’s Work is Consistent with HUD Priorities	20	
2. Project Design and Readiness	30	
3. Agency Capacity	40	
4. Budget	10	
TOTAL	100	
Reallocation Bonus*	5	

***Note: Reallocation Bonus available for projects that voluntarily reallocate a renewal project**

II. Detailed Breakdown by Factor

1. Project’s Work is Consistent with HUD Priorities and Contributes to Improving System Performance (20 points possible)

Objective criteria: type of project proposed

Factor	Possible Points	Total Points
1.A. HUD Priorities Permanent supportive housing = 20 points Rapid Re-housing = 10 points Joint Transitional Housing-Rapid Re-housing = 10 points HMIS = 5 points Coordinated entry = 5 points	20	

2. Project Design and Readiness (30 points possible)

Consider the overall design of the project in light of its outcome objectives, and the Continuum of Care’s goals that permanent housing programs for homeless people result in stable housing and increased income (through benefits or employment).

Threshold Criteria: The project must be ready to start by HUD’s statutory deadlines.

Factor	Possible Points	Total Points
2.A. Program Design For PSH; RRH; Joint TH and PH-RRH: Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services. <ul style="list-style-type: none"> Will the type of housing, number, and configuration of units fit the needs of program participants? Will the type of supportive services offered ensure successful retention or help participants obtain permanent housing? Is there a plan in place that will help participants obtain mainstream health, social, and employment income and benefits? 	20	

Objective criteria: type of housing proposed

<ul style="list-style-type: none"> • Will participants be assisted with obtaining and remaining in permanent housing? • Does the project adhere to a housing first model? • Does the program design include the use of innovative or evidence-based practices? • Is the project staffed appropriately to operate the housing/services? • Are staff trained to meet the needs of the population to be served? • Does the program include involvement of clientele in designing and operating the program? • Does the method of service delivery described include culture-specific/sensitive elements? • Will the program be physically accessible to persons with disabilities? <p>For DV Bonus Projects:</p> <ul style="list-style-type: none"> • Is the program designed using best practices in addressing survivors of domestic violence, dating violence, sexual assault, or stalking? • Does the program demonstrate staff knowledge of VAWA regulations, safety planning, and creating links to survivor-specific networks and services? <p>For Expansion Projects:</p> <ul style="list-style-type: none"> • Is the part of the project being expanded clearly articulated? • Does the applicant demonstrate that it is not replacing other funding sources? 			<p>Objective criteria: type of population served</p>
<p>2.B. Services Partnership or Capacity</p> <p>There is a committed relationship with (a) service provider(s) with a signed letter of commitment or MOU; if agency is providing services itself, they have shown they have the funds to do that.</p>	5		
<p>2.C. Program Outcomes</p> <p>Program outcomes are realistic but sufficiently challenging given the scale of the project.</p> <p>Outcomes are measurable and appropriate to the population being served.</p>	5		

3. Agency Capacity

(40 points possible)

Factor	Possible Points	Total Points
<p>3.A. Agency Capacity</p> <ul style="list-style-type: none"> • Does the agency have the expertise, staff, procedural, and administrative structure needed to meet all grant audit, administrative, and reporting requirements? • Does the agency draw down grant funds regularly throughout the grant year? • Does the agency have any outstanding HUD findings and/or financial audit findings? • Has HUD deobligated any of the agency’s grant funds in the past three operating years? • Does the application packet that was submitted reflect an agency with capacity that is sufficient to carry out the HUD administrative requirements? • For DV Bonus Projects: Does the applicant demonstrate previous experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and ability to house survivors and meet safety outcomes? If the applicant has past experience in permanent housing, are they partnered with an agency who demonstrates such experience? 	20	
<p>3.B. HMIS Participation</p> <p>Is the agency/program actively participating in the HMIS, or furthering the goals of the system by providing information or infrastructure?</p> <ul style="list-style-type: none"> • Consider: the percentage of the program’s clients who have data entered into HMIS; HMIS Data Completeness Report Card <p>Note: Domestic Violence programs do not participate in HMIS.</p>	5	
<p>3.C. CoC Participation</p> <p>Does the agency and/or project sponsor participate in the CoC and Continuum of Care-related committee meetings?</p>	5	
<p>3.D. Quality Assurance</p> <p>Does the agency maintain policies, procedures, and actions to ensure continuous quality improvement?</p>	10	

Improving system performance through quality assurance

<ul style="list-style-type: none"> • Is the agency implementing evidence-based practices and approaches, including Housing First and Coordinated Entry? • Does the agency train its staff to ensure high quality of care? • Does the agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.? • Does the agency monitor program performance using data? 		
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4. Budget

(10 points possible)

Factor	Possible Points	Total Points
4.A. Budget Do the proposed budget and match reflect sufficient resources to accomplish project goals in a cost-effective manner?	10	

5. Reallocation Bonus

(5 points possible)

Factor	Possible Points	Total Points
5.A. Reallocation Did the agency voluntarily reallocate a renewal project? <ul style="list-style-type: none"> • How much funding was reallocated? • What was the project type? 	5	

Napa County Continuum of Care
2018 Continuum of Care Program Grants

HMIS & COORDINATED ENTRY PROJECT SCORING FACTORS

Rank & Review APPROVED 7.11.18

I. Overview

Factor	Possible	Earned
1. Community Need	5	
2. Outcomes	50	
3. Budget and Cost Effectiveness	20	
4. Agency/Collaborative Capacity	25	
Total	100	

II. Detail

1. Project's Work is Consistent with Community Needs (5 points possible)

	Possible Points	Total Points
As a required component in our Continuum of Care, award 5 points.	5	

2. Outcomes (44 points possible)

	Possible Points	Where to Find Information to Score this Category	Total Points
<p>For HMIS projects:</p> <p>Does the project conduct trainings and otherwise prepare projects for updates in the HUD Data Standards?</p> <p>Does HMIS provide data in a form that can be analyzed, to assist the Continuum of Care in assessing homeless needs, allocating resources, and coordinating services?</p>	50	Project Application / Supplemental Application /Interview	

<p>Does the HMIS generate reports to assist the Continuum of Care in evaluating system performance measures?</p> <p>Does the HMIS generate data, lists, and other support for coordinated entry?</p> <p>For Coordinated Entry projects:</p> <p>Access</p> <p>Does the project affirmatively market the CES to providers and clients, including to those who are least likely to apply in the absence of any outreach?</p> <p>Are all access points attractive, inclusive, and easily accessible to clients from all subpopulations?</p> <p>Assessment & Prioritization</p> <p>Does the CoC provide ongoing assessment and other relevant trainings to providers?</p> <p>Does the CES team use standardized, objective, and transparent standards to determine each household’s priority for housing?</p> <p>Does the CES evaluate its assessment and prioritization to ensure cultural and linguistic competency as well as compliance with its written standards and procedures?</p>			
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<p>Matching & Referral</p> <p>Is the CES team able to rapidly identify housing opportunities for high-priority individuals, regardless of perceived barriers?</p> <p>Is the CES team quickly referring qualified individuals and families to available housing opportunities?</p> <p>Data Management & Privacy</p> <p>Does the CoC ensure adequate privacy protections for all participants?</p> <p>Evaluation</p> <p>Does the project have a process in place to evaluate at least annually the processes associated with coordinated entry?</p>			
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3. Budget and Cost Effectiveness

(20 points possible)

	Possible Points	Where to Find Information to Score this Category	Total Points
<p>Does the budget seem free of unnecessary costs and expenses?</p> <p>Are budgeted staff and expenses adequate to support the proposed program?</p> <p>Has the recipient consistently maintained quarterly drawdowns related to the grant request?</p>	20	Project Application (Section 6); Project Evaluation Report	

4. Agency/Collaborative Capacity

(25 points possible)

	Possible Points	Where to Find Information to Score this Category	Total Points
4a. Has the agency demonstrated, through past performance, the ability to successfully carry out the work they propose?	5	Project Application/ Interview	
4b. Has the agency demonstrated, through past performance, the ability to manage confidential and critical data?	5	Project Application/Interview	
4c. Does the agency have the expertise, staff, procedural, and administrative structure needed to meet all grant audit, administrative, and reporting requirements including does it have the capacity to raise the match and other resources required of the grant? Consider: <ul style="list-style-type: none"> ○ Any outstanding HUD findings or concerns and/or financial audit findings. ○ Extent to which the program has advised the Office of Affordable Housing of the outstanding HUD findings or concerns. ○ Has HUD deobligated any of the agency's/program's grant funds? 	10	All audits, de-obligation letters, draw down schedules that were provided by the agency & Interview	
4d. Does the agency participate in Continuum of Care-related planning meetings (General Meetings, Board Meetings, Committees)?	5	Supplemental Application	

Please enter **this information into PRESTO Monday, May 7 by 5 pm.**

Supplemental Question Instructions

Responses to this Supplemental Questions will be submitted via HomeBase’s online PRESTO system. Please see instructions below and direct any questions or concerns to napa@homebaseccc.org.

Submission Instructions

For Renewal projects, your PRESTO account has been set up, and you received your unique log in information via email.

1. To begin, follow this link: <https://homebaseccc.org/app/presto/pages/login.cfm>
(Chrome or Firefox recommended).
2. Enter your username and password provided by email.
3. Click the bunny ears in the upper left corner to access the main page for your agency, where you will find a list of all of your agency’s projects.
Note: This list may include unscored renewal projects (those without APR data for scoring this year). You need to respond to Supplemental Questions for **all renewal projects**, including those that will not be scored.
4. On the right-hand side of each row in the list of Project Applicants, you will see the word **“Respond”** in blue. For each project:
 - a. Click **Respond** in the project row.
 - b. For each question applicable to your project, fill in your responses. If inapplicable, please leave blank.
 - c. Click the **Update** button in bottom right corner of page to save responses. You may click the **Update** button at any time to save your responses and continue.
5. You may log in multiple times to add or change responses, until the submission deadline.
6. To switch to another project, you may use the “Switch Projects” dropdown menu, or click the bunny ears in the upper left corner to return to the list of all of your agency’s projects and follow instructions at (4) above.
7. To return to the project list from any page, click the bunny ears in the upper left corner.

RENEWAL APPLICANTS – Housing Projects

Consistency with Community Needs

Objective criteria: type of population served

- Beds Dedicated to Chronically Homeless Persons:** Please indicate the percentage of beds in your project that are dedicated to chronically homeless persons. Divide the number of total dedicated chronically homeless beds by the total beds.
- Beds Prioritized for Chronically Homeless Persons:** Please indicate the total percentage of beds that are prioritized for chronically homeless individuals or families – meaning, they are not dedicated to the chronically homeless, but the chronically homeless will have priority for admission when a bed becomes available. Divide the number of prioritized beds by the total number of beds.
- Severity of Needs:** Does your project serve a majority of people with severe needs, including people with low/no income, active or past substance use, criminal records, survivors of domestic violence, LGBTQ, people who resist receiving services, people with significant challenges to their behavioral or medical health, people who heavily utilize public services, people who have been sleeping outdoors, and people who are unusually vulnerable to illness, death, or victimization.
Write “Yes” or “No.” If “yes,” please explain the target populations you serve. If “no,” please explain the limitations.

Fair Housing and Safeguards for Special Populations

Does your project engage in any of the following procedures to ensure people from different subpopulations, including people experiencing chronic homelessness, veterans, individuals with limited English proficiency (LEP), families with children, transition-aged youth (TAY), older adults, individuals with disabilities, and survivors of domestic violence, have fair and equal access to your program? Answer “yes” or “no” to each of the following questions:

- Are staff trained to meet the needs of the unique populations and subpopulations that may be served by your program?
- Are staff trained on the complex dynamic of domestic violence, and how to handle emergency situations?
- Are reasonable accommodations made for persons with disabilities?
- Does your program have a reasonable accommodation policy?
- Does your program notify clients of their rights under disability rights laws?
- Is the program wheelchair accessible for paths of travel, restrooms, and areas where services are provided?
- Does your program post notices on nondiscrimination and equal access from HUD and the CA Dept. of Fair Employment and Housing?
- Are program materials available in large print or braille?
- Are program materials available in languages commonly spoken in the community?
- Are services available for people with hearing impairments, such as a TTY machine?
- Are on-call interpretation services available?

15. Please provide an explanation for any of the above, or note additional procedures available to serve people from different subpopulations.

Housing First

Please check whether the following statements apply to your project. Please email any relevant written policies and/or describe unwritten policies to napa@homebaseccc.org. Answer “yes” or “no” to the following questions:

16. Does your project accept referrals from the Coordinated Entry System and does not reject referrals because participants have little to no income, current or past substance use, eviction history or poor credit, reasons related to domestic violence, or criminal history?
17. Are applicants accepted regardless of sobriety or use of substances or completion of treatment, and use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction? Does the project refrain from drug testing participants and not require drug testing?
18. Does the project disqualify applicants for having too little or no income, poor credit, or eviction history?
19. Does the project disqualify applicants for reasons related to domestic violence (lack of a protective order, period of separation from abuser, law enforcement involvement, etc.)?
20. Is participation in services or program compliance (beyond what is statutorily mandated) *not* a condition of housing tenancy?
21. Does the project refrain from requiring or conducting criminal background checks for applicants or participants, unless required by law or funding stream?
22. If you responded “no” for any of the questions above, please indicate the reason(s).

**Objective
criteria:
Housing
First**

Program Outcomes

23. Did your project serve more or less households than planned? If so, why?

**Objective criteria:
budget & cost
effectiveness**

Budget and Cost Effectiveness

24. **Cost-Effectiveness:** Explain how your budget reflects sufficient resources to accomplish project goals in a cost-effective manner. For PSH projects, Panelists will evaluate whether the cost per household served is consistent with the type of programming provided. For other project types, Panelists will evaluate whether the cost per permanent housing outcome is consistent with the type of programming provided.
25. **De-obligation:** Since April 1, 2015, has HUD de-obligated any grant funds awarded to this project due to under-spending or untimely draw downs? Write “yes” or “no.” If yes, please indicate the date, amount, and reason for de-obligation, and provide your answer in the following format: DATE, AMOUNT DE-OBLIGATED, REASON FOR DE-OBLIGATION; DATE, AMOUNT DE-OBLIGATED, REASON FOR DE-OBLIGATION; etc.
26. **Draw Downs/Invoices:** Please state when your agency drew down or invoiced HUD funds for this project for the *most recently completed grant year*, and the amounts drawn down. Please provide your answer in the following format: DATE, AMOUNT DRAWN DOWN; DATE, AMOUNT DRAWN DOWN; etc.
27. **Draw Downs/Invoices Explanation:** If you would like to provide more context or explanation for the drawdowns, you may explain in this response box.

Agency/Collaborative Capacity

- 28. Monitoring and Audit Findings:** Does the project have any outstanding HUD monitoring findings and/or financial audit findings, and has HUD de-obligated any grant funds because of monitoring findings? Write “yes” or “no” and provide an explanation as necessary.
- 29. CoC/Board Meeting Participation:** Please describe your agency’s level of participation in the Napa CoC meetings from April 2017 to April 2018, providing the number of how many CoC General and/or CoC Board meetings at least one member of your staff attended.
- 30. Committee Participation:** Please identify anyone from your agency who serves on the CoC Board or a CoC committee and identify the specific committee or workgroup. Please provide your answer in the following format: STAFF NAME; COC BOARD OR COMMITTEE (identify the committee); STAFF NAME; COC BOARD OR COMMITTEE; etc.
- 31. Training Participation:** Please list any CoC-related trainings your staff attended from April 2017 through April 2018. Provide your answer in the following format: STAFF NAME; TRAINING ATTENDED; STAFF NAME; TRAINING ATTENDED; etc.

Project Start-up Timeline

- 32. This question only applies to second-time or older renewal projects that *do not have performance data for a full year of operation*.** Those projects are required to submit an explanation as to why they have not started spending out project funds and provide a plan for doing so within the HUD-mandated period. According to the community process, in extreme cases where community funding is at risk, panelists may exercise scoring discretion, including removing prioritization over new projects, recommending reallocation or placement into Tier 2.

RENEWAL APPLICANTS – HMIS & Coordinated Entry

Budget and Cost Effectiveness

- 25. De-obligation:** Since April 1, 2015, has HUD de-obligated any grant funds awarded to this project due to under-spending or untimely draw downs? Write “yes” or “no.” If yes, please indicate the date, amount, and reason for de-obligation, and provide your answer in the following format: DATE, AMOUNT DE-OBLIGATED, REASON FOR DE-OBLIGATION; DATE, AMOUNT DE-OBLIGATED, REASON FOR DE-OBLIGATION; etc.
- 26. Draw Downs/Invoices:** Please state when your agency drew down or invoiced HUD funds for this project for the *most recently completed grant year*, and the amounts drawn down. Please provide your answer in the following format: DATE, AMOUNT DRAWN DOWN; DATE, AMOUNT DRAWN DOWN; etc.
- 27. Draw Downs/Invoices Explanation:** If you would like to provide more context or explanation for the drawdowns, you may explain in this response box.

Agency/Collaborative Capacity

- 28. Monitoring and Audit Findings:** Does the project have any outstanding HUD monitoring findings and/or financial audit findings, and has HUD de-obligated any grant funds because of monitoring findings? Write “yes” or “no” and provide an explanation as necessary.
- 29. CoC/Board Meeting Participation:** Please describe your agency’s level of participation in the Napa CoC meetings from April 2017 to April 2018, providing the number of how many CoC General and/or CoC Board meetings at least one member of your staff attended.
- 30. Committee Participation:** Please identify anyone from your agency who serves on the CoC Board or a CoC committee and identify the specific committee or workgroup. Please provide your answer in the following format: STAFF NAME; COC BOARD OR COMMITTEE (identify the committee); STAFF NAME; COC BOARD OR COMMITTEE; etc.
- 31. Training Participation:** Please list any CoC-related trainings your staff attended from April 2017 through April 2018. Provide your answer in the following format: STAFF NAME; TRAINING ATTENDED; STAFF NAME; TRAINING ATTENDED; etc.

Project Outcomes - HMIS Projects Only

33. Does the project conduct trainings and otherwise prepare projects for updates in the HUD Data Standards?
34. Does HMIS provide data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services and assessment system?
35. Does the project generate complete and accurate reports to assist the CoC in evaluating system performance measures?
36. Does the HMIS generate data, lists, and other support for coordinated entry?

Project Outcomes - Coordinated Entry Projects Only

37. Does the project affirmatively market the CES to providers and clients, including to those clients who are least likely to apply in the absence of any outreach?
38. Are all access points attractive, inclusive, and easily accessible to clients from all subpopulations?
39. Does the CoC provide ongoing assessment and other relevant trainings to providers?
40. Does the CES team use standardized, objective, and transparent standards to determine each household’s priority for housing?
41. Does the CES evaluate its assessment and prioritization to ensure cultural and linguistic competency as well as compliance with its written standards and procedures?
42. Is the CES team able to rapidly identify housing opportunities for high-priority individuals, regardless of perceived barriers?
43. Is the CES team quickly referring qualified individuals and families to available housing opportunities?
44. Does the CoC ensure adequate privacy protections for all participants? ShortAns29
45. Does the project have a process in place to evaluate at least annually the processes associated with coordinated entry?

2018 Napa CoC Program Review and Rank
Supplemental Application
 For New and Expansion Projects

Please return this form by **Friday, August 3, 2018 at 5:00pm** by e-mailing napa@homebaseccc.org

Project Name	
Agency Name	
Contact Name	
Contact Email Address	
Contact Phone #	

DOCUMENTATION CHECKLIST

All applicants - please submit **scanned electronic copies via email** to napa@homebaseccc.org of the following documents.

FOR EACH PROJECT:

- The appropriate New Project Supplemental Application Form (*i.e.*, this form) **for each project**.
- The full project application from e-snaps. IMPORTANT NOTE: Please do not hit submit in e-snaps until after the local competition.
- All match letters that your agency has gathered with respect to the proposed application. **Do NOT provide the originals**; those should go on file at your agency.
- A PDF of your proposed project budget, including both CoC funding and non-CoC funding

FOR EACH AGENCY:

- HUD monitoring letters, audit findings, and/or de-obligation correspondence** received during or after June 2017, related to any HUD grant received by your agency, **AND** a copy of any **outstanding** HUD audit findings irrespective of the date of the findings.

**2018 Continuum of Care Grants
NEW APPLICANTS**

I. Project's Work is Consistent with HUD Priorities

a. HUD Priorities

For what project component type are you applying?

- Permanent Supportive Housing for chronically homeless
- Rapid Re-Housing for individuals, families or unaccompanied youth who come directly from the streets, emergency shelters, or are fleeing domestic violence or other persons who meet the criteria of paragraph (4) of the definition of homeless
- Joint Transitional Housing-Rapid Re-Housing
- Rapid Re-Housing or Joint Transitional Housing-Rapid Re-Housing for survivors of domestic violence, dating violence, sexual assault or stalking
- Supportive Services Only specifically for a centralized or coordinated assessment system
- Homeless Management Information System

Objective criteria: type of project/housing proposed

II. Project Design & Readiness

a. Program Design

Will the project be ready to start by HUD's statutory deadline of September 30, 2019?

- Yes No

For Permanent Supportive Housing / Rapid Re-Housing / Joint TH and PH-RRH:

Objective criteria: type of population served

Please provide an overview of the homeless population to be served and the housing and services to be provided by your project. Please highlight how the type of the supportive services offered (regardless of funding source) will ensure that participants obtain or retain permanent housing.

What innovative or evidence-based practices will this project use?

Please describe how the type of housing will fit the needs of program participants, and how participants will be assisted in obtaining and remaining in permanent housing in a manner that fits their needs.

Please describe any plans in place to help participants obtain mainstream health, social, and employment income and benefits.

Improving system performance: program outcomes

Please list all anticipated staff positions that will implement this project (from all funding sources):

Title	FTE	Program Responsibilities

Will staff be trained to meet the needs of the population served?

Yes No

If yes, how?

Will the project include involvement of clients in designing and operating the program?

Yes No

If yes, how?

Will the service delivery method include culture-specific/sensitive elements?

Yes No

If yes, what?

Will the program be physically accessible to persons with disabilities?

Yes No

For DV Bonus Projects only, please describe how the program is designed using best practices in addressing survivors of domestic violence, dating violence, sexual assault, or stalking, and demonstrate staff knowledge of VAWA regulations, safety planning, and creating links to survivor-specific networks and services

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b. Services Partnership or Capacity (For Housing Projects Only)

Will your agency provide supportive services? If so, what services and what is the approximate value of the services?

Supportive Services Provided	Approximate Value of Services

What other partner agencies, if any, will provide supportive services for this program? Do you have a signed letter of commitment/MOU to submit with the Project Application?

Partner Agency	Supportive Services Provided	Letter/MOU (Yes/No)

c. Program Outcomes

Improving system performance: program outcomes

Please state your project’s targets for the upcoming grant year.

Note: Target is the number of applicable clients from the universe who are expected to achieve the measure within the operating year. Universe is the total number of persons about whom the measure is expected to be reported.

Measure	Target #	Universe #	Target %
Housing: Persons remaining in permanent housing as of the end of the operating year or exiting to			

permanent housing (subsidized or unsubsidized) during the operating year.			
<p>Income: Choose EITHER (a) OR (b).</p> <p>a) Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.</p> <p>b) Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.</p>			
<p>Additional Performance Measures: Please list any additional performance measures and targets for these measures.</p>			

III. Agency Capacity

a. Monitoring and Audit Findings

Does the agency have any outstanding HUD findings and/or financial audit findings?

Yes No

Does the agency draw down grant funds regularly throughout the year?

Yes No

If yes, please indicate the date, amount, and reason.

Date	Amount Draw Down	Reason for Draw Down

Since June 1, 2015, has HUD de-obligated any grant funds awarded to this project?

Yes No

If yes, please indicate the date, amount, and reason.

Date	Amount De-Obligated	Reason for De-Obligation

For DV Bonus Projects only, please describe previous experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and the ability to house survivors and meet safety outcomes. If the applicant has past experience in permanent housing only, describe a partnership with an agency who has such experience.

b. HMIS Participation

Is the agency/program actively participating in the HMIS, or furthering the goals of the system by providing information or infrastructure?

Yes No

If yes, please provide your HMIS Data Completeness Report Card.

What percentage of the program’s clients have data entered into HMIS?

c. CoC Participation

Does your agency and/or project sponsor participate in the CoC and Continuum of Care-related committee meetings?

Yes No

d. Quality Assurance

Does your agency maintain policies, procedures, and actions to ensure continuous quality improvement?

Yes No

Improving system performance: quality assurance

How does your agency train its staff to meet the needs of the population to be served and ensure high quality of care?

Does your agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.?

Yes No

Does your agency monitor program performance using data?

Yes No

IV. Reallocation Bonus

Did your agency voluntarily reallocate a renewal project?

Yes No

If yes, how much funding was reallocated and what was the project type?

V.Coordinated Entry Projects Only

Will the system be made easily accessible for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance?

Yes No

What is the strategy for advertising the program to reach homeless persons with the highest barriers within the CoC's geographic area?

Will you use the VI-SPDAT as the standard assessment process?

Yes No

How will you ensure that program participants are directed to appropriate housing and services that fit their needs?

VI.HMIS Projects Only

Will the funds be expended in a way that is consistent with the CoC's funding strategy and HMIS implementation?

Yes No

Will the HMIS project collect all required elements according to the HMIS Data Standards?

Yes No

Will the HMIS project un-duplicate client records?

Yes No

Will the project produce all HUD-required reports and provide the data needed for HUD reporting?

Yes No

Will the project conduct trainings and otherwise prepare projects for the new HUD Data Standards?

Yes No

Will the project provide data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services?

Yes No

If the answer to any of the above questions was “yes,” please provide any relevant explanations or context below:

VII. Expansion Projects Only

Please explain the part of the project being expanded, and how this will further project goals and community priorities to end homelessness:

Is the expansion project planning to use HUD funds to replace other funding sources?

- Yes No

Shelter Plus Care - Housing Authority (PSH)

Housing Authority for the City of Napa

Project Overview

The Shelter Plus Care program provides tenant based rental assistance for permanent housing for at least eight (8) chronically homeless individuals or families.

Napa County Health and Human Services (HHSA) and Abode Services work in partnership with the Housing Authority staff to assure that those who are most in need of this program are reached. HHSA and Abode refer applicants using a Housing First approach utilizing the VI-SPDAT coordinated entry tool. Screening and selection of applicants does not depend on their sobriety or past use of substances, completion of treatment, and participation in services.

HHSA and Abode provide case management and supportive services to increase client life skills and/or income to maintain housing. Participation in services or programs is not a condition of housing tenancy.

Program participants are assisted by the Housing Authority in the same manner as Section 8 Housing Choice Voucher holders and continue to receive assistance as long as they remain income eligible. Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Program at a Glance

Funding Category	PSH
Amount of Grant	\$127,255.00
Persons Served in Last Operating Year	<p>10 households (10 adults 0 children)</p> <p>Of the persons served last year, at entry 10 were mentally ill, 2 had experience with alcohol abuse, 0 had experience with drug abuse, 0 had HIV/AIDS and related diseases, 6 had a chronic health condition, 0 had a developmental disability, and 2 had a physical disability.</p> <p>Of the persons served last year, at entry, 0 had no conditions, 2 had one condition, 2 had two conditions, and 6 had three or more conditions.</p> <p>1 of the adults served had past domestic violence experience; 0 had domestic violence experience in the past year.</p> <p>The program served 0 seniors and 0 veterans.</p>

1. Consistency With Community Needs

Project Type

PSH

Prioritization of Beds for Chronically Homeless Participants (1a)

100% of project beds are dedicated to chronically homeless individuals or families.

100% of project beds are prioritized for chronically homeless individuals or families.

Objective criteria: type of population served

Severity of Needs (1b)

Does the project serve a majority of people with severe needs, including people with low/no income, active or past substance use, criminal records, survivors of domestic violence, LGBTQ, people who resist receiving services, people with significant challenges to their behavioral or medical health, people who heavily utilize public services, people who have been sleeping outdoors, and people who are unusually vulnerable to illness, death, or victimization?

Yes, chronically homeless, veterans, survivors of domestic violence, substance abusers, disabled and mental health patients

From project's APR: Of the persons served last year, at entry 10 were mentally ill, 2 had experience with alcohol abuse, 0 had experience with drug abuse, 0 had HIV/AIDS and related diseases, 6 had a chronic health condition, 0 had a developmental disability, and 2 had a physical disability. 0 had no conditions, 2 had one condition, 2 had two conditions, and 6 had three or more conditions.

The program served 1 survivors of domestic violence, 0 seniors, and 0 veterans.

Fair Housing & Safeguards for Special Populations (1c)

Objective criteria: type of population served

Are staff trained to meet the needs of the unique populations and subpopulations that may be served by your program?	yes
Are staff trained on the complex dynamic of domestic violence, and how to handle emergency situations?	yes
Are reasonable accommodations made for persons with disabilities?	yes
Does your program have a reasonable accommodation policy?	yes
Does your program notify clients of their rights under disability rights laws?	yes
Is the program wheelchair accessible for paths of travel, restrooms, and areas where services are provided?	yes
Does the program	yes

post notices on non-discrimination and equal access from HUD and the CA Dept. of Fair Employment and Housing?	
Are program materials available in large print or braille?	yes, large print upon request
Are program materials available in languages commonly spoken in the community?	yes, Spanish and English
Are services available for people with hearing impairments, such as a TTY machine?	yes
Are on-call interpretation services available?	yes
Project explanations or notes on additional procedures available to serve people from different subpopulations.	no additional comments

2. Housing First

Objective criteria: Housing First

<p>Does your project accept referrals from the Coordinated Entry System and does not reject referrals because participants have little to no income, current or past substance use, eviction history or poor credit, reasons related to domestic violence, or criminal history? (unscored)</p>	<p>yes</p>
<p>Are applicants accepted regardless of sobriety or use of substances or completion of treatment, and use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction? Does the project refrain from drug testing participants and not require drug testing? (2a)</p>	<p>yes</p>
<p>Does the project disqualify applicants for having too little or no income, poor</p>	<p>no</p>

credit, or eviction history? (2b)	
Does the project disqualify applicants for reasons related to domestic violence (lack of a protective order, period of separation from abuser, law enforcement involvement, etc.)? (2c)	no
Is participation in services or program compliance (beyond what is statutorily mandated) a condition of housing tenancy? (2d)	yes
Does the project refrain from requiring or conducting criminal background checks for applicants or participants, unless required by law or funding stream? (2e)	yes
Project explanation for any barriers:	18. We do not disqualify anyone who has poor credit or

little or no
income to
receive
assistance.
19. We do
not
disqualify
anyone
who is a
survivor or
domestic
violence.

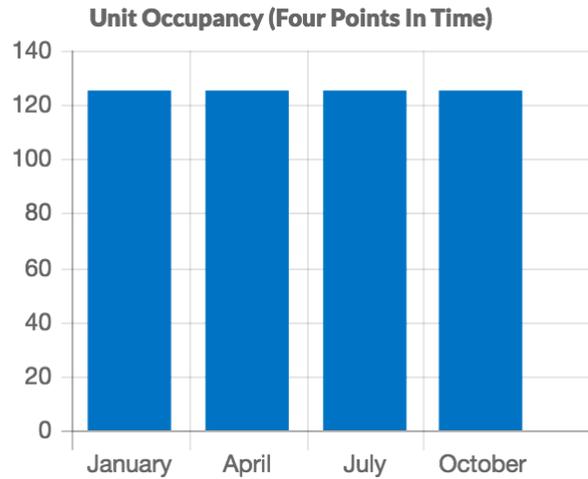
3. Outcomes that Contribute to Improving System Performance on Measures Related to Successful Placement or Retention of Housing and Income/Benefits Growth

Has the project been performing satisfactorily and effectively addressing the need(s) for which it was designed? Keep in mind that outcomes will naturally be lower in a more difficult to serve population such as chronically homeless people, homeless people with mental and/or addictive illnesses.

Project Capacity (3a)

Persons served during the operating year: 10

The average unit occupancy rate for this program is 125.0%.



Unit Occupancy Rates (Four Points In Time)

January	125.0% (10 of 8)
April	125.0% (10 of 8)
July	125.0% (10 of 8)
October	125.0% (10 of 8)

Did your project serve more or less households than planned? If so, why?

more, 2 additional households

Housing Outcomes (3b)

10 of 10 (100.0%) of participants remained housed in the project for at least twelve months, excluding participants who entered the project less than twelve months ago and remain in the project.

Improving system performance: exits or retention in permanent housing

Adults with Increased Income (3c)

7 of 10 (70.0%) of adult participants maintained or increased their total income (earned and/or unearned) between entry and follow-up or project exit.

Note: Participants who maintained an income of zero are not counted as having experienced a positive outcome. Stayers who did not complete an annual assessment or were not required to complete an annual assessment are also not counted in this factor.

Adults with Mainstream Benefits (3d)

7 out of 10 adult participants with completed assessments (70.0%) had at least one non-cash benefit by follow-up or exit. (5 pts.)

Participants With Health Insurance (3e)

10 out of 10 total participants (100.0%) had health insurance by follow-up or exit. (5 pts.)

4. Budget and Cost Effectiveness

4a. Does the proposed budget reflect sufficient resources to accomplish project goals in a cost-effective manner? For PSH projects, is the cost per household served consistent with the type of programming provided?

Please review the budget, located in the Additional Application Materials. The total amount of the grant is \$127,255, and the number of participants served is 10.

Project Cost-Effectiveness ExplanationThe grant has sufficient funds to provide rental assistance to 10 households a year. With increasing rental rates, it has become harder to find rental units that are affordable to our participants.

4b. Has HUD deobligated any of the agency's/program's grant funds because of monitoring findings, under-spending, or untimely drawdowns over the past three years?

Yes, Feb. 2, 2018: \$12,690 total for two shelter plus care grants from 2011. HUD was slow in issuing the grant contracts plus one of the participants passed away and the referring agency was slow in referring a new participant. Additionally, slow lease up due to limited rental units available.

4c. Were grant funds being drawn down regularly over the past grant year?

Amounts and Dates of Draw Downs/Invoices: Jan 9, 2017: \$42,048, Mar 27, 2017: \$17,948, Apr 12, 2017: \$8,459, Apr 28, 2017: \$8,807, June 6, 2017: \$8,539, July 7, 2017: \$8,838, Aug 17, 2017: \$9,274, Sept 11, 2017: \$8,708, Oct 12, 2017: \$8,902, Nov 6, 2017: \$8,917, Dec 6, 2017: \$8,595

Draw Down/Invoice Explanation:

Total Amount of Grant: \$127,255

Total Amount Drawn Down/Invoiced: \$139,035

Percentage of Grant Funds Drawn Down/Invoiced: 109.26%

5. Agency and Collaborative Capacity

5a. Does the agency have any outstanding HUD/agency findings and/or financial audit findings?

No

5b. Does the agency participate in the Continuum of Care? (5b)**Number of CoC and Board meetings attended by at least one staff member from April 2017 through April 2018**

12

Agency staff who serve on the CoC Board or a CoC Committee

Lark Ferrell: CoC Board member and Andrea Clark: CoC committee member

Trainings staff attended from April 2017 through April 2018

Andrea Clark: HUD competitive grantee webinar, HUD sharpening your skills webinar, HUD CPD all grantee meeting webinar

6. HMIS

0.0% of required HMIS data elements were null or missing, across all project participants.

0 of 0 (0.0%) exited to a known destination.

Improving system
performance: HMIS
data quality

For second-time renewal (or older) projects without performance data for a full year of operation ONLY, project's explanation as to why they have not started spending out project funds and a plan for doing so within the HUD-mandated period:

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WEB homebaseccc.org | EMAIL info@homebaseccc.org | PHONE 415.788.7961

NAPA CONTINUUM OF CARE WRITTEN STANDARDS

OVERVIEW

This document establishes minimum standards for housing and services funded by the Continuum of Care Homeless Assistance (CoC) Program and the Emergency Solutions Grants (ESG) Program. The Napa CoC will work to ensure programs providing outreach, shelter, housing, and other services to individuals experiencing homelessness in Napa County will be coordinated and integrated, and follow best practices in a manner consistent with the programs’ funding sources and populations they serve.

All providers of housing and services shall take actions to create an effective, welcoming, and affirming environment for all program participants and employees, including, but not limited to, persons of all races, ethnicities, ages, abilities, sexual orientation, gender identities and gender expressions.

GENERAL STANDARDS

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iii. Participation in HMIS

All CoC- and ESG- funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into the HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. **Victim service providers may use a comparable database, independent from the HMIS.** All CoC- and ESG-funded projects must comply with the requirements in the Napa CoC HMIS Policies and Procedures Manual.

.....

vii. Safeguards for Special Populations

For providers serving special populations, **such as survivors of domestic violence**, families, seniors, mentally ill and disabled individuals, and veterans, safety and shelter safeguards shall be described in the service provider’s policies and clearly communicated to program participants.

The Napa CoC is committed to ensuring safe access to shelter, housing and services for survivors of domestic violence and works with local domestic violence providers to ensure safety planning and appropriate referrals. Per the Violence Against Women Reauthorization Act (VAWA) 2013, no survivor will be evicted, or assistance denied or terminated by a CoC-funded

program because he/she is a survivor of domestic violence. Nor shall any survivor be denied tenancy or occupancy rights due to adverse factors caused by being a survivor. The CoC has an Emergency Transfer Plan (as required by 24 CFR 5.2005 and 24 CFR 578.99(j)(6)) to protect victims of domestic violence, dating violence, sexual assault or stalking serviced by the CoC (Appendix A). This plan is being implemented through the Coordinated Entry System and all CoC- and ESG-funded agencies and related staff. Agencies will provide emergency transfers for domestic violence survivors receiving rental assistance or otherwise residing in CoC- or ESG-funded units. To exercise their rights under VAWA, a survivor need only to self-certify. Lease provisions will also include protections required under VAWA (Appendix B).

RAPID REHOUSING

The goal of Rapid Rehousing (RRH) assistance is to end homelessness and move participants into permanent housing as quickly as possible. RRH is also designed to provide individuals and families with the least amount of assistance necessary to ensure housing stability, and ensure individuals and families receiving assistance remain stably housed after the conclusion of such assistance.

As sufficient resources become available, CoC- and ESG-funded RRH providers will make every effort to rehouse eligible families that become homeless within 30 days of becoming homeless.

i. Eligibility for RRH Assistance

Eligibility requirements for RRH may vary depending on the funding source. Determination of eligibility must be based on the participant's status at intake, which is the time the participant enters the project and begins receiving assistance under the grant program. Eligibility must be clearly noted and documented in the participant's file. Perceived housing barriers such as lack of income or employment or sobriety shall not affect eligibility.

In order to qualify for RRH assistance in CoC-funded programs, households must fall within HUD's definition of "homeless":

1. Literally homeless;
2. At imminent risk of losing their primary night-time residence;
3. Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who are defined as homeless under another Federal statute and meet additional specified criteria; or
4. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

.....

v. Service Requirements for RRH Assistance

Case managers will offer services in order to assist households to successfully retain housing and move off of the subsidy and into self-sufficiency. During the clients' participation in the program, case managers must meet with participants not less than once per month to assist the program participant in ensuring long-term housing stability. Case management will be offered in a manner consistent with Housing First principles, and participation in services unrelated to obtaining or maintaining permanent housing is voluntary.

Services offered will include but are not limited to the creation of an individualized housing plan, designed to re-house and stabilize participants as quickly as possible. Participants are also provided assistance to locate and obtain a wide array of permanent housing, financial assistance for move-in and stabilization costs, other community resources (e.g., subsidized childcare, legal resources) and housing case management to help achieve Housing Plan goals.

Projects are exempt from the services requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient operating the project from making its housing conditional upon the participant's acceptance of services.

Programs may provide supportive services for no longer than 6 months after rental assistance stops.

HUD Annual Performance Report (OCT 2017)	Napa County: System			
	Report period 01/02/2017 - 12/31/2017			
	Agency cat. filter: Agencies in CoC			
	Client Location filter: No			
Q4a. Project Identifiers in HMIS				
Organization Name	Abode Services			
Organization ID	2			
Project Name	Home To Stay - added NEWS data manually			
Project ID	42			
HMIS Project Type	13			
Method for Tracking ES				
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?				
Identify the Project ID's of the housing projects this project is affiliated with				
				1 / 67
Tue Apr 17 01:16:06 PM 2018			Powered By 	

**Napa County Continuum of Care
2018 Continuum of Care Program Grants
RENEWAL PROJECT SCORING FACTORS
2018 Rank & Review APPROVED 7.11.18**

I. Overview

Threshold Requirements

All renewal projects are reviewed for the below factors, which are required but not scored. If the project is not compliant with any of the below threshold criteria, it is ineligible for CoC funding.

HUD Thresholds	The project is compliant with the eligibility requirements of the CoC Interim Rule and Subsequent Notices and meets the threshold requirements outlined in the current Notice of Funding Availability.
Housing First	The project’s policies include a commitment to identifying and lowering barriers to housing.
Coordinated Entry	The project will participate in the Coordinated Entry System. Projects that have not agreed to participate in Coordinated Entry are not eligible for funding, unless the project is a domestic violence service agency or serving survivors of domestic violence.
HMIS Implementation	The project will enter data for all CoC-funded beds into HMIS (or parallel database for survivors of domestic violence)
Match	The agency has committed to match 25% of the grant.
Equal Access & Non-Discrimination	The project ensures equal access for all program participants regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, familial status or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act and the Equal Access Rule.
Recent Financial Statement	Projects must provide the most recent audited financial statement, and single audit if applicable.

II. Detail

1. Project’s Work is Consistent with Community Needs (10 points possible)

Does the project consider the severity of needs and vulnerabilities experienced by program participants in their provision of services? Needs and vulnerabilities include: low or no income,

current or past substance abuse, a history of victimization (e.g., domestic violence, sexual assault, childhood abuse), criminal histories, and chronic homelessness.

	Possible Points		Total Points
1b. Severity of Needs: The majority of the individuals and families the project serves have severe needs: people with low/no income, active or past substance use, criminal records, survivors of domestic violence, LGBTQ, people who resist receiving services, people with significant challenges to their behavioral or medical health, people who heavily utilize public services, people who have been sleeping outdoors, and people who are unusually vulnerable to illness, death, or victimization.	3		
1c. Fair Housing and Safeguards for Special Populations: Award 2 points for specific procedures in place that ensure clients from different subpopulations have fair and equal access to the program, including people experiencing chronic homelessness, veterans, individuals with Limited English Proficiency (LEP), families with children, Transition-Aged Youth (TAY), older adults, individuals with disabilities, and survivors of domestic violence.	2		

2. Housing First

(10 points possible)

The project accepts referrals from the Coordinated Entry System and does not reject referrals because participants have little to no income, current or past substance use, eviction history or poor credit, reasons related to domestic violence, or criminal history.

	Possible Points	Scale	Total Points
2a. Applicants are accepted regardless of sobriety or use of substances or completion of treatment. Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction. The project does not drug test participants or require drug testing.	2		
2b. The project does not disqualify applicants for having too little or no income, poor credit, or eviction history.	2		

NAPA COUNTY CONTINUUM OF CARE

2c. The project does not disqualify applicants for reasons related to domestic violence (lack of a protective order, period of separation from abuser, law enforcement involvement, etc.)	2		
2d. Participation in services or program compliance (beyond what is statutorily mandated) is not a condition of housing tenancy.	2		
2e. The project does not conduct criminal background checks for applicants or participants, unless required by law or funding stream.	2		

Napa County Continuum of Care
 2018 Continuum of Care Program Grants
NEW PROJECT SCORING FACTORS
 2018 Rank & Review APPROVED 7.11.18

I. Overview

Threshold Requirements

All new projects are reviewed for the below factors, which are required but not scored. If the project is not compliant with any of the below threshold criteria, it is ineligible for CoC funding.

HUD Thresholds	The project is compliant with the eligibility requirements of the CoC Interim Rule and Subsequent Notices and meets the threshold requirements outlined in the current Notice of Funding Availability.
Housing First	The project’s policies include a commitment to identifying and lowering barriers to housing.
Coordinated Entry	The project will participate in the Coordinated Entry System. Projects that have not agreed to participate in Coordinated Entry are not eligible for funding. Victim-service agencies or those serving survivors of domestic violence shall participate in Coordinated Entry while protecting client data and safety to ensure fair and equal access to the coordinated entry process and housing and services opportunities.
HMIS Implementation	The project will enter data for all CoC-funded beds into HMIS (or parallel database for survivors of domestic violence)
Match	The agency has committed to match 25% of the grant.
Equal Access & Non-Discrimination	The project ensures equal access for all program participants regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, familial status or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act and the Equal Access Rule.

II. Detailed Breakdown by Factor

2. Project Design and Readiness (30 points possible)

Consider the overall design of the project in light of its outcome objectives, and the Continuum of Care’s goals that permanent housing programs for homeless people result in stable housing and increased income (through benefits or employment).

Threshold Criteria: The project must be ready to start by HUD’s statutory deadlines.

Factor	Possible Points	Total Points
--------	-----------------	--------------

<p>2.A. Program Design</p> <p>For PSH; RRH; Joint TH and PH-RRH: Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services.</p> <ul style="list-style-type: none"> • Will the type of housing, number, and configuration of units fit the needs of program participants? • Will the type of supportive services offered ensure successful retention or help participants obtain permanent housing? • Is there a plan in place that will help participants obtain mainstream health, social, and employment income and benefits? • Will participants be assisted with obtaining and remaining in permanent housing? • Does the project adhere to a housing first model? • Does the program design include the use of innovative or evidence-based practices? • Is the project staffed appropriately to operate the housing/services? • Are staff trained to meet the needs of the population to be served? • Does the program include involvement of clientele in designing and operating the program? • Does the method of service delivery described include culture-specific/sensitive elements? • Will the program be physically accessible to persons with disabilities? <p>For DV Bonus Projects:</p> <ul style="list-style-type: none"> • Is the program designed using best practices in addressing survivors of domestic violence, dating violence, sexual assault, or stalking? • Does the program demonstrate staff knowledge of VAWA regulations, safety planning, and creating links to survivor-specific networks and services? <p>For Expansion Projects:</p> <ul style="list-style-type: none"> • Is the part of the project being expanded clearly articulated? • Does the applicant demonstrate that it is not replacing other funding sources? 	<p>20</p>	
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3. Agency Capacity (40 points possible)

Factor	Possible Points	Total Points
<p>3.A. Agency Capacity</p> <ul style="list-style-type: none"> • Does the agency have the expertise, staff, procedural, and administrative structure needed to meet all grant audit, administrative, and reporting requirements? • Does the agency draw down grant funds regularly throughout the grant year? • Does the agency have any outstanding HUD findings and/or financial audit findings? • Has HUD deobligated any of the agency’s grant funds in the past three operating years? • Does the application packet that was submitted reflect an agency with capacity that is sufficient to carry out the HUD administrative requirements? • For DV Bonus Projects: Does the applicant demonstrate previous experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and ability to house survivors and meet safety outcomes? If the applicant has past experience in permanent housing, are they partnered with an agency who demonstrates such experience? 	20	
<p>3.B. HMIS Participation</p> <p>Is the agency/program actively participating in the HMIS, or furthering the goals of the system by providing information or infrastructure?</p> <ul style="list-style-type: none"> • Consider: the percentage of the program’s clients who have data entered into HMIS; HMIS Data Completeness Report Card <p>Note: Domestic Violence programs do not participate in HMIS.</p>	5	

ATTACHMENT: Consolidated Application

<u>DOCUMENTS SATISFYING REQUIREMENT</u>	<u>PAGE</u>
Public Notice and Posting: CoC Consolidated Application	2 – 3
○ Email Announcement of Public Posting of Consolidated Application – September XX , 2018	2
○ Website Posting of Consolidated Application – September XX , 2018	3

ATTACHMENT: Public Posting Project Selections, Ranking and CoC Application

DOCUMENTS SATISFYING REQUIREMENT	PAGE
Public Posting of Local Competition Rate, Rank, Review, and Selection Criteria	2-6
○ Email to CoC Listserv with Public Technical Assistance Workshop Invitation – July 3, 2018	2
○ Technical Assistance Workshop Agenda; Local Competition Materials, including Rating and Review Procedure, were provided to all participants – July 17, 2018	3
○ Email to CoC Listserv with attachments of local competition materials, including Rating and Review Procedure – July 9, 2018	4-5
○ Screen Shot of 2018 HUD CoC NOFA Public Posting of Local Competition Materials, including Rating and Review Procedure – July 11, 2018	6
Public Posting of Priority Listings	7-9
Recommended Priority List Sent to CoC – August 22, 2018 The Review and Rank Panel Priority List was sent to the CoC, as well as an invitation to the Board vote.	7
Final Priority List Sent to CoC – August 29, 2018 The Final Priority List was sent to the CoC.	8
Public Posting of Final Priority Listing on CoC Website – August 28, 2018	9

[Napa CoC] CoC NOFA Technical Assistance Workshop

2 messages

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>
To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Tue, Jul 3, 2018 at 3:39 PM

Good afternoon,

The U.S. Department of Housing and Urban Development (HUD) released the FY 2018 Continuum of Care Program Competition Notice of Funding (NOFA) on June 20, 2018. Communities must submit the final consolidated application by September 18, 2018. Please see attached a complete timeline of the funding competition. The NOFA is posted on HUD's website [here](#), and we have also attached a summary of the NOFA.

We will be discussing this opportunity at the **Technical Assistance Workshop** on July 17, 2018. All are welcome and encouraged to attend. This mandatory Technical Assistance Workshop is for all renewal and potential applicants for the 2018 CoC funding. We encourage agencies that do not currently receive CoC Program funds, as well as current recipients, to attend and consider applying for these funds. **It is highly recommended that participants access the webinar at the below link via your computer, but if you are unable to access a computer you may dial in.**

Meeting information:

July 17, 2018, 2-3pm

You may join from this link:

<https://homebaseccc.zoom.us/j/421515367> Or Dial: +1 669 900 6833 Meeting ID: 421 515 367

Please RSVP at napa@homebaseccc.org to confirm participation and discuss computer setup requirements for this online meeting. If you are not able to send a representative, please contact napa@homebaseccc.org to discuss training needs.

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If you have any questions, please email napa@homebaseccc.org.

You received this message because you are subscribed to the Google Groups "Napa County Continuum of Care" group.

To unsubscribe from this group and stop receiving emails from it, send an email to Napa-CoC+unsubscribe@googlegroups.com.

For more options, visit <https://groups.google.com/d/optout>.

2 attachments



2018 NOFA Summary - Napa.pdf

201K



Napa CoC Program Local Process & Timeline 2018.pdf

129K

NAPA COUNTY CONTINUUM OF CARE

2018 CONTINUUM OF CARE TECHNICAL ASSISTANCE WORKSHOP

JULY 17, 2018 - 2 P.M.

AGENDA

- I. Welcome & Introductions
- II. Orientation to Materials
 - a. Technical Assistance (TA) Handbook
 - b. Renewal Projects
 - c. Timeline and Local Process
 - d. Scoring Tools
 - e. Checklist for Applicants
 - f. Guide to Completing Renewal Applications
- III. NOFA Competition Overview and Funding Available
- IV. Technical Assistance (TA) Handbook Review
- V. Local Timeline
- VI. Scoring Tools, Rank/Review and Appeals Process
- VII. Renewal Applications – Step by Step
 - a. HUD Application
 - b. Local Checklist
- VIII. Key Requirements for New Projects
- IX. Q & A

NOTE: All materials are available at <https://homebase.box.com/s/hreisyfpf4lbz0xbmb97mxarof2311op> and through email. HomeBase staff is available for questions at Napa@homebaseccc.org.

CoC NOFA **Draft Scoring Tools** & Coordinated Entry Policies

2 messages

Ali Rabe <ali@homebaseccc.org>
To: napa-coc@googlegroups.com

Mon, Jul 9, 2018 at 1:55 PM

Hello everyone,

The 2018 CoC NOFA was announced on June 20, and we have completed the drafts of the scoring tools for this year's Continuum of Care (CoC) Notice of Funding Availability (NOFA). We are also including an updated draft of the Coordinated Entry Policies and Procedures. Please review the proposed changes - we welcome your feedback. The CoC Board will vote on these drafts on Wednesday.

The proposed changes, summarized below, are redlined in the attached documents for your review:

- Renewal Scoring Tool Draft
 - The new APR reporting format separates mainstream benefits and health insurance benefits; the renewal scoring tool was updated to reflect this split.
- New Scoring Tool Draft
 - A new project type was added in this year's NOFA: DV Bonus projects. The new scoring tool was updated to include criteria that will be considered in evaluating any new DV Bonus projects.
- HMIS/CE Scoring Tool Draft
 - Evaluation criteria of the Coordinated Entry System were changed to align with updates to the system.
- Coordinated Entry Policies & Procedures Draft
 - Through the Coordinated Entry Workgroup's conversations and feedback on the policies this year, the policies were updated. This draft has been reviewed and approved by the Workgroup.

We welcome the community to join the Board call to provide additional feedback on **Wednesday, July 11, from 1-2pm**. The call in information is below:

Dial: 877-848-7030

Access Code: 6659655

We have also attached the NOFA summary for your reference. If you have any questions about the proposed changes, please don't hesitate to contact us at napa@homebaseccc.org.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961

5 attachments



Napa Renewal Project Scoring Tool_2018 DRAFT 7.9.18.pdf
130K



Napa HMIS & CE Project Scoring Tool_2018 DRAFT 7.9.18.pdf
114K



Napa New Project Scoring Tool_2018 DRAFT 7.9.18.pdf
116K



Napa Coordinated Entry DRAFT Policies_ 7.9.18.pdf
295K



2018 NOFA Summary - Napa.pdf
201K



- Applications
- Funding Notices

Home > Government > Boards & Commissions H - N > Napa Continuum of Care > Funding Notices

Funding Notices

[Public Posting of NOFA summary, selection criteria](#)

2018 Continuum of Care (CoC)

The Department of Housing and Urban Development (HUD) has released the Continuum of Care (CoC) Notice of Funding Availability (NOFA). **Please see below a link to the NOFA website, a summary of the NOFA, and a link to the scoring tools with selection criteria used to rate, rank, and review projects. All new applicants are welcome to apply.**

[HUD website for FY 2018 CoC Program NOFA](#)

[Summary of the 2018 Continuum of Care \(CoC\) Notice of Funding Availability \(NOFA\) \(PDF\)](#)

- [2018 Napa CoC - Governance Charter NOFA Process \(PDF\)](#)
- [2018 Napa CoC - New Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - Renewal Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - HMIS and CE Project Scoring Tool \(PDF\)](#)

Emergency Solutions Grant (ESG) Program

California Department of Housing and Community Development (HCD) has released the Balance of State Allocation Notice of Funding Availability (NOFA) for the Emergency Solutions Grant (ESG) program application process. Please see below a link to the ESG website, a summary of the ESG, and a link to the local noncompetitive supplemental application.

- [Emergency Solutions Grant \(ESG\) website](#)
- [2018 Summary - Emergency Solutions Grant \(ESG\) Notice of Funding Availability \(PDF\) Opens a New Window.](#)
- [2018 Supplemental Application for Noncompetitive Rapid Re-Housing Allocation Emergency Solutions Grant \(ESG\) Funds \(PDF\)](#)

2017 Documents & Applications

- [Fiscal Year 2017 Continuum of Care Program Competition NOFA \(PDF\)](#)
- [Homeless Management Information Systems CE Project Scoring Tool Rank Review 2017 \(PDF\)](#)

Live Chat

2018 Napa CoC Recommended Priority Listing

4 messages

Ali Rabe <ali@homebaseccc.org>
To: napa-coc@googlegroups.com

Wed, Aug 22, 2018 at 2:54 PM

Hello everyone,

The CoC NOFA Review & Rank Panel met on August 20th and completed the preliminary ranked list, which includes all projects recommended for funding in the 2018 NOFA competition. Please see the list attached.

The Napa Board will have a call next week to vote on the priority listing. We welcome the community to join the call to provide feedback on **Tuesday, August 28, from 11am to 12pm**. The call-in information is below:

Dial: 877-848-7030

Access Code: 6659655

If you have any questions about the priority listing, please don't hesitate to contact us at napa@homebaseccc.org.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961



08.20.18 Napa NOFA Priority List.pdf

67K

Notification to CoC of final priority listing

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>

Wed, Aug 29, 2018 at
1:50 PM

To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Good morning Napa CoC,

On August 28, 2018, the Napa CoC Board members met to discuss and vote on the priority listing for the FY18 NOFA competition. This list is unchanged from the recommendations made by the Rank and Review Panel on August 20, 2018.

The following projects were selected for funding:

- Napa County Health & Human Services Agency (HHSA) - HMIS
- Housing Authority of the City of Napa - Shelter Plus Care
- HHSA - Coordinated Assessment
- HHSA - Home to Stay
- Buckelew - Napa PSH
- HHSA - PSH I
- HHSA - PSH II
- HHSA - Napa PSH Expansion (new project)

No projects' funding was reduced or rejected. Please see attached the final priority listing for more detail.

Thank you,



FY18 Napa CoC NOFA Final Priority List.pdf
67K

**Attachment of
final priority
listing**

Wednesday, August 29, 2018

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- Funding Notices

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Funding Notices

Posting of final priority listing

2018 Continuum of Care (CoC)

The Department of Housing and Urban Development (HUD) has released the Continuum of Care (CoC) Notice of Funding Availability (NOFA). Please see below a link to the NOFA website, a summary of the NOFA, and a link to the scoring tools with selection criteria used to rate, rank, and review projects. All new applicants are welcome to apply.

[Napa CoC Program 2018 Recommended Priority Listing \(PDF\)](#)

[HUD website for FY 2018 CoC Program NOFA](#)

[Summary of the 2018 Continuum of Care \(CoC\) Notice of Funding Availability \(NOFA\) \(PDF\)](#)

- [2018 Napa CoC - Governance Charter NOFA Process \(PDF\)](#)
- [2018 Napa CoC - New Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - Renewal Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - HMIS and CE Project Scoring Tool \(PDF\)](#)

ATTACHMENT: CoC PROCESS FOR REALLOCATION

DOCUMENT SATISFYING REQUIREMENT	PAGE
<p>CoC’s Process for Reallocating (Excerpt from Local Process, Section IV. of the Napa CoC Governance Charter)</p> <ul style="list-style-type: none"> • CoC’s rating and review procedures clearly outlines a process for reallocation. • Rating and review procedures were distributed publicly at a TA Workshop on July 11, 2018 and on the CoC’s website and listservs on July 12, 2018 (see attachment to CoC Application “Public Posting Project Selections, Ranking and CoC Application” 1E-3) 	<p>2-3</p>
<p>Reallocation Bonus</p> <ul style="list-style-type: none"> • Napa’s New Project Scoring Tool Provides 5 points (not available to other new-renewal projects) for projects that voluntarily reallocate a renewal project, providing 105 available points vs. 100 maximum points for non-reallocating projects 	<p>4</p>
<p>New Applicant Solicitation</p> <ul style="list-style-type: none"> • Email to listserv announcing NOFA, welcoming new applicants to attend technical assistance workshop and consider applying (Reallocation information in attached NOFA program summary), July 7, 2018 • Public posting of NOFA, welcoming new applicants to apply – posted on Napa County website July 11, 2018 • Excerpt from NOFA Program Summary regarding eligible new and reallocation projects – sent to all providers, potential applicants, and CoC listserv July 7, 2018; posted on website July 11, 2018 	<p>5-9</p>

Napa Continuum of Care (CoC) Governance Charter – Section IV.
Excerpt regarding process for reallocation



Napa County Continuum of Care Governance Charter

Napa Continuum of Care (CoC) Governance Charter – Section IV.
Excerpt regarding process for reallocation

SECTION IV.

.....

Reallocation of Funds

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC and CoCB. All final decisions about reallocation must be approved by the CoCB.

Using All Available Funds

The Napa CoC will do everything possible to ensure it applies for all funds available to the community. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no Permanent Housing Bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will email the CoCB and other interested parties (all homeless service and housing providers in the CoC area) with specifics regarding how much money is available and or which type of programs.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this email is distributed, as determined by NOFA submission deadline.

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Napa County Continuum of Care
 2018 Continuum of Care Program Grants
NEW PROJECT SCORING FACTORS
 2018 Rank & Review APPROVED 7.11.18
EXCERPT REGARDING PROCESS FOR REALLOCATION

Scoring Factors

Factor	Possible	Points Earned
1. Project's Work is Consistent with HUD Priorities	20	
2. Project Design and Readiness	30	
3. Agency Capacity	40	
4. Budget	10	
TOTAL	100	
Reallocation Bonus*	5	
*Note: Reallocation Bonus available for projects that voluntarily reallocate a renewal project		

5. Reallocation Bonus (5 points possible)

Factor	Possible Points	Total Points
5.A. Reallocation Did the agency voluntarily reallocate a renewal project? <ul style="list-style-type: none"> • How much funding was reallocated? • What was the project type? 	5	

[Napa CoC] CoC NOFA Technical Assistance Workshop

2 messages

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>
To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Tue, Jul 3, 2018 at 3:39 PM

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2 attachments



2018 NOFA Summary - Napa.pdf

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Napa CoC Program Local Process & Timeline 2018.pdf

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Funding Notices

Public posting soliciting new applicants to apply, to encourage reallocation

2018 Continuum of Care (CoC)

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2017 Documents & Applications

- [Fiscal Year 2017 Continuum of Care Program Competition NOFA \(PDF\)](#)
- [Homeless Management Information Systems CE Project Scoring Tool Rank Review 2017 \(PDF\)](#)

Live Chat

SUMMARY OF THE 2018 CONTINUUM OF CARE NOTICE OF FUNDING AVAILABILITY (COC NOFA)

EXCERPT REGARDING NEW AND REALLOCATION PROJECTS

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ELIGIBLE NEW PROJECTS

- ****NEW THIS YEAR**** CoCs may submit new projects created through reallocation, bonus, or a combination of reallocation and bonus, new DV Bonus projects, CoC planning project.
 - Because new project applications may be created through the reallocation or bonus processes, if HUD determines that a project applicant or a CoC incorrectly classified one or more new projects as reallocation or bonus, HUD may reclassify the project(s) as either reallocation or bonus if the CoC exceeded either its reallocation or bonus amount.
 - If a project applicant uses both reallocation and bonus amounts to create a single new project but did not have sufficient amounts available from either source, HUD will reduce the project to the amount available, if any.

DOMESTIC VIOLENCE (DV) BONUS

- Due to up to \$50 million set aside in the FY2018 HUD Appropriations Act, CoCs will be able to apply for a DV Bonus for Rapid Rehousing projects, Joint Transitional Housing and Rapid Rehousing Component projects, and Supportive Services Only projects for Coordinated Entry. A CoC may apply for up to 10% of its PPRN, or a minimum of \$50,000, whichever is greater, or a maximum of \$5 million, whichever is less, to create up to three DV Bonus projects with 1-year grant terms.
- A CoC may apply for **ONE OF EACH** of the following types of projects:
 - Rapid rehousing projects that must follow a housing first approach.
 - Joint Transitional Housing and Rapid Rehousing component projects that must follow a housing first approach.
 - Supportive Services Only Projects for Coordinate Entry to implement policies, procedures, and practices that equip the CoC's Coordinated Entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.
- A CoC can only submit one project application for each of the project types above. If a CoC submits more than one project application for each project type, HUD will only consider the highest ranked project that passes eligibility and quality threshold review for the DV Bonus and will consider any other project for funding as a regular bonus project.
- A CoC may apply to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking to dedicate additional units, beds, persons served, or services provided to existing program participants to this population.
- CoCs are required to rank all DV Bonus projects on the New Project Listing of the CoC Priority Listing with a unique rank number. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank position. If the DV Bonus project application is not

conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for conditional award under the regular bonus amount available to the CoC.

- For projects the CoC indicates it would like considered as part of the DV Bonus, HUD will award a point value to each project application combining both the CoC Application score and responses to the DV-Bonus-specific questions in the CoC Application using the following 100-point scale:
 - For Rapid Rehousing and joint Rapid Rehousing and Transitional Housing component projects:
 - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
 - **NEED FOR THE PROJECT.** Up to 25 points based on the extent the CoC is able to quantify the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.
 - **QUALITY OF THE PROJECT APPLICANT.** Up to 25 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.
 - For Supportive Services Only projects for Coordinated Entry:
 - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
 - **NEED FOR THE PROJECT.** Up to 50 points based on the extent to which the CoC is able to demonstrate the need for a Coordinated Entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.

ELIGIBLE TYPES OF NEW PROJECTS CREATED THROUGH REALLOCATION AND/OR BONUS

- **PERMANENT HOUSING-PERMANENT SUPPORTIVE HOUSING PROJECTS** that meet the requirements of DedicatedPLUS or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3.
- **PERMANENT HOUSING-RAPID REHOUSING PROJECTS** that will serve homeless individuals and families, including unaccompanied youth.
- **JOINT TRANSITIONAL HOUSING AND RAPID REHOUSING COMPONENT PROJECTS** to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
 - Residing in a place not meant for human habitation;
 - Residing in an emergency shelter;
 - Person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
 - Residing in a Transitional Housing project that is being eliminated;
 - Residing in Transitional Housing funded by a Joint Transitional Housing and Rapid Rehousing Component project; or
 - Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

NAPA CONTINUUM OF CARE

- **DEDICATED HMIS PROJECTS** for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.
- **SUPPORTIVE SERVICES ONLY PROJECTS FOR COORDINATED ENTRY** to develop or operate a centralized or coordinated assessment system.

.....

ATTACHMENT: Projects Accepted Notification

Note: Napa CoC notified all applicants of their place on the preliminary list (following the Aug. 20, 2018 Rank and Review panel) and their opportunity to appeal. No applicants appealed. Following the Aug. 28, 2018 CoC Board meeting, at which the CoC Board voted to adopt the priority list recommended by the Rank and Review Panel, all applicants were notified via email of acceptance/rejection, and the priority list also was disseminated to the CoC through the listserv. *No applicants were rejected or reduced.*

<u>DOCUMENT SATISFYING REQUIREMENT</u>	<u>PAGE</u>
<p>Email Notification to all Project Applicants – August 20, 2018 Email to all applicants in the local competition notifying applicants of the Review & Rank Panel’s acceptance of their applications and potential ability to appeal. The Review & Rank Panel List was attached.</p> <ul style="list-style-type: none"> • Email sent to County of Napa, which had 6 projects accepted/recommended for funding • Email sent to City of Napa Housing Authority, whose project was accepted/recommended for funding • Email sent to Buckelew, whose project was accepted/recommended for funding 	2-4
<p>Priority List Sent to CoC – August 22, 2018 The Review and Rank Panel Priority List was sent to the CoC, listing the projects that were accepted and ranked on the 2018 Napa County CoC Priority Listing, as well as an invitation to the Board call.</p>	5
<p>Email Notification to all Project Applicants – August 29, 2018 Email from the Collaborative Applicant to all applicants in the local competition notifying applicants of projects to be included in the CoC’s Priority Listing and submitted to HUD. The Final Priority List was attached.</p> <ul style="list-style-type: none"> • Email sent to County of Napa, which had 6 projects accepted/recommended for funding • Email sent to City of Napa Housing Authority, whose project was accepted/recommended for funding • Email sent to Buckelew, whose project was accepted/recommended for funding 	6-9
<p>Final Priority List Sent to CoC – August 29, 2018</p> <ul style="list-style-type: none"> ○ The final priority list, attached to the above email, indicating project applicants to be accepted and ranked on the 2018 Napa County CoC Priority Listing 	10
<p>Public Posting of Final Priority Listing on CoC Website – August 29, 2018</p>	11-12

Napa Review & Rank Panel Priority List - HHS

1 message

Ali Rabe <ali@homebaseccc.org>

Mon, Aug 20, 2018 at 5:46 PM

To: "Wippern, Mitch" <Mitch.Wippern@countyofnapa.org>, "Bezaire, Nui" <Nui.Bezaire@countyofnapa.org>, "Freitas, Brandee" <Brandee.Freitas@countyofnapa.org>
Bcc: "HomeBase Team (napa@homebaseccc.org)" <napa@homebaseccc.org>

Dear Mitch, Nui, and Brandee,

Thank you for attending the Review & Rank Panel today! Your participation and preparation really contributed to the Napa CoC NOFA local competition process. The Panelists finalized the ranked list and your projects Home to Stay, HMIS, Coordinated Assessment, and PSH II were fully funded in Tier 1. PSH I was partially funded in Tiers I and II, due to the community process of scoring renewal projects without data as renewal projects. The Napa PSH Expansion project was selected for funding and ranked in Tier 2. Please see the attached document with the ranked list and scores and let us know if you have any questions.

If you believe your scores are not reflective of the application information provided and are interested in appealing this outcome, you may request your score sheet, inspect your scores, and submit an appeal by Friday, August 24. Projects are eligible to appeal if they receive less funding than applied for, are ranked in Tier 2, or are ranked in the bottom third of Tier 1.

Thank you again for contributing to this process and we look forward to working with you on your HUD applications during the next phase of NOFA.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961

2 attachments

 **Napa CoC Program Local Process & Timeline 2018.pdf**
130K

 **8.20.18 Napa NOFA Priority List.pdf**
68K

Napa Review & Rank Panel Priority List - Housing Authority

6 messages

Ali Rabe <ali@homebaseccc.org>

Mon, Aug 20, 2018 at 5:46 PM

To: "Ferrell, Lark" <lferrell@cityofnapa.org>, "Clark, Andrea" <aclark@cityofnapa.org>

Bcc: "HomeBase Team (napa@homebaseccc.org)" <napa@homebaseccc.org>

Dear Lark and Andrea,

Thank you for attending the Review & Rank Panel today! Your participation and preparation really contributed to the Napa CoC NOFA local competition process. **The Panelists finalized the ranked list and your project was fully funded in Tier 1.** Please see the attached document with the ranked list and scores and let us know if you have any questions. Because your project was ranked at the top of Tier 1 and was recommended for the full amount of funding requested, it is not eligible for appeal.

Thank you again for contributing to this process and we look forward to working with you on your HUD applications during the next phase of NOFA.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961

2 attachments



Napa CoC Program Local Process & Timeline 2018.pdf

130K



8.20.18 Napa NOFA Priority List.pdf

68K

Napa Review & Rank Panel Priority List - Buckelew

1 message

Ali Rabe <ali@homebaseccc.org>

Mon, Aug 20, 2018 at 5:46 PM

To: Bob Brown <BobB@buckelew.org>, Kathy Sparrow <KathyS@buckelew.org>, Eric Simonsen <erics@buckelew.org>, Claudia Mares <claudiam@buckelew.org>

Bcc: "HomeBase Team (napa@homebaseccc.org)" <napa@homebaseccc.org>

Hello,

Thank you for attending the Review & Rank Panel today! Your participation and preparation really contributed to the Napa CoC NOFA local competition process. **The Panelists finalized the ranked list and your project was fully funded in Tier 1.** Please see the attached document with the ranked list and scores and let us know if you have any questions. Because your project was ranked in Tier 1 and was recommended for the full amount of funding requested, it is not eligible for appeal.

Thank you again for contributing to this process and we look forward to working with you on your HUD applications during the next phase of NOFA.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961

2 attachments



Napa CoC Program Local Process & Timeline 2018.pdf

130K



8.20.18 Napa NOFA Priority List.pdf

68K

2018 Napa CoC Recommended Priority Listing

4 messages

Ali Rabe <ali@homebaseccc.org>
To: napa-coc@googlegroups.com

Wed, Aug 22, 2018 at 2:54 PM

Hello everyone,

The CoC NOFA Review & Rank Panel met on August 20th and completed the preliminary ranked list, **which includes all projects recommended for funding in the 2018 NOFA competition**. Please see the list attached.

The Napa Board will have a call next week to vote on the priority listing. We welcome the community to join the call to provide feedback on **Tuesday, August 28, from 11am to 12pm**. The call-in information is below:

Dial: 877-848-7030

Access Code: 6659655

If you have any questions about the priority listing, please don't hesitate to contact us at napa@homebaseccc.org.

Best,
Ali

--

Ali Rabe | Staff Attorney
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 335 | fax 419.788.7961



08.20.18 Napa NOFA Priority List.pdf
67K

From: Freitas, Brandee
Sent: Wednesday, August 29, 2018 1:49 PM
To: Bezaire, Nui <Nui.Bezaire@countyofnapa.org>; Freitas, Brandee <Brandee.Freitas@countyofnapa.org>; Wippern, Mitch <Mitch.Wippern@countyofnapa.org>; Claudia Mares <ClaudiaM@buckelew.org>; Ferrell, Lark <lferrell@cityofnapa.org>
Subject: Notification of Project Selection for Funding In 2018 CoC NOFA Competition

Dear Applicant,

Please find attached the CoC's Final Priority Listing for the FY18 CoC NOFA Competition, approved by the CoC Board on August 28, 2018. All of your application(s) were selected for funding. Please see attached the ranked list and let us know if you have any questions.

Thank you,

Brandee Freitas
Staff Services Analyst – Homeless Services
Napa County Health and Human Services Agency - Operations

2751 Napa Valley Corporate Drive - Building B Napa, CA 94558

P:(707) 299-2105
F:(707) 299-4193 Brandee.Freitas@countyofnapa.org

FY18 Napa CoC NOFA Final Priority List.pdf

67K

From: Freitas, Brandee
Sent: Wednesday, August 29, 2018 3:28 PM
To: Claudia Mares 2 (ClaudiaM@buckelew.org) <ClaudiaM@buckelew.org>
Subject: Notification of Project Selection for Funding In 2018 CoC NOFA Competition

Dear Applicant,

Please find attached the CoC's Final Priority Listing for the FY18 CoC NOFA Competition, approved by the CoC Board on August 28, 2018. All of your application(s) were selected for funding. Please see attached the ranked list and let us know if you have any questions.

Thank you,

Brandee Freitas
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P:(707) 299-2105
F:(707) 299-4193 Brandee.Freitas@countyofnapa.org

FY18 Napa CoC NOFA Final Priority List.pdf

67K

From: Freitas, Brandee
Sent: Wednesday, August 29, 2018 3:28 PM
To: Lark Ferrell (lferrell@cityofnapa.org) <lferrell@cityofnapa.org>
Subject: Notification of Project Selection for Funding In 2018 CoC NOFA Competition

Dear Applicant,

Please find attached the CoC's Final Priority Listing for the FY18 CoC NOFA Competition, approved by the CoC Board on August 28, 2018. All of your application(s) were selected for funding. Please see attached the ranked list and let us know if you have any questions.

Thank you,

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Staff Services Analyst – Homeless Services
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P:(707) 299-2105
F:(707) 299-4193 Brandee.Freitas@countyofnapa.org

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FY18 Napa CoC NOFA Final Priority List.pdf

70K

From: Freitas, Brandee
Sent: Wednesday, August 29, 2018 3:27 PM
To: Wippern, Mitch <Mitch.Wippern@countyofnapa.org>; Bezaire, Nui <Nui.Bezaire@countyofnapa.org>; Freitas, Brandee <Brandee.Freitas@countyofnapa.org>
Subject: Notification of Project Selection for Funding In 2018 CoC NOFA Competition

Dear Applicant,

Please find attached the CoC's Final Priority Listing for the FY18 CoC NOFA Competition, approved by the CoC Board on August 28, 2018. All of your application(s) were selected for funding. Please see attached the ranked list and let us know if you have any questions.

Thank you,

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Staff Services Analyst – Homeless Services
Napa County Health and Human Services Agency - Operations

2751 Napa Valley Corporate Drive - Building B Napa, CA 94558

P:(707) 299-2105

F:(707) 299-4193 Brandee.Freitas@countyofnapa.org

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FY18 Napa CoC NOFA Final Priority List.pdf

70K

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>

Wed, Aug 29, 2018 at
1:50 PM

To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Good morning Napa CoC,

On August 28, 2018, the Napa CoC Board members met to discuss and vote on the priority listing for the FY18 NOFA competition. This list is unchanged from the recommendations made by the Rank and Review Panel on August 20, 2018.

The following projects were selected for funding:

- Napa County Health & Human Services Agency (HHSA) - HMIS
- Housing Authority of the City of Napa - Shelter Plus Care
- HHSA - Coordinated Assessment
- HHSA - Home to Stay
- Buckelew - Napa PSH
- HHSA - PSH I
- HHSA - PSH II
- HHSA - Napa PSH Expansion (new project)

Summary of applicants selected for funding

No projects' funding was reduced or rejected. Please see attached the final priority listing for more detail.

Thank you,



FY18 Napa CoC NOFA Final Priority List.pdf

67K

Attachment of final priority listing

**Napa Continuum of Care Program Local Competition
Review Rank Panel 2018 Recommended Priority Listing**

2018 Rank and Review Panel Recommendations			
Rank	Agency	Project	Amount
Tier 1			
1	County Health & Human Services Agency	HMIS	\$35,887
2	Housing Authority of the City of Napa	Shelter Plus Care	\$127,255
3	County Health & Human Services Agency	Coordinated Assessment	\$19,054
4	County Health & Human Services Agency	Home to Stay	\$163,699
5	Buckelew	Napa PSH	\$254,438
6	County Health & Human Services Agency	Permanent Supportive Housing II	\$29,740
7	County Health & Human Services Agency	Permanent Supportive Housing I*	\$51,471
Total Tier 1 (94% ARD)			\$681,544
Tier 2			
7	County Health & Human Services Agency	Permanent Supportive Housing I*	\$43,503
8	County Health & Human Services Agency	Napa PSH Expansion	\$43,503
Total Tier 2 (6% ARD + PH Bonus)			\$87,006
TOTAL REQUEST TO HUD			\$768,550
Annual Renewal Demand (ARD)			\$725,047
Permanent Housing Bonus (6% ARD)			\$43,503
<i>Planning Funds (not ranked or part of total)</i>			<i>\$21,751</i>

* Note that this project straddles Tier 1 and Tier 2

Tier 1 Amount:	\$	681,544
Tier 2 Amount:	\$	87,006
Tier 1 + Tier 2 Total	\$	768,550

Wednesday, August 29, 2018

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Funding Notices

Posting of final priority listing with all accepted applicants

2018 Continuum of Care (CoC)

The Department of Housing and Urban Development (HUD) has released the Continuum of Care (CoC) Notice of Funding Availability (NOFA). Please see below a link to the NOFA website, a summary of the NOFA, and a link to the scoring tools with selection criteria used to rate, rank, and review projects. All new applicants are welcome to apply.

[Napa CoC Program 2018 Recommended Priority Listing \(PDF\)](#)

[HUD website for FY 2018 CoC Program NOFA](#)

[Summary of the 2018 Continuum of Care \(CoC\) Notice of Funding Availability \(NOFA\) \(PDF\)](#)

- [2018 Napa CoC - Governance Charter NOFA Process \(PDF\)](#)
- [2018 Napa CoC - New Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - Renewal Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - HMIS and CE Project Scoring Tool \(PDF\)](#)

Wednesday, August 29, 2018
 View as Analog
 ✓ View as Digital
 Open Date & Time Preferences

Napa Continuum of Care Program Local Competition Review Rank Panel 2018 Recommended Priority Listing

2018 Rank and Review Panel Recommendations			
Rank	Agency	Project	Amount
Tier 1			
1	County Health & Human Services Agency	HMIS	\$35,887
2	Housing Authority of the City of Napa	Shelter Plus Care	\$127,255
3	County Health & Human Services Agency	Coordinated Assessment	\$19,054
4	County Health & Human Services Agency	Home to Stay	\$163,699
5	Buckelew	Napa PSH	\$254,438
6	County Health & Human Services Agency	Permanent Supportive Housing II	\$29,740
7	County Health & Human Services Agency	Permanent Supportive Housing I*	\$51,471
Total Tier 1 (94% ARD)			\$681,544
Tier 2			
7	County Health & Human Services Agency	Permanent Supportive Housing I*	\$43,503
8	County Health & Human Services Agency	Napa PSH Expansion	\$43,503
Total Tier 2 (6% ARD + PH Bonus)			\$87,006
TOTAL REQUEST TO HUD			\$768,550
Annual Renewal Demand (ARD)			\$725,047
Permanent Housing Bonus (6% ARD)			\$43,503
<i>Planning Funds (not ranked or part of total)</i>			<i>\$21,751</i>

* Note that this project straddles Tier 1 and Tier 2

Tier 1 Amount:	\$	681,544
Tier 2 Amount:	\$	87,006
Tier 1 + Tier 2 Total	\$	768,550

ATTACHMENT: Project Rejection-Reduction Notification

Note: *No applicants were rejected or reduced in the Napa CoC NOFA competition.* Napa CoC notified all applicants of their place on the preliminary list (following the Aug. 20, 2018 Rank and Review panel) and their opportunity to appeal. No applicants appealed. Following the Aug. 28, 2018 CoC Board meeting, at which the CoC Board voted to adopt the priority list recommended by the Rank and Review Panel, all applicants were notified via email of acceptance, and the priority list was disseminated to the CoC through the listserv.

<u>DOCUMENT SATISFYING REQUIREMENT</u>	<u>PAGE</u>
Email Notification to CoC – August 29, 2018 The Final Priority List was sent to the CoC, listing the projects that were accepted and ranked on the 2018 Napa County CoC Priority Listing, including a notification that no projects were rejected/reduced.	2

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>

Wed, Aug 29, 2018 at
1:50 PM

To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Good morning Napa CoC,

On August 28, 2018, the Napa CoC Board members met to discuss and vote on the priority listing for the FY18 NOFA competition. This list is unchanged from the recommendations made by the Rank and Review Panel on August 20, 2018.

The following projects were selected for funding:

- Napa County Health & Human Services Agency (HHSA) - HMIS
- Housing Authority of the City of Napa - Shelter Plus Care
- HHSA - Coordinated Assessment
- HHSA - Home to Stay
- Buckelew - Napa PSH
- HHSA - PSH I
- HHSA - PSH II
- HHSA - Napa PSH Expansion (new project)

No projects' funding was reduced or rejected. Please see attached the final priority listing for more detail.

Thank you,



FY18 Napa CoC NOFA Final Priority List.pdf

67K

**Notification
that no
projects were
rejected**

**Attachment of
final priority
listing**

ATTACHMENT: Local Competition Deadline

DOCUMENTS SATISFYING REQUIREMENT	PAGE
2018 CoC Local Process and Timeline , with detailed submission timeline	2-7
Supplemental Application Materials , with local submission deadlines	8-9
<ul style="list-style-type: none">• 2018 Renewal Supplemental Application Instructions	8
<ul style="list-style-type: none">• 2018 New Supplemental Application Instructions and Checklist	9
Public Posting of Local Competition Deadline	10-12
<ul style="list-style-type: none">• Email to CoC Listserv with Public Technical Assistance Workshop Invitation – July 3, 2018	10
<ul style="list-style-type: none">• Technical Assistance Workshop Agenda – Local Competition Materials, including Detailed Submission Timeline and 2018 CoC Process and Timeline, were provided to all participants – July 17, 2018	11
<ul style="list-style-type: none">• Screen Shot of 2018 HUD CoC NOFA Public Posting of Local Competition Materials, including 2018 Napa NOFA Summary noting competition deadlines – July 11, 2018	12

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

DETAILED TIMELINE & DEADLINES

Dates	Activities
May 7, 2018	Submission of Supplemental Applications were due to HomeBase
June 15, 2018	Draft PRESTO reports were provided to projects
June 20, 2018	HUD NOFA Announced
June 21, 2018	HUD NOFA posted on Napa County website
June 22, 2018	Comments on draft PRESTO reports due to HomeBase
July 9, 2018	Circulate any proposed changes to scoring tools/process for review and comment.
July 11, 2018	CoC Board meeting; approval of any proposed changes to process
July 17, 2018	Mandatory Technical Assistance workshop for all project applicants.
August 2, 2018	CoC meeting; Board review and approval of any proposed changes to process.
August 3, 2018	All HUD Project Applications due to CoC (create but do not submit in e-snaps)
August 10, 2018	Review & Rank panel training (via webinar)
August 20, 2018	Review & Rank panel (applicants must have a representative available for presentation)
August 21, 2018	Review & Rank panel results announced
August 24, 2018	Deadline for submitting appeal of Review & Rank Panel decisions (within three business days of receipt of the ranked list)
August 27, 2018	Appeals considered and decisions announced
August 28, 2018	CoC Board approval of Priority Listings; Priority Listings finalized
August 29, 2018	Priority Listing posted on the Napa County website; applicants notified
August 10- September 13, 2018	Project application review by HomeBase and coordination with applicants
September 13, 2018	Project Application final submission in E-Snaps
September 14, 2018	Publication of CoC Application on County website
September 17, 2018	Consolidated Application final submission to HUD for FY 2018 funds.

RENEWAL PROJECTS*

Provider	Project Name
Bucklew Programs	Napa PSH (PSH)
County of Napa Health & Human Services Agency	HMIS
County of Napa Health & Human Services Agency	Home To Stay (RRH)
County of Napa Health & Human Services Agency	Permanent Supportive Housing I
County of Napa Health & Human Services Agency	Permanent Supportive Housing II
County of Napa Health & Human Services Agency	Coordinated Assessment
Housing Authority of the City of Napa	Shelter Plus Care (PSH)

See Napa 2018 GIW for additional renewal project information:

https://view.officeapps.live.com/op/view.aspx?src=https://www.hudexchange.info/resource/reportmanagement/published/CoC_GIW_CoC_CA-517-2017_CA_2018_20180413.xlsx.

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

OVERVIEW OF THE PROJECT REVIEW PROCESS / NOFA SUBMISSION TIMELINE (FROM SECTION IV OF THE NAPA COC GOVERNANCE CHARTER)

Immediately after HUD's Continuum of Care Program NOFA is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the Napa CoC. The following is an overview of the timeline of tasks for NOFA submission. The timeline is subject to change annually, depending on HUD/NOFA requirements.

- Prior to the NOFA release, the Collaborative Applicant will design scoring tools and any corresponding local application materials to assist in the review and ranking of all renewal and new project applicants. These materials will take into consideration both local and HUD priorities.
- The scoring tools will be finalized and presented to the CoCB for review and approval.
- Upon publication of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire CoC.
- All applicants/potential applicants participate in the NOFA Overview Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.
- Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four (4) to six (6) weeks of the NOFA release (and generally not less than thirty (30) days prior to the NOFA submission deadline).
 - Any late application received within forty-eight (48) hours of the due date/time will receive a fifteen (15) point score reduction. Late applications received after forty-eight (48) hours will not be accepted.
 - Incomplete applications cannot be cured for the Review and Rank Panel scoring process but must be corrected prior to HUD submission.
- Qualified, non-conflicted Review and Rank Panel members are recruited and oriented to the local review and ranking process. (See below for more detail.)
- The Review and Rank Panel members receive all local application and scoring materials and review and score each program's application.
- The Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:
 - One ranked list is prepared based on a compilation of Review and Rank Panel raw scores for each application.
 - Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

- The highest scoring and eligible new permanent housing project will be selected to apply for any “Permanent Housing Bonus” funding available through the NOFA.
- In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the CoCB has determined that renewal Permanent Supportive Housing projects with a strong track record of performance as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in Homeless Management Information System.
- In order to promote system performance by promoting housing stability and retention and enabling newly funded PSH projects to quickly house and retain individuals in housing, the CoCB has determined that newly funded projects without a full year of data will be scored as renewal PSH projects and eligible to be prioritized above new projects as outlined above; and in the outcome measures of Section 2 of the Renewal Scoring Tool, points will be awarded based on pro-rated occupancy and capacity measures.
 - Second-time or older renewal projects that do not have performance data for a full year of operation will be required to submit an explanation as to why they have not started spending out project funds and provide a plan for doing so within the HUD-mandated period. In extreme cases where community funding is at risk, panelists may exercise scoring discretion, including removing prioritization over new projects, recommending reallocation or placement into Tier 2.
- The Review and Rank Panel determines if any renewal project should be considered for a decrease in funding due to substandard performance. Any funding captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.
- Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. (See below for more details on the appeals process.) In addition, projects are given feedback from the Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.
- Appeals, if any, are considered.
- A final ranked project list is submitted to the CoCB for review and approval.
- The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC’s Consolidated Application.

Review and Rank Panel Membership

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

The Collaborative Applicant recruits between three (3) and five (5) Review and Rank Panel members who are:

- Knowledgeable about homelessness and housing in the community and who are broadly representative of the relevant sectors, subpopulations, and geographic areas
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within the Napa CoC; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Reallocation of Funds

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC and CoCB. All final decisions about reallocation must be approved by the CoCB.

Using All Available Funds

The Napa CoC will do everything possible to ensure it applies for all funds available to the community. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no Permanent Housing Bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will email the CoCB and other interested parties (all homeless service and housing providers in the CoC area) with specifics regarding how much money is available and or which type of programs.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this email is distributed, as determined by NOFA submission deadline.

Appeals Process

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the CoCB. The Appeals Committee will only be established if an applicant requests an appeal.

The Appeals Committee

The Appeals Committee will be comprised of three (3) impartial members of the CoCB. These three voting members will not have participated in the original Review and Rank Panel. No

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient CoCB members who qualify for the appeals committee, a member of the CoC may participate in the Appeals Committee.

The role of the Appeals Committee is to read and review only those parts of the application that are being appealed. If deemed necessary, the Appeals Committee may request that one member of the Review and Rank Panel attend the meeting in a non-voting, advisory capacity.

Eligible Appeals

- The application of any Project Applicant agency that receives less funding than applied for may be appealed.
- The application of any Project Applicant agency that is ranked in a Tier 2 (if tiers are required by HUD) may be appealed.
- The application of any Project Applicant agency that is ranked in the bottom third of Tier 1 (if tiers are required by HUD) may be appealed.

Note: Project Applicants that have been found to not meet the threshold requirements are not eligible for an appeal.

Applicants may appeal if they can prove their score is not reflective of the application information provided, or if they can describe bias or unfairness in the process that warrants the appeal.

The Appeals Process

- Any and all appeals must be received in writing with supporting documentation within three (3) business days of the notification of ranking to projects.
- All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.
- The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The appeal must include a copy of the application and all accompanying materials submitted to the Review and Rank Committee. No additional information can be submitted. The appeal is limited to one single spaced page in 12-point font.
- All valid appeals will be read, reviewed, and evaluated by the Appeals Committee.
- The Appeals Committee will meet to deliberate the appeal.
 - The Appeals Committee will review the rankings made by the Review and Rank Committee only on the basis of the submitted project application, the one page appeal, any statements made during the appeal process, and the material used by the Review and Rank Panel. No new information can be submitted by the Project Applicant appealing or reviewed by the Appeals Committee.
 - The decision of the Appeals Committee must be supported by a simple majority vote.

Napa Continuum of Care (CoC) Competition Local Timeline and Process 2018 Notice of Funding Availability (NOFA)

- The appealing agency will receive a written decision of the Appeals Committee within two (2) business days of the Appeals Committee Meeting.
- The decision of the Appeals Committee will be final.

Final Prioritized List of Applications

The CoCB must approve the final ranked list of all Project Applicant proposals. Any CoCB members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the NOFA deadline as part of the CoC Consolidated Application. Conditional award funding is typically based upon the prioritized list of Project Applicants that are submitted; however, actual awards/award amounts are determined by HUD.

2018 Napa CoC Program Review and Rank
Supplemental Question Instructions

Please enter **this information into PRESTO Monday, May 7 by 5 pm.**

Supplemental Question Instructions

Responses to this Supplemental Questions will be submitted via HomeBase's online PRESTO system. Please see instructions below and direct any questions or concerns to napa@homebaseccc.org.

Submission Instructions

For Renewal projects, your PRESTO account has been set up, and you received your unique log in information via email.

1. To begin, follow this link: <https://homebaseccc.org/app/presto/pages/login.cfm>
(Chrome or Firefox recommended).
2. Enter your username and password provided by email.
3. Click the bunny ears in the upper left corner to access the main page for your agency, where you will find a list of all of your agency's projects.
Note: This list may include unscored renewal projects (those without APR data for scoring this year). You need to respond to Supplemental Questions for **all renewal projects**, including those that will not be scored.
4. On the right-hand side of each row in the list of Project Applicants, you will see the word **"Respond"** in blue. For each project:
 - a. Click **Respond** in the project row.
 - b. For each question applicable to your project, fill in your responses. If inapplicable, please leave blank.
 - c. Click the **Update** button in bottom right corner of page to save responses. You may click the **Update** button at any time to save your responses and continue.
5. You may log in multiple times to add or change responses, until the submission deadline.
6. To switch to another project, you may use the "Switch Projects" dropdown menu, or click the bunny ears in the upper left corner to return to the list of all of your agency's projects and follow instructions at (4) above.
7. To return to the project list from any page, click the bunny ears in the upper left corner.

2018 Napa CoC Program Review and Rank
Supplemental Application
For New and Expansion Projects

Please return this form by **Friday, August 3, 2018 at 5:00pm** by e-mailing napa@homebaseccc.org

Project Name	
Agency Name	
Contact Name	
Contact Email Address	
Contact Phone #	

DOCUMENTATION CHECKLIST

All applicants - please submit **scanned electronic copies via email** to napa@homebaseccc.org of the following documents.

FOR EACH PROJECT:

- The appropriate New Project Supplemental Application Form (*i.e.*, this form) **for each project**.
- The full project application from e-snaps. IMPORTANT NOTE: Please do not hit submit in e-snaps until after the local competition.
- All match letters that your agency has gathered with respect to the proposed application. **Do NOT provide the originals**; those should go on file at your agency.
- A PDF of your proposed project budget, including both CoC funding and non-CoC funding

FOR EACH AGENCY:

- HUD monitoring letters, audit findings, and/or de-obligation correspondence** received during or after June 2017, related to any HUD grant received by your agency, **AND** a copy of any **outstanding** HUD audit findings irrespective of the date of the findings.

[Napa CoC] CoC NOFA Technical Assistance Workshop

2 messages

Freitas, Brandee <Brandee.Freitas@countyofnapa.org>
To: "napa-coc@googlegroups.com" <napa-coc@googlegroups.com>

Tue, Jul 3, 2018 at 3:39 PM

Good afternoon,

The U.S. Department of Housing and Urban Development (HUD) released the FY 2018 Continuum of Care Program Competition Notice of Funding (NOFA) on June 20, 2018. **Communities must submit the final consolidated application by September 18, 2018. Please see attached a complete timeline of the funding competition.** The NOFA is posted on HUD's website [here](#), and we have also attached a summary of the NOFA.

We will be discussing this opportunity at the **Technical Assistance Workshop** on July 17, 2018. All are welcome and encouraged to attend. This mandatory Technical Assistance Workshop is for all renewal and potential applicants for the 2018 CoC funding. We encourage agencies that do not currently receive CoC Program funds, as well as current recipients, to attend and consider applying for these funds. **It is highly recommended that participants access the webinar at the below link via your computer, but if you are unable to access a computer you may dial in.**

Meeting information:

July 17, 2018, 2-3pm

You may join from this link:

<https://homebaseccc.zoom.us/j/421515367> Or Dial: +1 669 900 6833 Meeting ID: 421 515 367

Please RSVP at napa@homebaseccc.org to confirm participation and discuss computer setup requirements for this online meeting. If you are not able to send a representative, please contact napa@homebaseccc.org to discuss training needs.

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If you have any questions, please email napa@homebaseccc.org.

You received this message because you are subscribed to the Google Groups "Napa County Continuum of Care" group.

To unsubscribe from this group and stop receiving emails from it, send an email to Napa-CoC+unsubscribe@googlegroups.com.

For more options, visit <https://groups.google.com/d/optout>.

2 attachments



2018 NOFA Summary - Napa.pdf

201K



Napa CoC Program Local Process & Timeline 2018.pdf

129K

2018 CONTINUUM OF CARE TECHNICAL ASSISTANCE WORKSHOP

JULY 17, 2018 - 2 P.M.

AGENDA

- I. Welcome & Introductions
- II. Orientation to Materials
 - a. Technical Assistance (TA) Handbook
 - b. Renewal Projects
 - c. Timeline and Local Process
 - d. Scoring Tools
 - e. Checklist for Applicants
 - f. Guide to Completing Renewal Applications
- III. NOFA Competition Overview and Funding Available
- IV. Technical Assistance (TA) Handbook Review
- V. Local Timeline
- VI. Scoring Tools, Rank/Review and Appeals Process
- VII. Renewal Applications – Step by Step
 - a. HUD Application
 - b. Local Checklist
- VIII. Key Requirements for New Projects
- IX. Q & A

Discussed local timeline

NOTE: All materials are available at <https://homebase.box.com/s/hreisyf4lbz0xbmb97mxarof2311op> and through email. HomeBase staff is available for questions at Napa@homebaseccc.org.



- Government
- Departments
- Residents
- Business
- Emergency

- Applications
- Funding Notices

Home > Government > Boards & Commissions H - N > Napa Continuum of Care > Funding Notices

Funding Notices

[Public link to summary of the NOFA, with all required deadlines](#)

2018 Continuum of Care (CoC)

The Department of Housing and Urban Development (HUD) has released the Continuum of Care (CoC) Notice of Funding Availability (NOFA). Please see below a link to the NOFA website, [a summary of the NOFA](#), and a link to the scoring tools with selection criteria used to rate, rank, and review projects. All new applicants are welcome to apply.

[HUD website for FY 2018 CoC Program NOFA](#)

[Summary of the 2018 Continuum of Care \(CoC\) Notice of Funding Availability \(NOFA\) \(PDF\)](#)

- [2018 Napa CoC - Governance Charter NOFA Process \(PDF\)](#)
- [2018 Napa CoC - New Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - Renewal Project Scoring Tool \(PDF\)](#)
- [2018 Napa CoC - HMIS and CE Project Scoring Tool \(PDF\)](#)

Emergency Solutions Grant (ESG) Program

California Department of Housing and Community Development (HCD) has released the Balance of State Allocation Notice of Funding Availability (NOFA) for the Emergency Solutions Grant (ESG) program application process. Please see below a link to the ESG website, a summary of the ESG, and a link to the local noncompetitive supplemental application.

- [Emergency Solutions Grant \(ESG\) website](#)
- [2018 Summary - Emergency Solutions Grant \(ESG\) Notice of Funding Availability \(PDF\) Opens a New Window.](#)
- [2018 Supplemental Application for Noncompetitive Rapid Re-Housing Allocation Emergency Solutions Grant \(ESG\) Funds \(PDF\)](#)

2017 Documents & Applications

- [Fiscal Year 2017 Continuum of Care Program Competition NOFA \(PDF\)](#)
- [Homeless Management Information Systems CE Project Scoring Tool Rank Review 2017 \(PDF\)](#)

Live Chat

ATTACHMENT: CoC and HMIS Lead Governance

<u>Contents</u>	<u>PAGE</u>
1. Napa CoC Governance Charter (last updated 4.16.18)	2-23
Roles & responsibilities of the CoC and HMIS Lead	6, 14-15
References to the HMIS Policies and Procedures Manual	16
2. Napa CoC HMIS Governance Charter (last updated 11.16.15)	24-42
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Signature page	42
3. Napa CoC HMIS MOU (executed 11.16.15)	43-44



Napa County Continuum of Care Governance Charter

- I. Purpose
- II. Continuum of Care Structure and Responsibilities
- III. Designating and Operating an HMIS
- IV. Preparing an Application
- V. Recordkeeping
- VI. Use of Planning Funds

I. Purpose of Charter

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the Napa County Continuum of Care.

The Napa CoC will review, update, and approve this governance charter at least annually. Amendment of the charter requires a majority vote of the Continuum of Care Board (described below) at one of its regularly scheduled meetings.

II. Continuum of Care Responsibilities and Structure

The Napa County Continuum of Care (CoC) is the planning body in Napa County, California, that coordinates the community's policies, strategies, and activities toward ending homelessness. It is a regional, year-round collective planning body of stakeholders ranging from non-profit service providers to local governmental entities. The CoC's work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring performance as related to serving the homeless population in Napa County.

This section of the Governance Charter details policies and procedures for the fundamentals of the Napa Continuum of Care and its related entities.

ACTIVITIES AND RESPONSIBILITIES OF THE NAPA CONTINUUM OF CARE

Per HUD regulation, the Napa Continuum of Care is responsible for a variety of activities related to planning and taking action to end homelessness in Napa County. While the CoC in its entirety is ultimately responsible for ensuring that these tasks are completed, it delegates a large amount of the work to the various bodies that make up the CoC's formal structure (described below). *The details of carrying out these activities will be outlined throughout this document.*

The responsibilities of the Napa CoC include:

Operating, Coordinating, and Overseeing the CoC

- Develop, follow, and annually update this governing charter/policies and procedures.
- Implement Napa County's Ten-Year Plan to End Homelessness.
- In consultation with recipients of ESG funds within the CoC, establish and consistently follow written standards for providing CoC assistance.
- Monitor performance of CoC and ESG recipients and subrecipients.
- In consultation with CoC Program and ESG recipients and subrecipients, develop and implement performance measures appropriate to the CoC's population and program types.
- Evaluate the outcomes of projects funded under ESG and CoC programs.
- Report the outcomes of ESG and CoC projects to HUD annually.
- Work with underperforming programs to improve outcomes and, if necessary, take action against ESG and CoC projects that continue to perform poorly.

- In consultation with recipients of ESG funds within the CoC, plan, establish and operate a centralized or coordinated assessment system that complies with HUD’s requirements regarding comprehensive assessments and referrals. The CoC’s coordinated assessment policies & procedures are outlined in “Napa County Coordinated Entry System Policies and Procedures.”
- Identify homeless housing and service programs that are best practices, which can be adapted and implemented in the CoC.

Designating and Operating an HMIS

- Designate a single HMIS for the County of Napa and an eligible applicant to serve as the CoC's HMIS lead agency.
- Review, revise, and approve a CoC HMIS data privacy plan, data security plan, and data quality plan.
- Ensure that the HMIS is administered in compliance with HUD requirements.
- Ensure consistent participation by HUD Homeless Assistance Grants projects in the HMIS, and actively encourage non-HUD funded programs to participate.

CoC Planning

- Create and carry out a plan to coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families.
- Plan for and conduct an annual Point-in-Time Count of sheltered homeless persons, including a housing inventory of shelters, transitional housing, and permanent housing reserved for homeless individuals and families, as HUD requires.
- Plan for and conduct, at least biennially (every other year), a point-in-time count of unsheltered homeless persons within the CoC geographic area that meets HUD requirements, including a housing inventory of shelters, transitional housing, and permanent housing reserved for homeless persons, in general, and chronically homeless persons and veterans, specifically, as HUD requires.
- Conduct an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area.
- Provide information required to complete the Consolidated Plan(s) within the CoC geographic area.
- Consult with State and local government ESG recipients within the CoC geographic area on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
- Encourage and develop public understanding and education on homeless and housing issues.
- Provide information and make recommendations on homeless concerns to the Napa County Board of Supervisors and cities located in the county.
- Provide information about and help guide decisions regarding long-range planning and policy formulation to the Napa County Board of Supervisors and cities located in the county.

Preparing an Application for Funds

- Coordinate a collaborative process for the development of a CoC Program grant application to HUD.
- Establish priorities that align with local and federal policies for recommending projects for HUD CoC Program grant funding.
- Designate an eligible collaborative applicant to collect and combine the required application information from all applicants.
- Approve the final submission of applications in response to the CoC Notice of Funding Availability.

CONTINUUM OF CARE MEMBERSHIP

The Napa CoC is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. The Napa CoC encourages all members of the community to participate in group discussions, committees, and working groups. The Napa CoC works to ensure a diverse population contributes to CoC deliberations and decision-making, including consumers and community members, as well as gender, ethnic, cultural, and geographical representation. All interested persons are encouraged to attend meetings, provide input, and voice concerns.

At minimum, the Napa CoC will provide annual public invitations for new members. All recruitment efforts will be documented. Outreach will be made to specifically obtain participation from the following groups:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Colleges and universities
- Affordable housing developers
- Law enforcement
- Organizations that serve veterans
- Homeless and formerly homeless individuals

Continuum of Care Meetings

The Napa CoC will plan to hold quarterly meetings of the full membership, or at the very least meet on a semi-annual basis. The CoC will announce the date, time, and location of these meetings at least one month in advance and will publish the meeting agenda and distribute it to the CoC listserv before the date of the meeting. Each meeting will have a clear purpose and will closely follow the agreed-upon agenda.

For those that are unable to attend the meeting, complete and concise meeting minutes will be circulated to the entire CoC on the listserv, along with any supporting documents after each CoC meeting.

RELATED ENTITIES

Collaborative Applicant

The CoC designates the Napa County Health and Human Services Agency as the Collaborative Applicant. The Collaborative Applicant is responsible for the following duties (either by completing the duty or contracting to complete it) and will establish committees to support the following work:

CoC Administration

- Administering the CoC
- Coordinating committee meetings
- Publishing and appropriately disseminating an open invitation at least annually for those within the CoC area to join as new CoC members, and documenting recruitment efforts.
- Recordkeeping to show all CoC requirements are met

CoC and ESG Applications

- Coordinating a collaborative process for the development of a CoC Homeless Assistance Grants application to HUD.
- Coordinating a collaborative process for Emergency Solutions Grants (ESG) funding.
- Collecting and combining the required application information from all applicants.

CoC Planning Funds

- Apply for and administer CoC Planning Funds
- Use of CoC Planning Funds must be approved by the CoC Board and adhere to grant requirements and comply with HUD regulations

CoC Staff

Napa County Health and Human Services Agency, with assistance from any designated agents, provides support to the Napa Continuum of Care as CoC Staff. In this role, HHSA is responsible for providing coordination, planning, and administrative support to both the Continuum as a whole and the Napa CoC Board (described below).

NAPA COUNTY CONTINUUM OF CARE BOARD

The success of the Napa CoC depends in part on strong leadership. The Napa Continuum of Care Board (CoCB) acts as the primary decision-making body for the CoC and guides the community's efforts to successfully achieve all of the CoC's activities and responsibilities. The CoC Board's key purposes are to be the driving force behind systems change to end and prevent homelessness and to help obtain the resources to support such efforts.

Membership of the CoCB

The Napa CoCB is comprised of nine (9) to eleven (11) community stakeholders, depending on membership interest. As much as possible, the CoC will strive to have a board with the following composition: two-thirds of the seats reserved for representatives from the private sector, including nonprofit and community/faith-based organizations that represent the interests of the homeless and private foundations or funders; the other one-third of the seats reserved for representatives from the public sector, allotted for public or government entities such as Napa County employees and interested representatives from city governments in the county. At least one homeless or formerly-homeless individual and at least one Emergency Solutions Grant (ESG) funds recipient must hold a seat on the Napa CoCB at all times. The Board must also have at least three (3) non-conflicted members (do not receive CoC or ESG funds) at all times.

In addition to the above requirements, both public- and private-sector seats should, as much as possible, include representation from organizations or agencies who serve various homeless subpopulations such as:

- Persons with chronic substance abuse issues
- Persons with HIV/AIDS
- Veterans
- Persons experiencing chronic homelessness
- Families with children
- Unaccompanied youth
- Persons with serious mental illness
- Victims of domestic violence, dating violence, sexual assault, and stalking

One board member may represent the interests of more than one homeless subpopulation.

Only one person from each organization or entity may serve on the CoCB at any time, unless approved by the CoC membership in advance.

Terms of Office

The members of the Napa CoC Board shall serve three-year terms. To stagger the terms, one-third of the members shall serve an initial term of one year, one-third of the

members shall serve an initial term of two years, and the remaining one-third of the members shall serve an initial term of three years. There is no limit to the number of terms a CoCB member can serve.

Board terms will automatically renew unless:

- The Board member submits a letter to the Board chair(s) stating he/she does not want his/her term to automatically renew.
- A member of the Board/public submits a letter to the Board chair(s) requesting that the member's term not automatically renew, and requesting the formal application process be initiated and followed.

If a CoCB member leaves the Board before completion of his or her term, the Board may choose to replace him or her (using the selection method set forth in the following section), but is not required to do so unless the number of CoCB members falls below the minimum requirement of nine (9) members.

CoCB Member Selection

Members of the CoCB can be nominated by their representative entities or the existing members of the CoCB. In addition, CoC Staff provides recruitment support by conducting ongoing outreach to members of the public and private sectors (as listed above). When there is a gap in membership, the CoC Staff will target missing constituencies and work to identify and recruit promising new CoCB members.

Each potential board member will submit an application to the CoC membership for review. The CoC will discuss the applications at an open meeting. Following that meeting, the CoC will have the opportunity to vote electronically by secret ballot. The CoC votes by majority vote to approve all new members. Each agency receives only one vote and shall designate a representative to cast its vote.

CoCB Leadership

Two Napa CoC Board members shall serve as co-chairpersons. One co-chair shall represent a governmental agency, and the other shall be a nongovernmental member of the Board. The CoCB will elect co-chairpersons annually, by a majority vote. The co-chairs shall each serve a term of two years, and shall serve staggered terms. Those terms will automatically renew unless:

- The co-chair submits a letter to the Board stating he/she does not want his/her term to automatically renew, or
- A member of the Board/public submits a letter to the Board requesting that the member's term not automatically renew, and requesting the formal application process be initiated and followed.

CoCB Member Responsibilities

All members of the CoCB shall demonstrate a professional interest in, or personal commitment to, addressing and alleviating the impact of homelessness on the people of Napa County. Members are required to do the following:

- Attend meetings and contribute to informed dialogue on actions the CoCB undertakes.
- Serve on a committee of the CoCB, as appropriate.
- Participate in the activities of the CoCB, including the Point-in-Time count, HMIS oversight, strategic planning, advocacy and public education efforts, project and system performance reviews, and the application processes for CoC Homeless Assistance Grants and other funding proposals.
- Seek input from and report back to the constituency they represent on key issues and strategies and otherwise keep abreast of needs and gaps in the CoC.

CoCB Meetings

The CoCB will meet every other month at the regular scheduled CoC meeting time and place. The CoCB will set its meeting schedule at the beginning of each calendar year and will publicly distribute dates, times, and locations for all meetings. The CoCB is the final decision-making body of the Napa CoC.

The CoCB must meet quorum (at least 50% of members present) in order to conduct official CoCB business. If a CoCB member has an excused absence, he/she may designate a proxy representative for the purpose of meeting quorum attendance requirements. This proxy attendee is not permitted to vote for the CoCB member on CoCB actions.

CoC Staff is responsible for CoCB meeting preparation. This includes:

- Locating, reserving, and preparing the meeting space.
- Planning and preparing an agenda and supporting documents, as needed.
- Distributing agendas, minutes, and meeting logistics to the CoC listserv.
- Providing meeting facilitation and taking minutes.
- Coordinating with CoCB and committee members, as needed.

The CoCB approves or vetoes all matters related to the CoC. The CoCB will strive at all times for consensus decision making. When consensus cannot be reached, the CoCB will vote on decisions/actions. Each member receives one vote, and a simple majority vote is required for all business.

CoCB members may vote by email in the case of an excused absence from a CoCB meeting or when a time-sensitive matter is presented before the CoCB.

For any matter that involves a decision on funding for which a CoCB member is a recipient, that member must recuse him/herself from both the conversation and the vote.

Just as for general CoC meetings, all CoCB meetings shall be open to the public and all interested persons are encouraged to attend meetings, provide input, and voice concerns.

Conflict of Interest and Code of Conduct

Each CoC Board member, Board chairperson, employee, agent, and consultant of the CoC Board is expected to uphold certain standards of performance and good conduct and to avoid real or apparent conflicts of interest. In order to prevent a conflict of interest, a CoC Board member, Board chairperson, employee, agent, or consultant of the CoC Board may not:

- Participate in or influence discussions or decisions concerning the selection or award of a grant or other financial benefit to an organization that the CoC Board member, employee, officer, or agent has a financial or other interest in or represents, except for the CoC Board itself
- Solicit and/or accept gifts or gratuities by anyone for their personal benefit in excess of minimal value
- Engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict

Individuals with a conflict of interest will inform the CoC Board of the conflict and excuse themselves from the meeting or deliberations during such discussions. The CoC Board chairperson will also track which CoC Board members have conflicts of interest and assist to ensure such members do not participate in discussions or decisions in which the members have a conflict.

Each CoC Board member, Board chairperson, employee, agent, or consultant of the CoC Board must sign a personal conflicts of interest policy to demonstrate that the individual is aware of and agrees to abide by this policy.

Termination

Members may be dismissed from the CoCB for significant dereliction of duty. Discussion and possible action on the dismissal of any member must be properly noticed on a CoCB agenda. If a CoCB member wishes to resign, the CoCB member shall submit a letter of resignation to the CoCB co-chairs.

CONTINUUM OF CARE COMMITTEES AND WORKGROUPS

Much of the work of the Napa Continuum of Care is conducted at committee and workgroup meetings. These committees support the work of the CoCB by discussing and recommending solutions to the specific issues for which they were created. The groups

may be comprised of members of the CoCB and/or other interested individuals who have expertise in the subject matter.

The Napa CoC has one primary committee, the HEARTH Implementation Workgroup, which meets every month. This committee is focused on implementing the CoC Board's coordination and alignment efforts, including tracking system-wide performance, developing and monitoring HMIS and coordinated assessment and referral implementation, and ensuring compliance with HUD regulations and local strategic objectives. The CoCB and HEARTH Implementation Workgroup also may create ad-hoc topical committees, subcommittees, and workgroups as the need arises.

The Napa CoC's committees and workgroups may meet monthly or on an as-needed basis depending on the tasks to be accomplished. Each committee will have a clear purpose and overall timeline for addressing issues or problems that it was created to address. Committees or workgroups will present their work product to the CoCB for action or next steps as needed.

III. Designating and Operating an HMIS

The CoC Interim Rule requires that each Continuum of Care designate a Homeless Management Information System (HMIS) for the geographic region and elect an eligible applicant, or HMIS Lead, to manage that system. This chapter details the responsibilities and duties of the CoC and the HMIS Lead as it relates to operation and coordination of all HMIS-related activities, including training, maintenance and technical assistance to agencies.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The primary purpose of the Napa County CoC's Homeless Management Information System (HMIS) is to aggregate data on homelessness across Napa County to accurately describe its scope and evaluate the effectiveness of efforts to reduce and end homelessness. The CoC uses HMIS to:

- Understand the characteristics and service needs of homeless people
- Analyze how homeless people use services
- Evaluate program effectiveness and outcomes
- Improve access to and delivery of services for people experiencing homelessness
- Strengthen community planning and resource allocation.

The Napa CoC operates a single HMIS.

The Role of the Napa County CoC HMIS Lead Agency/Administrator

The Napa CoC has designated the Napa County Health and Human Services Agency (HHSA) as the CoC's HMIS Lead Agency/Administrator. HHSA works closely with the Napa CoC in this capacity and is responsible for maintaining the CoC's HMIS system in compliance with HUD standards and coordinating all related activities, including training, maintenance, and technical assistance to participating agencies. HHSA manages communication on system and governance issues between user agencies, the Continuum, the CoC Board, and the HMIS User and Data Subcommittee.

Specifically, the HMIS Lead is responsible for the coordination of the following activities:

- Providing operation, security, maintenance, system auditing, and technical support of HMIS central hardware, software, and connectivity
- Executing a written HMIS Participation Agreement with each Contributing HMIS Organization (CHO), which includes the role, obligations, and authority of the HMIS Lead and the CHO and requirements to comply with all security, privacy, and data quality plans
- Setting up and managing user accounts, access levels, and passwords
- Providing technical and user support for HMIS software, including agency account set-up, system monitoring and testing, problem diagnosis and

- resolution, and routine software and information maintenance
- Providing and coordinating ongoing training and technical support for the system
- Ensuring consistent participation by CoC and ESG recipients and subrecipients in HMIS
- Maintaining and updating a Privacy Plan, Security Plan, and Data Quality Plan
- Ensuring the accuracy of data including regularly assessing that all participating agencies are accurately and comprehensively capturing participant entry and exit dates and providing technical assistance to correct data quality challenges
- Coordinating regular end-user (i.e. HMIS User and Data Subcommittee) meetings to discuss software updates, data entry, report writing, and system management issues
- Serving as point of contact for end-user questions and concerns
- Assessing compliance with the Napa County CoC HMIS Policies and Procedures Manual
- Maintaining contact with the software product developer to ensure consistent and uniform communication among product support personnel and the community
- Generating information on the community's homeless and housing situation for community planning, advocacy, and funder reporting requirements
- Assisting end users in the creation of custom reports and queries
- Providing regular aggregate data reports to agencies, the CoC, and the CoC Board
- Reviewing and implementing product upgrades
- Completing the Annual Homeless Assessment Report
- Conducting regular data quality checks and providing reports to the CoC Board
- Serving as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the CoC Board

Oversight

The CoC is responsible for overseeing the work of the HMIS Lead Agency.

Provider Participation

All agencies within the CoC geographic region that receive Continuum of Care Program and Emergency Solutions Grant (ESG) funds must participate in HMIS as a CHO, unless they are prohibited from doing so.¹

In addition, the HMIS Lead encourages all homeless service providers in the CoC geographic area, regardless of whether they receive CoC or ESG funds, to become a CHO and include all of their homeless-dedicated beds in HMIS. The HMIS Lead will review and assess its HMIS bed coverage annually.

¹ HUD prohibits victim service providers and legal service providers from contributing data to HMIS. However, these providers are required to have a comparable database to collect data.

In order to participate as a CHO, that organization must be an active member of the CoC and adhere to the CoC HMIS Policies and Procedures.

The HMIS User and Data Subcommittee

The HMIS User and Data Subcommittee (HMIS Subcommittee), a subcommittee of the CoC, is a forum for the HMIS Lead and HMIS user agencies to provide input on planning and HMIS operation and governance issues.

HMIS Governance Policies and Procedures Manual

To ensure compliance with HUD requirements, the HMIS Lead, in collaboration with the HMIS Workgroup is responsible for developing and annually reviewing and updating the “Napa County Continuum of Care HMIS Policies & Procedures Manual.” The Policies and Procedures Manual provides the framework for the ongoing operations of the CoC’s HMIS system. It includes the CoC’s privacy, data quality, and security plans for the HMIS system.

At any time, the HMIS User and Data Subcommittee or CoC Board may identify elements of either the Policies and Procedures or other HMIS related plans that need to be amended.

IV. Preparing an Application

REVIEWING AND PRIORITIZING PROJECTS FOR FUNDING

One of the major functions of a Continuum of Care is to prepare and oversee the applications for funds administered by HUD under the McKinney-Vento Homeless Assistance Act. Among these, the CoC Program is designed to assist individuals and families experiencing homelessness and to provide the services needed to help them move into housing, with the goal of long-term stability. For this reason, the CoC Program funds important housing and services programs, such as permanent housing (including permanent supportive housing and rapid re-housing), transitional housing, and supportive services only programs. HUD CoC Program funds are granted annually based on a national competition following the release a Notice of Funding Availability (NOFA).

In addition, recipients of Emergency Solutions Grant funds, another homeless assistance grant administered under the McKinney Vento Act, are required by HUD to coordinate with the Continuum of Care regarding the allocation of those funds. The California Department of Housing and Community Development (HCD) oversees the distribution of non-entitlement funds, for which Napa CoC is qualified to apply, in California. In recent years, HCD has required the CoC to prioritize applications within the Continuum and submit portions of the application. The Napa CoC's policy to address that requirement is established in the ESG Review and Rank Process and ESG Scoring Tool, which are subject to change based on HCD's requirements.

This section outlines the Napa CoC's policies as related to designing, operating, and following a collaborative process for the development and submission of the Continuum of Care Program application.

Collaborative Applicant

The Napa CoCB designates Napa Health and Human Service Agency (HHS) as the annual HUD CoC NOFA Collaborative Applicant. The Collaborative Applicant (or its designee) is responsible for leading and supporting all aspects of the annual HUD CoC NOFA application process, including submission of the Consolidated Application consisting of 1) the CoC Application (formerly Exhibit 1); 2) Project Applicant's Priority List; and 3) all Project Applications (formerly Exhibits 2).

Overview of Project Review Process/NOFA Submission Timeline

Immediately after HUD's Continuum of Care Program NOFA is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the Napa CoC. The following is

an overview of the timeline of tasks for NOFA submission. The timeline is subject to change annually, depending on HUD/NOFA requirements.

- Prior to the NOFA release, the Collaborative Applicant will design scoring tools and any corresponding local application materials to assist in the review and ranking of all renewal and new project applicants. These materials will take into consideration both local and HUD priorities.
- The scoring tools will be finalized and presented to the CoCB for review and approval.
- Upon publication of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire CoC.
- All applicants/potential applicants participate in the NOFA Overview Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.
- Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four (4) to six (6) weeks of the NOFA release (and generally not less than thirty (30) days prior to the NOFA submission deadline).
 - Any late application received within forty-eight (48) hours of the due date/time will receive a fifteen (15) point score reduction. Late applications received after forty-eight (48) hours will not be accepted.
 - Incomplete applications cannot be cured for the Review and Rank Panel scoring process but must be corrected prior to HUD submission.
- Qualified, non-conflicted Review and Rank Panel members are recruited and oriented to the local review and ranking process. (See below for more detail.)
- The Review and Rank Panel members receive all local application and scoring materials and review and score each program's application.
- The Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:
 - One ranked list is prepared based on a compilation of Review and Rank Panel raw scores for each application.
 - Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.
 - The highest scoring and eligible new permanent housing project will be selected to apply for any "Permanent Housing Bonus" funding available through the NOFA.

- In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the CoCB has determined that renewal Permanent Supportive Housing projects with a strong track record of performance as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in Homeless Management Information System.
- In order to promote system performance by promoting housing stability and retention and enabling newly funded PSH projects to quickly house and retain individuals in housing, the CoCB has determined that newly funded projects without a full year of data will be scored as renewal PSH projects and eligible to be prioritized above new projects as outlined above; and in the outcome measures of Section 2 of the Renewal Scoring Tool, points will be awarded based on pro-rated occupancy and capacity measures.
 - Second-time or older renewal projects that do not have performance data for a full year of operation will be required to submit an explanation as to why they have not started spending out project funds and provide a plan for doing so within the HUD-mandated period. In extreme cases where community funding is at risk, panelists may exercise scoring discretion, including removing prioritization over new projects, recommending reallocation or placement into Tier 2.
- The Review and Rank Panel determines if any renewal project should be considered for a decrease in funding due to substandard performance. Any funding captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.
- Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. (See below for more details on the appeals process.) In addition, projects are given feedback from the Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.
- Appeals, if any, are considered.
- A final ranked project list is submitted to the CoCB for review and approval.
- The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC's Consolidated Application.

Review and Rank Panel Membership

The Collaborative Applicant recruits between three (3) and five (5) Review and Rank Panel members who are:

- Knowledgeable about homelessness and housing in the community and who are broadly representative of the relevant sectors, subpopulations, and geographic areas
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within the Napa CoC; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Reallocation of Funds

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC and CoCB. All final decisions about reallocation must be approved by the CoCB.

Using All Available Funds

The Napa CoC will do everything possible to ensure it applies for all funds available to the community. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no Permanent Housing Bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will email the CoCB and other interested parties (all homeless service and housing providers in the CoC area) with specifics regarding how much money is available and or which type of programs.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this email is distributed, as determined by NOFA submission deadline.

Appeals Process

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the CoCB. The Appeals Committee will only be established if an applicant requests an appeal.

The Appeals Committee

The Appeals Committee will be comprised of three (3) impartial members of the CoCB. These three voting members will not have participated in the original Review and Rank Panel. No member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient CoCB members who qualify for the appeals committee, a member of the CoC may participate in the Appeals Committee.

The role of the Appeals Committee is to read and review only those parts of the application that are being appealed. If deemed necessary, the Appeals Committee may request that one member of the Review and Rank Panel attend the meeting in a non-voting, advisory capacity.

Eligible Appeals

- The application of any Project Applicant agency that receives less funding than applied for may be appealed.
- The application of any Project Applicant agency that is ranked in a Tier 2 (if tiers are required by HUD) may be appealed.
- The application of any Project Applicant agency that is ranked in the bottom third of Tier 1 (if tiers are required by HUD) may be appealed.

Note: Project Applicants that have been found to not meet the threshold requirements are not eligible for an appeal.

Applicants may appeal if they can prove their score is not reflective of the application information provided, or if they can describe bias or unfairness in the process that warrants the appeal.

The Appeals Process

- Any and all appeals must be received in writing with supporting documentation within three (3) business days of the notification of ranking to projects.
- All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.
- The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The appeal must include a copy of the application and all accompanying materials submitted to the Review and Rank Committee. No additional information can be submitted. The appeal is limited to one single spaced page in 12-point font.
- All valid appeals will be read, reviewed, and evaluated by the Appeals Committee.
- The Appeals Committee will meet to deliberate the appeal.

- The Appeals Committee will review the rankings made by the Review and Rank Committee only on the basis of the submitted project application, the one page appeal, any statements made during the appeal process, and the material used by the Review and Rank Panel. No new information can be submitted by the Project Applicant appealing or reviewed by the Appeals Committee.
- The decision of the Appeals Committee must be supported by a simple majority vote.
- The appealing agency will receive a written decision of the Appeals Committee within two (2) business days of the Appeals Committee Meeting.
- The decision of the Appeals Committee will be final.

Final Prioritized List of Applications

The CoCB must approve the final ranked list of all Project Applicant proposals. Any CoCB members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the NOFA deadline as part of the CoC Consolidated Application. Conditional award funding is typically based upon the prioritized list of Project Applicants that are submitted; however, actual awards/award amounts are determined by HUD.

V. RECORDKEEPING

Per HUD Regulations, Collaborative applicants must keep records documenting compliance with HUD requirements (See 24 CFR 578.103). The Collaborative Applicant will keep evidence of the following according to CoCB-approved record-keeping requirements:

- The CoCB meets board structure requirements:
 - Approved copy of a governance charter establishing the CoCB and including a written process to select a board, and
 - Board roster (including CoCB members' affiliations/ representation(s)).
- The CoC has been established and operated as set forth in the CoC Regulations.
- The CoC has prepared the application for funds.
- The CoCB is compliant with HUD's conflict of interest requirements, including having a conflict of interest policy signed by all CoCB members.



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Homeless Management Information System

Governance Charter

November 2015

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Executive Summary

HMIS Overview

The United States Department of Housing and Urban Development (HUD) defines the Homeless Management Information System (HMIS) as the information system designated by the Continuum of Care (CoC) to comply with HUD's data collection, management, and reporting standards. The HMIS collects data to measure the efficacy of services provided to homeless persons and those persons at risk of homelessness. It is intended to generate unduplicated counts of homeless persons, as well as explore the nature of homelessness in general. The data collected by the HMIS are used to drive evidence-based decisions at the local, state, and national level, with the ultimate goal to eradicate homelessness in the United States.

This document outlines the Napa CoC HMIS Governance structure that governs Napa CoC HMIS operations, while dictating the roles and responsibilities of all parties involved. This document is to be use in tandem with the Napa CoC HMIS Policies and Procedures Manual, which outlines the policies, procedures, guidelines, and standards for Napa CoC HMIS operations.

Napa CoC HMIS Governance Charter

This Napa CoC HMIS Governance aims to provide structure for decision-making, as well as formalize the roles and responsibilities of all HMIS entities. It defines the relationship between the HMIS implementation, the Napa Continuum of Care, and the participating providers, and establishes oversight and leadership expectations surrounding the HMIS.

Napa CoC HMIS Governance Model

The Napa CoC HMIS governance model is that of a HMIS Policy Committee. This HMIS Policy Committee is comprised of the following:

- CoC representatives
- HMIS Lead Agency Staff
- Participating Agency Staff and Consumers

However, in this governance model, the Napa Continuum of Care is responsible for all final decisions regarding the planning of policies and procedures, coordination of resources, data integration, determination of software applications, while also directing the HMIS lead agency.

Designations

Napa Continuum of Care (CoC)

The entity is composed of representatives of relevant organizations in the County of Napa, which generally includes nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and those persons at risk of homelessness for the County of Napa.

HMIS Lead Agency and Administrator (Napa County Health and Human Services Agency)

**Section
outlining the
HMIS Lead's
responsibilities**

The entity designated by the Napa CoC to oversee the day-to-day administration of the HMIS system. The duties of the HMIS Lead Agency are:

- Ensure all recipients of funds from the Emergency Solutions Grants Program (ESG) and programs authorized by Title IV of the McKinney-Vento Act participate in HMIS
- Develop written policies and procedures for all Covered Homeless Organizations (CHOs)
- Execute an HMIS participation agreement with each CHO
- Serve as the applicant to HUD for any HMIS grants that will cover the CoC geographic area
- Monitor compliance by all CHOs with the CoC
- Submit a Security Plan, Data Quality Plan, and a Privacy Plan to the CoC for approval within 6 months of the finalization stage of the HMIS Requirements Proposed Rule. These documents must be reviewed and updated annually. Implementation of the policies outlined in the plans must be implemented within 6 months of the date of CoC approval of the plans

Note: The HMIS Lead is the only organization with the authority by the CoC to make system-wide decisions regarding the HMIS. Their decisions will impact all CHOs within the continuum.

HMIS Policy Committee

Group of entities that provide recommendations on use of software and software enhancement.

At least one homeless person or formerly homeless person must participate in policymaking.

Participation can include but is not limited to the following entities (as defined by HUD): governing board leadership, advisory committees, staff positions, and sub-committee positions.

HMIS Software Application

The CoC has designated Clarity Human Services software to serve as its HMIS. Clarity Human Services software is a product of Silver Spur Systems, LLC., and will hereafter be referred to as the Clarity System.

Participating Agencies

Any agency that makes reasonable efforts to record all HUD-defined Universal Data Elements and all other required data elements as outlined by HUD funding requirements on all clients served, and discloses these data elements to the HMIS Lead Agency.

Any agency providing homeless services and wishing to participate in HMIS will complete and submit a HMIS Participation Agreement application. This application is reviewed by the HMIS Lead for approval. In the event there is a question regarding the need to participate, the application is taken to the HMIS Policy Committee for approval/denial.

The HMIS Policy Committee has given the HMIS Lead authorization to approve applicants to use HMIS if the HMIS Lead is confident that the applying agency is serving the homeless population.

HMIS Grantee

Entity responsible for soliciting, collecting, and analyzing feedback from end-users, program managers, agency executive directors, and homeless persons.

HMIS Funding

HMIS Leads and CHOs must refer to program regulations to determine how funds are made available. Program regulations for the HUD McKinney-Vento Act programs can be found in the regulations of Chapter V of title 24 of the Code of Federal Regulations. These regulations explain how funds are made available, and the requirements attached to those funds.

ESG & McKinney-Vento Act funding recipients and sub-recipients must participate in the Clarity Napa system. Only homeless service providers receiving CoC and ESG funding can access HMIS funding.

Statutory Authority

The implementation of the McKinney-Vento Act in 1987 created valuable programs aimed to assist homeless persons or persons at risk for homelessness regain independence and stability. However, despite its promising beginnings, the McKinney-Vento Act, and the programs it fostered, operated without measurement of efficacy for over 15 years; no government entity conducted a comprehensive review. Therefore, in 2001, Congress enlisted the U.S. Department of Housing and Urban Development (HUD) to enforce the requirement that every jurisdiction present to Congress unduplicated client-level data within three years.

HUD formulated a strategic plan to test the efficacy of the McKinney-Vento Act while also improving data collection, reporting, and analysis at the local and national levels. Their strategy consisted of four approaches:

- They established funding for the implementation and maintenance of HMIS.
- They created a technical assistance program to assist jurisdictions in their data collection, analysis, and reporting efforts.
- They initiated the development of the nationwide Annual Homeless Assessment Report (AHAR) as means to present to Congress collective homeless data from individual jurisdictions nationwide.
- They began to analyze the most viable approaches to obtaining homeless client-level reporting

This plan amplified competition among CoCs as they strived to obtain homeless assistance funding. As the importance of HMIS applications increased, so did their complexity and sophistication.

CoCs became increasingly aware of the data collection and reporting requirements imposed by Congress, and in 2004, HUD submitted their Third Progress Report to Congress. As a result, Congress and HUD implemented the first HMIS Data and Technical Standards Final Notice. This Notice made the implementation and maintenance of HMIS mandatory to obtain Federal funding for homeless relief efforts.[4] In 2010, the HMIS requirements were further modified. Currently, CoC's are awaiting the implementation of the upcoming HMIS Requirements Proposed Rule.

Collectively, these provisions provide statutory requirements for this governance charter, which aims to organize the accurate collection and reporting of comprehensive data regarding the characteristics and needs of homeless persons and those at risk of homelessness.

Policies & Procedures

The following policies and procedures are primarily derived from the 2004 HMIS Data and Technical Standards: Final Notice and the 2010 HMIS Data Standards: Revised Notice.

Note that this governance charter will be updated upon the finalization of the HMIS proposed rule.

This section is comprised of six (6) sections:

- Planning & Software Selection
- HMIS Management & Operations: Governance & Management
- HMIS Management & Operations: Compliance Monitoring
- HMIS Management & Operations: Data Quality
- HMIS Development & Oversight
- Other Federal Requirements

1. Planning & Software Selection

Section outlining the responsible party for each HMIS activity, including HMIS lead's role

The following policies and procedures are derived from the most recent HUD HMIS Requirements.

1.1 HMIS Planning & Strategic Activities

Development of activities related to HMIS growth. These activities will be reviewed regularly, and remain in accordance with the CoC's goals.

Responsible Party: HMIS Lead

1.2 HMIS Program Milestones Development

Identification of general milestones for project management, including training, expanded system functionality, etc.

Responsible Party: HMIS Lead

1.3 Universal Data Elements

HMIS must be equipped to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outlined in the 2010 HMIS Data and Technical Standards.

Although HUD strives to ensure that the HMIS remains “*a system of accuracy, integrity, and confidentiality*” they are aware that excessively stringent technical, security, and data standards may limit the ability of CoCs to adapt to beneficial changes in technology. Therefore, the standards listed in the following section are broad in nature. HUD states they will provide specific details applicable to each area in a separate notice and public comment process, thus enabling them to be more responsive to changes in technology.

Proposed Requirements:

- HMIS must be capable of unduplicating client records, must contain fields that collect all HUD-required data elements, and must maintain historical data
- HMIS must generate Standard HUD Reports, Data Quality Reports, and Audit Reports

Responsible Party: HMIS Lead

1.4 Program-Specific Data Elements

HMIS manages the collection of each data variable and corresponding response categories for the Program-Specific Data Elements as outlined in the 2010 HMIS Data and Technical Standards.

Responsible Party: HMIS Lead

1.5 Unduplicated Client Records

HMIS generates a summary report of the number of unduplicated client records that have been entered into the HMIS.

Responsible Party: HMIS Lead

1.6 APR Reporting

HMIS is consistently able to produce a reliable Annual Performance Report (APR).

Responsible Party: HMIS Lead

1.7 AHAR Participation

Participation in the AHAR (Annual Homeless Assessment Report) is ensured.

Responsible Party: HMIS Lead

1.8 HMIS Reports

HMIS generates clients-served reports, utilization summary reports, and demographic reports at both the system and program levels for the purpose of understanding the nature and extent of homelessness.

Responsible Party: HMIS Lead

2. **HMIS Management & Operations: Governance & Management**

Section outlining HMIS governance & management structure, including HMIS Lead's role

2.1 HMIS Governance Structure

Development of a HMIS governance model that is formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). This document is to be a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS. Adherence to the agreement is to be regularly monitored (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation).

HMIS Governance Standards:

- HMIS Lead is responsible for development of local HMIS policies and procedures
- HMIS Lead and CHO are responsible for ensuring that HMIS processing capabilities coincide with the privacy obligations of the CHO
- HMIS Lead must conduct annually (at minimum) an unduplicated count of clients served and an analysis of unduplicated amounts. This information is to be presented to the CoC

and when requested by HUD

- HMIS Lead must submit reports to HUD as required
- CHO must comply with applicable standards from HMIS Requirements Proposed Rule
- CHO must comply with federal, state, and local privacy laws. If a privacy or security standard conflicts with other federal, state, and local laws, the CHO and HMIS Lead are jointly responsible for updating the policies and procedures.
- HMIS Lead must develop a privacy policy
- HMIS Lead must ensure HMIS vendor acts in accordance with HMIS standards issued by HUD

Responsible Party: CoC

2.2 HMIS Oversight Inclusive Participation

Membership of the HMIS Policy Committee is inclusive of decision makers representing the Napa CoC and community.

Responsible Party: CoC

2.3 HMIS IT Issue Monitoring (Community Level)

HMIS System service requests, activities, deliverables and resolutions are reviewed on a regular basis. When necessary, authoritative support is provided to expedite IT issue resolution.

Responsible Party: HMIS Lead

2.4 HMIS Technical Support

Technical expertise that is commensurate with the general HMIS program oversight is provided in addition to timely support on high level technical matters. All necessary HMIS software changes in response to the changing requirements of participating agencies are reviewed and authorized. All general special issues presented by participating agencies are reviewed and authorized.

Responsible Party: HMIS Lead

2.5 HMIS Software Technical Support

Technical expertise commensurate with the requirements of the HMIS software and/or system is provided; Timely support on software technical matters is provided; Authorized changes to the HMIS software and processes are implemented; Resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system are implemented.

Responsible Party: HMIS Lead

2.6 HMIS IT Issue Tracking

An updated list of HMIS system service requests, activities, deliverables, and resolutions is maintained on a regular basis.

Responsible Party: HMIS Lead

2.7 HMIS Staff Organization Chart

A current and accurate organization chart that clearly identifies all team members, their roles and responsibilities, and general work activities/functions is maintained on a regular basis. This organization chart is made available for review.

Responsible Party: HMIS Lead

2.8 HMIS Software Training

Regular training on software usage, software and data security, and data entry techniques to participating agencies is provided. The development, updating, and dissemination of data entry tools and training materials occur on a regular basis. The system is monitored and ensured on a regular basis.

User Training: Clarity Human Services will provide training to instruct the Clarity System Administrator in the proper procedures required to supervise and maintain the operation of the HMIS. System Administration training will cover security, configuration, and user customization.

End User Training Schedule: The HMIS Lead will provide training in the day-to-day use of the Napa system. Training class size will be offered as needed.

Responsible Party: HMIS Lead

2.9 System Operation & Maintenance

Operation and maintenance of the HMIS System is conducted on a daily basis.

Responsible Party: HMIS Lead

2.10 HMIS User Feedback

Mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons are managed and maintained. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include annual satisfaction surveys.

Responsible Party: HMIS Lead

3. HMIS Management & Operations: Compliance Monitoring

3.1 HMIS Management Issues

HMIS is managed in accordance to the policies, protocols, and goals of Napa CoC.

Responsible Party: CoC

3.2 HMIS Program Milestones Monitoring

Milestones, notes variances, and reports variances to CoC membership is monitored.

Responsible Party: HMIS Lead

3.3 Agency and Program HMIS Participation

Program- and agency-level participation in HMIS is monitored on a regular basis via the comparison of point-in-time census of beds/slots to clients served. Agencies report all findings to the Napa CoC.

All monitoring activity is documented. Acceptable documentation methods can include but are not limited to the following reports: [DQXX-103] Monthly Staff Report; Monthly Agency Utilization Report; [HSNG-102] CoC Housing Assessment Report; [HSNG-103] Housing Inventory Report; Monthly Housing Report (both CoC- and Agency-based); Weekly Housing Census; Performance Monitoring Report(s).

Responsible Party: CoC

3.4 Data and System Security

Agency staff are instructed and required to adhere with the HMIS data and system security protocols as outlined by the CoC and the most current HUD HMIS Data and Technical Standards.

HMIS Security Standards:

- HMIS Lead must establish a security plan that is approved by the CoC
- HMIS Lead must designate a security officer
- HMIS Lead must report security incidents
- HMIS Lead must establish a disaster recovery plan
- HMIS Lead must conduct an annual service review
- HMIS Lead must ensure that each CHO designates a security officer

- HMIS Lead must ensure that each user completes user training (at the minimum annually)
- HMIS Lead must ensure that each CHO conducts an annual security review

Responsible Party: HMIS Lead

3.5 Client Consent

Client consent is obtained and documented according to the Client Consent Policies and Protocols of the Napa CoC.

Interagency Data Sharing Agreements: Agencies that will be sharing client specific records must agree in writing to uphold specified minimum standards of privacy protection.

Written Client Consent Procedure For Data Entry: Agencies must obtain the client’s consent prior to entering information concerning a client into the system. If a client does not consent, services should not be denied to the client. The agency can use the anonymous client function in appropriate cases.

Confidentiality And Consent Forms: Agencies must use the forms approved by the HMIS Policy Committee. Agencies that share protected health information must have internal procedures for obtaining client consent prior to the sharing of this information.

Privacy Notice: Agencies must develop a privacy notice, and incorporate the Clarity Privacy Notice into its policies and procedures. In addition, HUD mandates that organizations develop policies and procedures to distribute privacy notices to their employees, which include having employees sign to acknowledge receipt of the notices.

Responsible Party: Participating Agency

4. HMIS Management & Operations: Data Quality

Section outlining the responsible party for Data Quality, including CoC and HMIS lead's role

4.1 Data Quality Standards

Community level data quality plan and standards are developed and enforced. A standard interview protocol that facilitates the collection of required data elements is developed. These standard interview protocols include standardized intake as well as standardization of all subsequent interviews.

Data Quality Standards:

- HMIS Lead must set data quality benchmarks for CHOs separately for lodging and non-lodging projects.
- Minimum Bed Coverage Rates: Measures the level of lodging project providers’

participation in HMIS. Must be calculated separately for emergency shelter, safe haven, transitional housing, and permanent housing.

- Divide the number of HMIS participating by the total number of year-round beds in the CoC geographical area.
- Service-Volume Coverage Rates: Service-Volume coverage rate will all calculation of the coverage rate for a HUD-defined category of projects that do not offer overnight accommodations, such as homelessness prevention projects or street outreach projects. Must be calculated for each comparable database.
- Divide the number of persons served annually by the projects that participate in the HMIS by the number of persons served annually by all CoC projects within the HUD-defined category.
- HMIS Lead must develop and implement a Data Quality Plan. HMIS must be able to generate reports monitoring data quality.

HMIS Leads and CHOs must refer to applicable program regulations in regards to the length of time records are to be maintained and monitored. While the HMIS Lead is permitted to archive the data in HMIS, they must follow HUD archiving data standards.

Responsible Party: Creation: CoC; Enforcement: All entities

4.2 Universal Data Elements

Data quality reports are regularly reviewed at community planning level. These data quality reports generate information that covers data entry completion, consistency with program model, and timeliness as compared to the community data quality standards. All standardized interview protocol adhere to the Universal Data Elements requirements.

The Universal Data Elements will be collected and/or verified per HUD procedure at initial intake and any subsequent program enrollment, and then entered into the HMIS within a specified period of time following the collection of the data.

Responsible Party: Participating Agency

4.3 Program Specific Data Elements

The collection of each data variable and corresponding response categories specific to their program type on all clients served by McKinney-Vento funding is ensured. All standardized interview protocol prescribed by HUD is followed.

The Program-Specific Data Elements are collected and/or verified per HUD procedure at initial intake and any subsequent program enrollment, and then entered into the HMIS within a specified period of days from the collection of the data.

Reporting agencies are required to report program entry and exit dates upon the entry or exit of program participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program's housing before the participant leaves the shelter or the last day a service was provided.

Responsible Party: Participating Agency

4.4 Data Quality Reports – Technical Assistance

Data quality reports that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards are disseminated to participating programs. Technical assistance and training needs are determined according to these reports.

Responsible Party: HMIS Lead

4.5 Data Quality Reports to Planning Entity

Data quality reports that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards are disseminated to the community planning entity on a regular basis.

Responsible Party: CoC – HMIS Policy Committee

4.6 Meta Data Elements

Meta Data Elements are defined as elements of information that describes an item; they are not the item itself. Meta Data Elements do not actually appear on the screen, but instead describe the data fields that do appear on the screen. Thus, Meta Data Elements are an integral and automated component of the data collection process. Examples of Meta Data Elements include:

- Data Created
- Data Updated
- Data Collection Stage
- Information Update
- Project Identifier
- Project Entry Identifier
- User

Requirements: Each data variable and corresponding response categories specific to their program type on all clients served by McKinney-Vento funding are collected through proper data collection. All standardized interview protocol adheres to the most current HMIS requirements. Therefore, the Meta Data Elements are collected and/or verified per HUD procedure at initial intake and any subsequent program enrollment, and entered into the HMIS within a specified period of time following the collection of the data.

Responsible Party: Participating Agency

Section outlining the responsible party for Policy Development and Oversight, including CoC and HMIS lead's role

5. HMIS Policy Development & Oversight

5.1 Participation Rates

HMIS coverage rates of the Napa CoC are reviewed and monitored on a regular basis. Agencies with coverage rates lower than 75% participation are required to provide explanation for the barriers to implementation. Ongoing engagement activities and barrier resolution with non-participating agencies is required.

Responsible Party: HMIS Lead

5.2 Client Confidentiality & Privacy Training

Training on client confidentiality and privacy requirements are provided to intake staff, data entry staff, and reporting staff at all participating agencies on a regular basis. All agencies have sufficient privacy policies and protocols in place.

Responsible Party: HMIS Lead

5.3 Performance Measurement Training

Regular training and guidance on program performance measurement is provided.

Responsible Party: HMIS Lead

5.4 Participating Agency Documentation

The number of participating agencies (utilizing the system) is maintained and documented on a regular basis. A comparative analysis of planned versus actual deployments at the project level is highly desired but not compulsory.

Responsible Party: HMIS Lead

5.5 Participation Rates

Regular reports on HMIS participation rates is provided to Napa CoC. An analysis of agency-specific barriers with potential solutions is highly desired but not compulsory.

Responsible Party: CoC

5.6 Policies & Procedures

HMIS Policies and Procedures are fully documented and available.

Responsible Party: HMIS Lead

5.7 Agency Participation Agreement

Written agreements that describe the protocols for participation in the HMIS are established with participating agencies.

Responsible Party: HMIS Lead

5.8 Data Sharing Agreements

Written agreements with participating agencies who share client level data are maintained. These agreements describe the level of data element or program information sharing among the data sharing HMIS agencies.

Sharing Of Information: Clients must consent to the sharing of their information prior to that information being shared with participating agencies. In the event that the client agrees to have their information entered into the HMIS, but does not agree to have it shared with other agencies, the user can make the client record anonymous by using the 'Private Option'.

Sharing Protected Information: A separate Release of Information (ROI) indicating what information the client agrees to have shared with other participating agencies must be signed prior to sharing of any Protected Personal Information (PPI).

Printed Information: Any printed records that are disclosed to the client or another party should indicate: the person and/or agency to whom the record is directed, the date, and the initials of the person making the disclosure.

Requests For HMIS Client Information: The agency must notify the HMIS Program Administrator within one working day when the agency receives a request from any individual or outside organization for client-identifying information.

Case Notes: It is understood that client case notes will not be shared, and that each agency will have the ability to enter its own private notes about a client. The Release of Information (ROI) form will be a dated document that expires. The provider will only be able to access the information specified on the ROI that was entered into the system during the time the ROI was in effect. Also, the client can decide at any time that they want to have their information closed, in full or in part, and/or client file deactivated.

Responsible Party: HMIS Lead

5.9 HMIS End-User Agreement

A written agreement with each authorized user of the HMIS is maintained. This agreement defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.

Responsible Party: HMIS Lead

5.10 Data Release

The CoC maintains a defined and documented HMIS data release protocol that governs release of all data from the HMIS.

Responsible Party: CoC

5.11 Program Training & Orientation

All required Clarity Napa participants pertaining to HMIS standards receive training and orientation on regulations regarding McKinney-Vento funding.

Responsible Party: CoC

5.12 Client Consent

The CoC has a defined and documented client consent protocol to be used as a baseline practice among all participating HMIS users.

Responsible Party: CoC

6. Other Federal Requirements

6.1 Drug-Free Workplace

The HMIS Grantee adopts and enforces a drug-free workplace policy. The policy is posted and available for review.

Responsible Party: HMIS Grantee

6.2 Conflict of Interest

The HMIS Grantee adopts a conflict of interest policy for board members, staff, and volunteers.

Responsible Party: HMIS Grantee

6.3 Equal Opportunity & Non-Discrimination Policy

The HMIS Grantee adopts an equal opportunity and non-discrimination policy.

Responsible Party: HMIS Grantee

NAPA COUNTY CONTINUUM OF CARE

The signature below certifies that

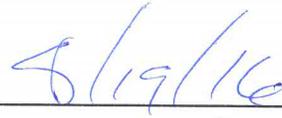
- 1) The Napa Continuum of Care ("CoC") has formally approved and adopted the attached CoC HMIS Governance Charter, as reflected in the minutes of the CoC Board Meeting November 5, 2015, and the attached Memorandum of Understanding dated November 16, 2015.

THE NAPA CONTINUUM OF CARE ("CoC")

By: The Collaborative Applicant, its designee



Name: _____ Mitch Wippen _____



Date

Title: _____ Chair, Napa Continuum of Care _____



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY CONTINUUM OF CARE

Memorandum of Understanding

This agreement is entered into by Napa County Continuum of Care ("the CoC") and Napa County Health and Human Services Agency ("HHSA").

In accordance with the U.S. Department of Housing and Urban Development data collection mandates, HHSA implements and operates a Homeless Management Information System (HMIS) called Clarity by BitFocus for client tracking throughout the Napa County Continuum of Care.

HHSA was selected by Napa CoC as HMIS Lead Agency and Administrator to fulfill the roles and responsibilities outlined in the Napa CoC HMIS Governance Charter and Policies & Procedures, including:

- Ensure all recipients of funds from the Emergency Solutions Grants Program (ESG) and programs authorized by Title IV of the McKinney-Vento Act participate in HMIS
- Develop written policies and procedures for all Covered Homeless Organizations (CHOs)
- Execute an HMIS participation agreement with each CHO
- Serve as the applicant to HUD for any HMIS grants that will cover the CoC geographic area
- Monitor compliance by all CHOs with the CoC
- Submit a Security Plan, Data Quality Plan, and a Privacy Plan to the CoC for approval within 6 months of the finalization stage of the HMIS Requirements Proposed Rule. These documents must be reviewed and updated annually. Implementation of the policies outlined in the plans must be implemented within 6 months of the date of CoC approval of the plans.

The Napa CoC is responsible for:

- Development of an HMIS governance model that is formally documented
- HMIS oversight inclusive participation
- HMIS management in accordance with the policies, procedures, and goals of the CoC
- Monitoring of program- and agency-level participation in HMIS
- Development and enforcement of data quality standards
- Analysis of HMIS participation rates
- Maintenance of an HMIS data release protocol
- Offer of standard certification and orientation on regulations
- Defined and documented client consent protocol

NAPA COUNTY CONTINUUM OF CARE

The signing of this Memorandum of Understanding certifies concurrence with the terms and conditions agreed upon by both parties hereto; no other agreement, oral or otherwise shall be deemed to exist or be binding.

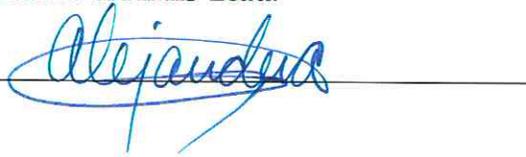
Signature of Napa County CoC Board Chairs:



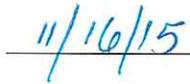
Date:



Signature of HMIS Lead:



Date:



ATTACHMENT: HMIS POLICIES AND PROCEDURES MANUAL

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A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Homeless Management Information System

Policies & Procedures Manual

November 2015

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HMIS Contact Information

HMIS Lead Agency

Napa County
Health and Human Services Agency

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Napa County
Health and Human Services Agency
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HMIS Technical Support

Bitfocus Inc.

HMIS Policies & Procedures

Roles & responsibilities of all participating agencies

1. HMIS Participation Policy

1 (a) Responsibilities

Beginning with the 2003 Continuum of Care (CoC) and Emergency Shelter Grants (ESG), and continuing with the Emergency Solutions Grant Homeless Prevention and Rapid Re-Housing Programs, the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System (HMIS). This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness.

The HMIS and its operating policies and procedures are structured to comply with the most recently released *HUD Data and Technical Standards for HMIS*. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the Napa County HHS-HMIS may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they are in compliance with applicable laws.

2. Participation Requirements

2 (a) Mandated Participation

All designated agencies that are funded to provide homeless services by Napa County, Bureau of Homeless and Housing Services (BHHS) and/or HUD in the State of CA must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. These designated programs include: emergency and transitional shelter, and permanent housing programs for people experiencing homelessness, Homelessness Prevention, and Rapid Re-Housing programs. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS Agency Participation Agreement.

2 (b) Voluntary Participation

Although non-funded agencies are only required to meet minimum participation standards, Napa County-HMIS and each CoC strongly encourages non-funded agencies to fully participate with all of their homeless programs.

While each CoC cannot require non-funded providers to participate in the HMIS, the CoC works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in Napa County.

3. Minimum Participation Standards

- Collect all of the universal data elements, as defined by HUD, for all programs operated by the agency that primarily serve persons who are homeless, formerly homeless, or at risk of becoming homeless.
- For all programs, enter federally required client-level data into the HMIS.
- For all programs funded by Napa County Health and Human Services, enter federally required AND county-required client level data.
- Complete data entry within specific timeframes, depending on the type of program (see *Section 9. HMIS Data Quality Policies and Procedures*).
- Comply with all HUD regulations for HMIS participation.

The Napa County-HMIS uses all submitted data for analytic and administrative purposes, including the preparation of Napa County-HMIS reports to funders and the Continuum's participation in the Federal Annual Homeless Assessment Report (AHAR).

4. HMIS Agency Participation Requirements

- Authorized agency users directly enter client-level data into the HMIS database. Users have rights to access data for clients served by their agency and use HMIS functionality based on their user level privileges. The agency's data is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.
- Each agency shall designate at least one Agency Administrator who is the agency's point person/specialist regarding HMIS. The Agency Administrator is responsible for:
 1. Providing and maintaining agency specific information for the Executive Director and Agency Administrator (i.e.: name, address, email address and contact phone number);
 2. Organizing its agency's users;
 3. Making sure proper training has taken place for the users and that all HMIS policy is being followed by all users from that agency; and
 4. Notifying the Napa County-HMIS lead agency of any staff turnover.

5. Hardware, Connectivity and Computer Security Requirements

5 (a) Workstation Specification

The minimum desktop specifications for Clarity are:

- **Computer** – PC or Mac. Clarity Human Services is also designed to be a fully mobile platform. Users on mobile devices such as Apple iOS (iPhone, iPad), Google Android, or Windows Phone gain additional functionality through GPS and camera hardware, as well as through a fully optimized touch interface for a native user experience on these devices.

- **Monitor**
 - Screen Display - 1600 x 1200 (XGA) recommended
- **Processor**
 - A Dual-Core processor is recommended.
- **Internet Connection**
 - Broadband
- **Browser**
 - Accessible from any modern web browser, including the following: Internet Explorer 9 or higher, Firefox, Chrome, and Safari.

5 (b) Internet Connectivity

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, or T1 line.

5 (c) Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

5 (d) Agency Workstation Access Control

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each agency's HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops used off-site, should have appropriate and current firewall and virus protection as specified above, see *Section 5 (c) Security Hardware/Software*.

6. **HMIS User Implementation**

Persons with access to HMIS data

6 (a) Eligible Users

Each Participating Agency shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

All Agency Administrations and End Users will be trained – either in person. When users have received training and signed all proper forms, they will be given a password so they can access Clarity.

The HMIS Sponsor (HHSA) shall authorize use of the HMIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

6 (b) User Requirements

Prior to being granted a username and password, users must sign an HMIS User Policy, Responsibility Statement and Code of Ethics Agreement that acknowledges receipt of a copy of the agency's Privacy Policy Notice and that pledges to comply with the privacy notice. In addition, users must also fill out and sign the Data, Technology, and Security Standards form.

Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with all policies and standards described within this *Policies and Procedures Manual*. They are accountable for their actions and for any actions undertaken with their username and password.

Agency Administrators must ensure that users have received adequate training prior to being given access to the database.

6 (c) Setting up a New HMIS User

User licenses are provided to the agency as determined by Napa County-HMIS. If the Participating Program wishes to have additional licenses, they will be available for an additional cost to that program via an invoice processed by Napa County-HMIS.

If the Participating Agency wants to authorize system use for a new user, the agency's Executive Director, Agency Administrator or authorized designee must:

- Determine the access level of the proposed HMIS user; and
- Execute an HMIS User Policy Agreement.

The HMIS System Administrator must:

- Verify that an HMIS user confidentiality agreement has been correctly executed;
- Verify that appropriate and sufficient training has been successfully completed; and
- Secure the new user ID and password in Clarity.

Once the user ID is established, if any user leaves the agency or no longer needs access to the HMIS, the Agency Administrator is responsible for **immediately** inform-HMIS System Administrator to terminate user access.

The Executive Director, Agency Administrator or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS policies and procedures.

6 (d) Enforcement Mechanisms

The HMIS System Administrator will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be sanctioned.

Sanctions may include, but are not limited to:

- A formal letter of reprimand to Napa County, CoC Chair and Executive Director;
- Suspension of system privileges; and
- Revocation of system privileges.

A Participating Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by agency users to ensure compliance by end users.

7. HMIS Agency Implementation

(Also see *Section 11. Data Quality Training*)

Prior to setting up a new Participating Agency within the HMIS database, the HMIS System Administrator shall:

- Verify that the required documentation has been correctly executed and submitted or viewed on site, including:
- Request and receive approval from the HMIS Sponsor Agency (see *Section: HMIS Contact Information*) to set up a new agency;
- Work with the Agency Administrator to input applicable agency and program information; and
- Work with the HMIS Sponsor to migrate legacy data, if applicable, and within the scope of normal HMIS functions. Data needing additional HMIS or third party vendor intervention will be addressed on a case-by-case basis.

7 (a) Agency Information Security Protocol Requirements

At a minimum, Participating Agencies must develop rules, protocols or procedures to address the following:

- Internal agency procedures for complying with the HMIS confidentiality requirements and provisions of other HMIS client and agency agreements;
- Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information;

- Appropriate assignment of user accounts;
- Preventing user account sharing;
- Protection of unattended workstations;
- Protection of physical access to workstations where employees are accessing HMIS;
- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information;
- Proper cleansing of equipment prior to transfer or disposal; and
- Procedures for regularly auditing compliance with the agency's information security protocol.

7 (b) User Access Levels

All HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own agency.

8. HMIS Client Data/Privacy Policies and Procedures

HMIS Client Data/Privacy
Policies and Procedures

8 (a) Client Notification Policies and Procedures

Napa County-HMIS has prepared standard documents for the HMIS User Policy Agreement and Client Acknowledgement Form. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes. Forms are located on the HMIS website <http://countyofnapa.org/HHSA/HomelessServices/HMIS>.

8 (b) Open Systems Designated Groups of Common Programs that Share HMIS Data

Currently, all Napa County providers share basic person-specific data to improve safety assessment and accuracy of HMIS records for all programs, and the individuals and families who use them. Each participating program must sign a data sharing agreement that regulates how and when HMIS information is made available to all of these programs. Confidentiality and privacy are covered in the Client Acknowledgement Form that can be found on the HMIS website <http://countyofnapa.org/HHSA/HomelessServices/HMIS>.

8 (c) Definitions and Descriptions of Client Notification and Consent Procedures

8 (c) (1) Client Notice

A written notice of the assumed functions of the HMIS must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. See the Client Acknowledgement Form at <http://countyofnapa.org/HHSA/HomelessServices/HMIS>. The client has a right to view a copy of his/her record upon request.

8 (c) (2) Applicability of Consents

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

8 (d) Accountability for Napa County HMIS Policy

Participating Agencies must establish a regular process of training users on the Napa County-HMIS policies and procedures outlined in this manual, regularly auditing that the policy is being followed by agency staff (including employees, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy.

8 (e) Privacy Notice: Data Purpose & Use Limitations

Participating Agencies' privacy notices must include purposes for data collection and all uses and disclosures. Participating Agencies may only use or disclose Protected Personal Information (PPI) as allowed by standards and as described in the privacy notice.

Agencies may infer consent for all users and disclosures compatible with the notice. Uses or disclosures not specified in the privacy notice require consent (unless use or disclosure is required by law).

8 (f) Allowable HMIS Uses & Disclosures of Protected Personal Information

Allowable HMIS uses and disclosures of PPI include the following:

- Providing or coordinating services
- Payment or reimbursement for services
- Administrative functions
- Creating de-identified PPI
- Uses/disclosures required by law
- Aversion of serious threat to health or safety
- Reporting abuse, neglect, or domestic violence
- Research under research contract
- Certain law enforcement purposes

8 (g) Protections for Victims of Violence, Dating Violence, Sexual Assault, & Stalking

A Participating Agency may disclose PPI about an individual whom reasonably believes to be a victim of violence, dating violence, sexual assault, or stalking only to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence where:

- Disclosure is required by law, and the disclosure complies with and is limited to the requirements of the law
- The individual agrees to the disclosure, or
- To the extent that the disclosure is expressly authorized by statute or regulation; and the Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that

an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

A Participating Agency that makes a permitted disclosure about an individual must promptly inform the individual that a disclosure has been or will be made, except if 1) the Agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or 2) the Agency would be informing a personal representative (such as a family member or friend), and the Agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the Agency in the exercise of professional judgment.

9. HMIS Data Quality Policies and Procedures

9 (a) Data Quality Standard

- All names provided will be accurate
- Data will be entered consistently in accordance with *Section 9. HMIS Data Quality Policies and Procedures*
- All services provided will be compatible with providing program
- Data entry must be complete within the timelines specified in *Section 9. HMIS Data Quality Policies and Procedures*

9 (a) (1) Responsibility

Napa County Continuum of Care is responsible for implementing these data standards in such a way that:

- Specifies the data quality standard to be used by all participating agencies;
- Provides a mechanism for monitoring adherence to the standard;
- Provides the necessary tools and training to ensure compliance with the standard; and
- Includes strategies for working with agencies that are not in compliance with the standard.

9 (a) (2) Open Systems Data Quality

- For all programs that share basic client-specific data, corrections and updates to client information will be made by the most current program. When duplicate information is found, the agency will notify Napa County-HMIS System Administrator via email so the client data can be merged.

9 (b) Data Entry Standards by Type of Program

9 (b) (1) Emergency Shelters

All State funded Emergency shelters are required to be licensed to provide client level data into the Napa County -HMIS. Programs shall utilize the entry/exit process for every client entered into Napa County -HMIS. All Clarity data in a calendar week (Sunday 12:01 a.m.

through Saturday 12:00 a.m.) must be entered by 9:00 a.m. of the following Tuesday. Minimum data elements required by HUD, including entry/exit dates, must be entered within fourteen (14) days of an individual's entry into the program.

9 (b) (2) Non-Emergency Shelters, Shelter Plus Care, Transitional Housing Programs, Permanent Supportive Housing and other Rental Assistance Programs

All programs in this program type are required to be licensed to provide client level data into the Napa County -HMIS. Minimum data elements required by HUD, including entry/exit dates, must be entered with fourteen (14) days of an individual's entry into the program.

9 (b) (3) Outreach

Outreach programs must maintain client level data as required by Napa County, HHSA, and the CoC. All programs licensed to provide client level data into Napa County -HMIS. Programs shall utilize the entry/exit process for every client entered into Napa County -HMIS. Entry/exit dates and service transactions (if applicable) must be completed within forty-five (45) days of initial contact. Outreach providers who are not currently entering client level data into Napa County -HMIS must provide Homeless Outreach Contact Forms for clients seen the first fifteen days of the month and the last fifteen-sixteen days of the month within five (5) business days to Napa County, HHSA.

9 (b) (4) Homelessness Prevention and Rapid Re-Housing Programs

All required data will be entered into HMIS within seven (7) business days of a person's entry into services.

9 (c) Data Quality Monitoring

The Napa County -HMIS System Administrator will perform regular data integrity checks on the HMIS data, which will include the following steps:

- Run Program Data Review, Monthly Agency Utilization Report, and other data quality reports as determined by Napa County -HMIS, CoC's and Napa County, BHHS;
- Notify End User of findings and timelines for correction;
- Re-run reports for errant agencies/programs, as requested. Follow up with Agency Administrators, if necessary;
- Notify Agency Executive Director if agency administrators are not responsive to required corrective actions; and
- Notify the CoC chair and the HMIS Grantee (BHHS) regarding any uncorrected data quality issues.

9 (d) Accountability for Data Quality

- Any patterns of error at a Participating Agency will be reported to the Agency Administrator through electronic mail.
- Participating Agencies are expected to correct data errors within thirty (30) days of notification.

- When patterns of error have been discovered, users will be required to correct their data entry techniques and will be monitored for compliance.
- Programs under contract with Napa County DHHS BHHS will be considered to be out of compliance with their contract agreements if they do not demonstrate a good faith effort to make necessary data corrections within (30) thirty days. This can affect payments, and may place the program in default of the contract.
- If data is not up to date, HHS will take the following steps:
 - A formal letter of notification to Napa County, CoC Chair and Executive Director; and
 - Inclusion of the status of non-compliance of the organization in public reports.

10. Data Collection Requirements

10 (a) HUD Universal Data Elements

A Participating Agency is responsible for ensuring that a minimum set of data elements, referred to as the HUD Universal Data Elements (UDEs) as defined by the *HUD Data and Technical Standards*, will be collected and/or verified from all clients at their initial program enrollment or as soon as possible thereafter. Participating Agencies are required to enter data into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

The UDEs are all included collectively on the Client Profile, Assessment, and HUD Entry and Exit assessments, which are on the Clarity Entry and Exit screens, respectively.

Participating Agencies must report client-level UDEs using the required response categories detailed in the “Data Types/Response Categories for Universal Data Elements” section of the *HUD Data Standards Manual*. This document can be viewed from the Napa County-HMIS website at <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>. Also see *APPENDIX A — List of Data Elements* later in this document for a list of the data elements.

10 (b) Program-Specific Data Elements

All Participating Agencies are also responsible for ensuring that the Program-specific Data Elements, as defined by the *HUD Data and Technical Standards*, are collected from all clients that are served by applicable HUD-funded programs. These Program-specific Data Elements must be entered into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

Participating Agencies must provide client-level data for the Program-specific Data Elements using the required response categories detailed in sections “Required Response Categories” and Program-Specific Data Elements tables shown in the *HUD Data and Technical Standards*. These standards are already incorporated into the HMIS.

The Program-specific Data Elements are located in the HUD Entry and Exit assessments, which are on the Clarity Entry and Exit screens, respectively.

10 (c) Napa County Required Data Elements

In addition to the HUD required data elements, Napa County BHHS requires the following data elements:

- First Time Homeless (all programs except Homeless Outreach)
- Is Client Chronically Homeless?
- Do you have a disability of long duration?
- Is client employed?
- If currently employed, select tenure.

See *APPENDIX B — Napa County Required Data for Program-Specific Data Elements*.

10 (d) Data Collection Limitations

Participating Agencies may only collect PPI when appropriate to the purpose of collection or when required by law, using lawful and fair means to collect the data, and where appropriate, with knowledge and consent. Participating Agencies must post a sign at each intake or comparable location and on a website (if applicable explaining generally the reasons for collection). Consent for use of data may be inferred from the circumstances.

11. Data Quality Training

11 (a) Requirements

11 (a) (1) End-User Training

Each end user of the HMIS system must complete at least one session of training with the Napa County -HMIS before being given HMIS login credentials.

11 (a) (2) Reports Training

Reports training for interested users will be made available as needed. This training will include how to use existing canned reports.

Napa County-HMIS staff encourages Participating Agencies to monitor their own data quality and become more effective in serving our clients across the Continuum.

12. HMIS Data Access Control Policies

12 (a) User Accounts

HHSA System Administrator is responsible for managing user accounts for all Agencies. They must follow the procedures documented in *Section 6. HMIS User Implementation* for user account set-up, including verification of eligibility, the appropriate training, and the establishment of appropriate user type. The assigned user type will determine each user's

individual access level to data, and System Administrator must regularly review user access privileges.

The System Administrator is responsible for removing users from the system. They should discontinue the rights of a user immediately upon that user's termination from any position with access to HMIS by emailing the System Administrator.

12 (a) (1) User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be automatically generated by the System Administrator when a new user is created. The Napa County -HMIS System Administrator will communicate the password to the user. The user will be required to establish a new password upon their initial login. This password will need to be changed every 90 days. A password cannot be used again until another password has expired. Passwords should be between 8 and 16 characters long, contain at least two numbers and one special character, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive. Users are prohibited from sharing passwords, even with supervisors.

(a) (2) Password Reset

Except when prompted by Clarity to change an expired password, users cannot reset their own password. The System Administrator has the ability to temporarily reset a password.

12 (a) (3) System Inactivity

Users must log off from the HMIS application and their workstation if they leave their workstation. Also, HUD requires password-protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 10 minutes, the user will be logged off the system automatically.

12 (a) (4) Unsuccessful Login

If a user unsuccessfully attempts to log in 3 times, the User ID will be "locked out", their access permission will be revoked, and they will be unable to regain access until their User ID is reactivated by the System Administrator.

12 (b) HMIS Data Ownership Policies (Client Access & Correction)

The client has the right to view and have corrections made on their own data. The Participating Agency must offer to explain information that the client does not understand. In addition, the Participating Agency must consider any request by the client to correct inaccurate or incomplete PPI, by removing, supplementing, or simply marking the information inaccurate or incomplete.

In the event that the relationship between the Napa County -HMIS and a Participating Agency is terminated, Participating Agency access is terminated. If another program is assuming the program administration then the data migrates to the new program.

12 (c) HMIS Data Use and Disclosure Policies and Procedures

Each of the HMIS Participating Programs must comply with uses and disclosure standards, as outlined in the *HUD Data and Technical Standards: Notice for Uses and Disclosures for Protected Personal Information*. For the 2014 data standards, see <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

12 (d) HMIS Data Release Policies and Procedures

12 (d) (1) Data Release Criteria

HMIS client data will be released only in aggregate, for any purpose beyond those specified in *Section 12 (c) HMIS Data Use and Disclosure Policies and Procedures*, according to the criteria specified below.

12 (d) (2) Aggregate Data Release Criteria

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

13. HMIS Technical Support Policies and Procedures

13 (a) HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application arise, users will follow these procedures to resolve those questions:

During the normal Napa County -HMIS business hours:

- Begin with utilization of the on-line help and/or training materials <http://help.clarityhs.com/>;
- If the question is still unresolved, direct the technical support question to the System Administrator; and
- If the question is still unresolved, the System Administrator can direct the question to the Napa County -HMIS team by opening a Ticket system.

After the normal Napa County -HMIS business hours:

- Begin the utilization of the on-line help and/or training materials <http://help.clarityhs.com/>;
- If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above; and
- If the question cannot wait, direct the technical support question to <http://help.clarityhs.com/> or send an email to support@bitfocus.com or call (702) 614-6690 ext. 2.

13 (b) HMIS System Availability Policies

There are times that Clarity is unavailable because Bitfocus Systems is performing necessary backup and maintenance of the HMIS database. These are usually in the late evenings when as few people

as possible need access to the system. However, when the Napa County-HMIS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS Lead Agency will notify Agency Administrators and End Users via email. If there is an unplanned interruption to service, the Napa County-HMIS System Administrator will communicate with Clarity, and Agency Administrators and End Users will be notified of any information regarding the interruption as it is made available.

If you have any questions about policies and procedures, contact the [HMIS Lead](#), or your CoC group.

APPENDIX A — List of Data Elements

Participating Agencies must report client-level detail in the “Required Response Categories” for the HUD Universal Data Elements that are shown in the *HUD Data and Technical Standards*. These standards are already incorporated into the HMIS, and can be accessed in the document <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf> from the HMIS website [http://countyofnapa.org/HHSA/Homeless Services/HMIS](http://countyofnapa.org/HHSA/Homeless%20Services/HMIS).

1. Program Descriptor Data Elements

Organization Identifier

Organization Name

Program Identifier

Program Name

Direct Service Code

Site Information

Continuum of Care Number

Program Type Code

Bed and Unit Inventory Information

Target Population A

Target Population B

Method for Tracking Residential Program Occupancy

Grantee Identifier

2. Universal Data Elements

Name

Social Security Number

Date of Birth

Race

Ethnicity

Gender

Veteran Status

Disabling Condition

Residence Prior to Program Entry

Housing Status

Program Entry Date

Program Exit Date

Personal Identification Number

Household Identification Number

Relationship to Head of Household

Client Location

Length of Time on Street, in an ES or Safe Haven

3. Program-Specific Data Elements

3.1 Housing Status

3.2 Income and Sources

3.3 Non-Cash Benefits

3.4 Health Insurance

3.5 Physical Disability

3.6 Developmental Disability

3.7 Chronic Health Condition

3.8 HIV/AIDS

3.9 Mental Health Problem

3.10 Substance Abuse

3.11 Domestic Violence

3.12 Contact

3.13 Date of Engagement

3.14 Services Provided

3.15 Financial Assistance Provided

3.16 Referrals Provided

3.17 Residential Move-In Date

3.18 Housing Assessment Disposition

3.19 Housing Assessment at Exit

4. PATH Program Specific

Number	Element	Street Outreach	Services Only
4.1	Housing Status	x	x
4.2	Income and Sources	Δ	Δ
4.3	Non-Cash Benefits	Δ	Δ
4.4	Health Insurance	Δ	Δ
4.5	Physical Disability	x	x
4.6	Developmental Disability	x	x
4.7	Chronic Health Condition	x	x
4.8	HIV/AIDS	Δ	Δ
4.9	Mental Health Problem	x	x
4.10	Substance Abuse	x	x
4.12	Contact	x	x
4.13	Date of Engagement	x	x
4.14 A	Services Provided - PATH Funded	x	x
4.16 A	Referrals Provided - PATH	x	x
4.20	PATH Status	x	x
4.21	Connection with SOAR	Δ	Δ

5. RHY Program Specific

To be developed.

6. ESG Program Specific

X = data collection is required

? = data collection is determined by how the CoC has structured the coordinated assessment in their area. Placement of the element would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a central access point or coordinated intake center.

#	Element	ES e/e	ES nbn	Homelessness Prevention	RRH	Street Outreach
4.2	Income and Sources	x		x	x	x
4.3	Non-Cash Benefits	x		x	x	x
4.4	Health Insurance	x		x	x	x
4.5	Physical Disability	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x
4.8	HIV/AIDS	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Contact		x			x
4.13	Date of Engagement		x			x
4.17	Residential Move-in Date				x	
4.18	Housing Assessment Disposition	?	?	?	?	?
4.19	Housing Assessment at Exit			x		

APPENDIX B — Napa County Required Data for Program-Specific Data Elements

In addition to the HUD required data elements, Napa County - HHSA requires the following data elements:

- **First Time Homeless?** (All programs except Homeless Outreach) Response choices=Yes/No.
- **Is Client Chronically Homeless?** Response choices=Yes/No. “Chronically Homeless” is defined as:
 1. Chronically Homeless Individual – An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see “Disability” definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless.
 2. Chronically Homeless Family – A household with at least one adult member (persons 18 or older) who has a disabling condition (see “Disability” definition below) and who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time.
- **Do you have a disability of long duration?** Response choices=Yes/No/Don’t Know/Refused. “Disability” is defined as any one of the following:
 1. A disability as defined in Section 223 of the Social Security Act;
 2. A physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;
 3. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
 4. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or
 5. A diagnosable substance abuse disorder.

***NOTE: If the answer to “Do you have a disability of long duration?” is “Yes,” a Disability Type MUST be entered.**

- **Employed?** Response choices=Yes/No/Don't Know/Refused
- **If currently employed, select tenure:** Response choices=Full- or Part-time



NAPA COUNTY CONTINUUM OF CARE

Memorandum of Understanding

A Tradition of Stewardship
A Commitment to Service

This agreement is entered into by Napa County Continuum of Care ("the CoC") and Napa County Health and Human Services Agency ("HHSA").

In accordance with the U.S. Department of Housing and Urban Development data collection mandates, HHSA implements and operates a Homeless Management Information System (HMIS) called Clarity by BitFocus for client tracking throughout the Napa County Continuum of Care.

HHSA was selected by Napa CoC as HMIS Lead Agency and Administrator to fulfill the roles and responsibilities outlined in the Napa CoC HMIS Governance Charter and Policies & Procedures, including:

HMIS Lead Roles and Responsibilities

- Ensure all recipients of funds from the Emergency Solutions Grants Program (ESG) and programs authorized by Title IV of the McKinney-Vento Act participate in HMIS
- Develop written policies and procedures for all Covered Homeless Organizations (CHOs)
- Execute an HMIS participation agreement with each CHO
- Serve as the applicant to HUD for any HMIS grants that will cover the CoC geographic area
- Monitor compliance by all CHOs with the CoC
- Submit a Security Plan, Data Quality Plan, and a Privacy Plan to the CoC for approval within 6 months of the finalization stage of the HMIS Requirements Proposed Rule. These documents must be reviewed and updated annually. Implementation of the policies outlined in the plans must be implemented within 6 months of the date of CoC approval of the plans.

The Napa CoC is responsible for:

CoC Roles and Responsibilities

- Development of an HMIS governance model that is formally documented
- HMIS oversight inclusive participation
- HMIS management in accordance with the policies, procedures, and goals of the CoC
- Monitoring of program- and agency-level participation in HMIS
- Development and enforcement of data quality standards
- Analysis of HMIS participation rates
- Maintenance of an HMIS data release protocol
- Offer of standard certification and orientation on regulations
- Defined and documented client consent protocol

NAPA COUNTY CONTINUUM OF CARE

The signing of this Memorandum of Understanding certifies concurrence with the terms and conditions agreed upon by both parties hereto; no other agreement, oral or otherwise shall be deemed to exist or be binding.

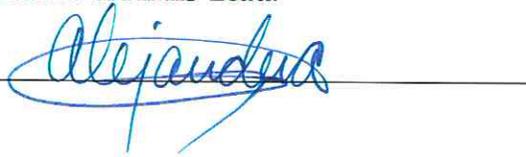
Signature of Napa County CoC Board Chairs:



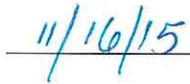
Date:



Signature of HMIS Lead:



Date:



ATTACHMENT: FY 2018 CoC Competition Report

DOCUMENT SATISFYING REQUIREMENT	PAGE
2018 HDX Competition Report	2-17

2018 HDX Competition Report

PIT Count Data for CA-517 - Napa City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	317	315	322
Emergency Shelter Total	143	148	122
Safe Haven Total	0	0	0
Transitional Housing Total	56	51	46
Total Sheltered Count	199	199	168
Total Unsheltered Count	118	116	154

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	98	134	158
Sheltered Count of Chronically Homeless Persons	57	81	66
Unsheltered Count of Chronically Homeless Persons	41	53	92

2018 HDX Competition Report

PIT Count Data for CA-517 - Napa City & County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	21	24	14
Sheltered Count of Homeless Households with Children	19	24	13
Unsheltered Count of Homeless Households with Children	2	0	1

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	18	22	17	23
Sheltered Count of Homeless Veterans	9	8	8	13
Unsheltered Count of Homeless Veterans	9	14	9	10

2018 HDX Competition Report

HIC Data for CA-517 - Napa City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	85	12	73	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	66	0	55	83.33%
Rapid Re-Housing (RRH) Beds	38	1	37	100.00%
Permanent Supportive Housing (PSH) Beds	57	0	57	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	246	13	222	95.28%

2018 HDX Competition Report

HIC Data for CA-517 - Napa City & County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	39	38	48

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	6	13	15

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	28	50	38

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for CA-517 - Napa City & County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	432	527	86	89	3	77	73	-4
1.2 Persons in ES, SH, and TH	507	596	129	129	0	100	89	-11

b. This measure is based on data element 3.17.

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

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	431	533	99	683	584	78	412	334
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	507	608	142	673	531	102	442	340

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	54	5	9%	3	6%	2	4%	10	19%
Exit was from ES	186	31	17%	27	15%	17	9%	75	40%
Exit was from TH	25	1	4%	0	0%	4	16%	5	20%
Exit was from SH	0	0		0		0		0	
Exit was from PH	25	1	4%	3	12%	2	8%	6	24%
TOTAL Returns to Homelessness	290	38	13%	33	11%	25	9%	96	33%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	317	315	-2
Emergency Shelter Total	143	148	5
Safe Haven Total	0	0	0
Transitional Housing Total	56	51	-5
Total Sheltered Count	199	199	0
Unsheltered Count	118	116	-2

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	507	599	92
Emergency Shelter Total	434	531	97
Safe Haven Total	0	0	0
Transitional Housing Total	85	81	-4

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	29	9
Number of adults with increased earned income	1	5	4
Percentage of adults who increased earned income	5%	17%	12%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	29	9
Number of adults with increased non-employment cash income	4	6	2
Percentage of adults who increased non-employment cash income	20%	21%	1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	20	29	9
Number of adults with increased total income	4	8	4
Percentage of adults who increased total income	20%	28%	8%

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FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	22	47	25
Number of adults who exited with increased earned income	4	9	5
Percentage of adults who increased earned income	18%	19%	1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	22	47	25
Number of adults who exited with increased non-employment cash income	3	7	4
Percentage of adults who increased non-employment cash income	14%	15%	1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	22	47	25
Number of adults who exited with increased total income	7	15	8
Percentage of adults who increased total income	32%	32%	0%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	410	510	100
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	123	212	89
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	287	298	11

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	480	569	89
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	143	227	84
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	337	342	5

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

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

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

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	206	439	233
Of persons above, those who exited to temporary & some institutional destinations	18	10	-8
Of the persons above, those who exited to permanent housing destinations	162	230	68
% Successful exits	87%	55%	-32%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	341	569	228
Of the persons above, those who exited to permanent housing destinations	161	239	78
% Successful exits	47%	42%	-5%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	46	42	-4
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	44	41	-3
% Successful exits/retention	96%	98%	2%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

CA-517 - Napa City & County CoC

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

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

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

2018 HDX Competition Report FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	90	91	85	89	70	62	59	68	52	49	51	47	27	23	28	50				
2. Number of HMIS Beds	90	91	85	89	47	34	35	55	50	30	32	47	27	23	28	50				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	67.14	54.84	59.32	80.88	96.15	61.22	62.75	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	200	547	551	531	39	73	67	90	37	42	49	43	24	19	24	201	5	42	176	318
5. Total Leavers (HMIS)	115	462	473	446	16	35	27	59	2	3	8	3	11	9	17	159	0	6	44	271
6. Destination of Don't Know, Refused, or Missing (HMIS)	9	70	108	35	0	1	2	0	1	0	0	0	2	1	1	13	0	0	1	148
7. Destination Error Rate (%)	7.83	15.15	22.83	7.85	0.00	2.86	7.41	0.00	50.00	0.00	0.00	0.00	18.18	11.11	5.88	8.18		0.00	2.27	54.61

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2018 HDX Competition Report

Submission and Count Dates for CA-517 - Napa City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/23/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

ATTACHMENT: Order of Priority

DOCUMENT SATISFYING REQUIREMENT	PAGE
Napa CoC Written Standards (last updated 5/3/18)	2-20
<ul style="list-style-type: none">• References to Order of Priority	2, 5, 13-14
Napa Coordinated Entry Policies & Procedures (last updated 7/11/18)	21-35
<ul style="list-style-type: none">• References to Order of Priority	21, 31

NAPA CONTINUUM OF CARE WRITTEN STANDARDS

OVERVIEW

This document establishes minimum standards for housing and services funded by the Continuum of Care Homeless Assistance (CoC) Program and the Emergency Solutions Grants (ESG) Program. The Napa CoC will work to ensure programs providing outreach, shelter, housing, and other services to individuals experiencing homelessness in Napa County will be coordinated and integrated, and follow best practices in a manner consistent with the programs’ funding sources and populations they serve.

All providers of housing and services shall take actions to create an effective, welcoming, and affirming environment for all program participants and employees, including, but not limited to, persons of all races, ethnicities, ages, abilities, sexual orientation, gender identities and gender expressions.

GENERAL STANDARDS

i. Compliance With Eligibility Requirements and Applicable Program Standards

Providers must ensure programs conform to applicable eligibility and other requirements established by federal and state rules. Those requirements may include, but are not limited to: the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (42 USC 11302); the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Interim Rule, 24 CFR Part 578; CoC Final Rule Defining “Homeless”; CoC Final Rule Defining “Chronically Homeless”; federal ESG regulations and definitions, including CFR 576.1 et seq., 24 CFR 576.400 et. seq; California Department of Housing and Community Development (HCD) ESG regulations, 25 CCR 8400 et seq.; Notice on Coordinated Entry, CPD 17-01; Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11; Final Rule: Violence Against Women Reauthorization Act 2013 – Implementation in HUD Housing Programs (24 CFR 200 et. seq) (VAWA); Final Rule on Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs (24 CFR Part 5), and other regulations set forth governing eligible use of CoC and ESG funds. Where not specifically set forth below, those regulations are incorporated by reference into these written standards.

ii. Evaluating Eligibility For Assistance

a. Federal Definitions of Homelessness

All CoC- and ESG-funded programs may serve only clients who meet federal definitions of homelessness, with the exception of homelessness prevention programs, which may serve

persons “at-risk of homelessness.” Napa programs that have dedicated or prioritized beds for clients who meet the definition of chronically homeless, must serve or prioritize those clients, as set forth in the HEARTH Final Rule Defining “Chronically Homeless.”

Homeless status must be verified at intake for all incoming consumers, and providers must make every effort to meet federal standards of documentation. Acceptable forms of documentation include third-party documentation, second-party documentation (observation by provider) if third-party documentation is not available, and client self-certification if the other forms are not available. If third-party documentation is not available, records must certify the due diligence undertaken to obtain such documentation.

b. Income Levels

Program participants receiving housing assistance where rent or occupancy charge is paid by the participant will be required to certify their income level, in compliance with 24 CFR § 578.103(a)(6).

c. Documentation

The following documents will be gathered at intake:

- i. Personal Identification: If the participant is unable to produce personal identification, the participant shall not be barred from programs, but may be assisted in obtaining identification.
- ii. Homeless Management Information System (HMIS) Intake Form
- iii. HMIS acknowledgment forms and Releases of Information (ROIs)
- iv. Verification of Homelessness Form
- v. VI-SPDAT 2.0 and F-VI-SPDAT 2.0

As needed, the following documents will be gathered at follow-up:

- i. Income Verification Form
- ii. If Chronic Homelessness was indicated on the HMIS Intake Form, Verification of Chronic Homelessness Form
 - a. If Chronic Homeless status is indicated on the Verification of Chronic Homelessness Form, the Certification of Disability Form should also be completed.

At program enrollment, program intake forms may also be completed. However, program intake forms do not determine eligibility for the program.

d. Coordinated Entry and Program Eligibility Assessment

- i. If they have not yet received the VI-SPDAT 2.0 or F-VI-SPDAT 2.0 assessment, all adult members of the household will receive the assessment to identify acuity of housing and service needs.
- ii. As set forth in the Napa CoC Coordinated Entry Policies and Procedures, providers administering CoC- or ESG-funded permanent housing (either RRH or PSH) shall use Coordinated Entry to ensure housing is prioritized for the most vulnerable members of the community who are eligible for the provider’s program. Providers will also use Coordinated Entry to prioritize clients for other services and interventions.

e. Recordkeeping

All providers must retain participants’ records for 5 years from expenditure of the grant, and all data should be entered into HMIS, in accordance with federal regulations at 24 CFR 576.500 (ESG Program), and 24 CFR 578.103(c) (CoC Program). Records required include the following:

- Verification of Homeless Status
- Verification of Chronic Homeless Status (if applicable)
- Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance
- Program Participant Records
- Signed Occupancy Agreements or Leases (if client is residing in housing)
- Notice of Occupancy Rights and Certification Form required by VAWA
- Housing Quality Standards
- Services Provided
- Other records required by HUD or individual programs

iii. Participation in HMIS

All CoC- and ESG- funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into the HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from the HMIS. All CoC- and ESG-funded projects must comply with the requirements in the Napa CoC HMIS Policies and Procedures Manual.

iv. Participation in Coordinated Entry

The CoC has established a Coordinated Entry System in compliance with HCD ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA

Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are committed to implementing this system. The Coordinated Entry System promotes comprehensive and coordinated access to assistance regardless of where an individual or family is located in the CoC service area, and uses the VI-SPDAT 2.0 and F-VI-SPDAT 2.0, a standardized assessment tool that ensures that the community prioritizes assistance for people with the most urgent and severe needs and to those who have been homeless for the longest period of time.

v. Coordination with Local School Districts

All CoC- and ESG-funded programs are required to coordinate with local education authorities and school districts to ensure all children are enrolled in early childhood programs or in school and connected to appropriate educational services in the community and so that children and families at risk of homelessness may be connected to appropriate intervention.

vi. Housing First

All CoC- and ESG-funded programs are committed to adopting a Housing First approach and reducing barriers for accessing their services.

vii. Maintaining Family Unity

CoC- and ESG-funded programs may not deny admission to any household on the basis that there is a child under the age of 18, deny admission to any member of the family, or otherwise separate family members, with the following exceptions:

- Projects that serve a limited demographic approved by HUD or HCD will not be required to expand their client base as a result of this policy.

Program participants may contact a CoC representative if they believe involuntary separation has occurred. The Board representative and case managers will determine whether family members are being involuntarily separated at the time of program entry and report to the CoC, which will take appropriate action.

viii. Unaccompanied and Parenting Youth

In compliance with orders of priority for ESG-funded and CoC-funded housing and services, and using an assessment protocol, the CoC will prioritize housing and services for unaccompanied youth under age 18 and 18 to 24 based on factors such as vulnerability to victimization, length of time homeless, severity of service needs, high risk of continued trauma or harm, unsheltered homelessness history, and lack of access to family and community support networks.

Unaccompanied youth under age 18 may be referred to the local child welfare agency; youth

over age 18 will be referred to local youth housing/services providers and also will have access to the full range of CoC/ESG resources for which they are eligible.

ix. Safeguards for Special Populations

For providers serving special populations, such as survivors of domestic violence, families, seniors, mentally ill and disabled individuals, and veterans, safety and shelter safeguards shall be described in the service provider’s policies and clearly communicated to program participants.

The Napa CoC is committed to ensuring safe access to shelter, housing and services for survivors of domestic violence and works with local domestic violence providers to ensure safety planning and appropriate referrals. Per the Violence Against Women Reauthorization Act (VAWA) 2013, no survivor will be evicted, or assistance denied or terminated by a CoC-funded program because he/she is a survivor of domestic violence. Nor shall any survivor be denied tenancy or occupancy rights due to adverse factors caused by being a survivor. The CoC has an Emergency Transfer Plan (as required by 24 CFR 5.2005 and 24 CFR 578.99(j)(6)) to protect victims of domestic violence, dating violence, sexual assault or stalking serviced by the CoC (Appendix A). This plan is being implemented through the Coordinated Entry System and all CoC- and ESG-funded agencies and related staff. Agencies will provide emergency transfers for domestic violence survivors receiving rental assistance or otherwise residing in CoC- or ESG-funded units. To exercise their rights under VAWA, a survivor need only to self-certify. Lease provisions will also include protections required under VAWA (Appendix B).

Households with children will be prioritized for services based on need, as indicated by factors such as vulnerability to victimization, number of previous homeless episodes, unsheltered homeless, criminal history, and bad credit or rental history. Veterans determined to be ineligible for federal Department of Veterans Affairs services will be eligible for CoC- and ESG-funded resources as appropriate. Providers shall make every effort to ensure that their services are accessible and appropriate for individuals and families with the highest barriers to housing and who are likely to be homeless the longest.

STREET OUTREACH

Street outreach is the provision of essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Examples of street outreach include engagement, case management, emergency health services, emergency mental health services, transportation, and services for special populations.

i. Eligibility for and Targeting Outreach

ESG- and CoC-funded street outreach programs will target for services individuals who meet the criteria under paragraph (1)(i) of the “homeless” definition under 24 CFR §576.2 and under 24 CFR 578. The Napa CoC leverages multiple funding sources for Street Outreach programs and those activities may serve individuals qualified under other federal and state regulations.

ii. Providing Essential Services

Street Outreach services providers will screen individuals with the VI-SPDAT 2.0 and F-VI-SPDAT 2.0 to identify acuity of housing and service needs as a part of the coordinated entry system. They will then offer necessary and appropriate engagement, case management, emergency health and mental health, and transportation services.

EMERGENCY SHELTER

i. Admission, Diversion, Referral, and Discharge

a. Admission

Emergency Shelter providers shall admit individuals and families who meet the HUD definition of “homeless” and their agency’s eligibility criteria, following assessment of eligibility (as outlined above) and priority for services. Individuals and families shall not be denied shelter because they are victims of domestic violence, dating violence, sexual assault or stalking.

b. Diversion and Referral

Persons seeking assistance shall be screened with the community-approved assessment tool. Depending on the person’s needs and preferences, Emergency Shelter staff will refer them to the appropriate services. Napa is in the process of developing a system for efficient triage and diversion from emergency shelter for those who have safe alternative options.

c. Discharge and Length of Stay

Any length of stay limitations shall be determined by each provider and clearly communicated to program participants. Providers should make every effort to ensure that program participants are discharged from Emergency Shelter services only when they choose to leave or when they have successfully obtained safe permanent housing.

ii. Assessing, Prioritizing, and Reassessing Need for Emergency Shelter

a. Assessment and Prioritization

Program participants will be assessed with the community-approved assessment tool and any additional assessment tool that shelter providers may choose to determine participants' needs for shelter. Participants will be prioritized for Emergency Shelter services according to their level of need with priority for those with the most urgent and severe needs.

b. Reassessment

Program participants will be reassessed by their case manager according to each provider's policies, but emergency shelter staff shall re-administer the community-approved assessment tool when the client's prior assessment is out of date (older than one year), or whenever participants experience major changes in health, life circumstances, or at the request of a program provider to ensure appropriate placement into housing or services.

iii. Coordination Among Providers

Emergency Shelter providers will coordinate with essential services providers, homeless prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers by actively engaging in partnerships and through the CoC. Emergency Shelter staff are aware of and able to access a wide array of housing and services directly and through the CoC's coordinated entry system. Emergency Shelter providers, with the support of CoC members, will make every effort to leverage other programs, services, and resources targeted to address homelessness and poverty within Napa County.

Emergency Shelter operators shall ensure that participants are assessed for immediate health and safety needs, including identification of any barriers to obtaining housing, as well as provided with access to a wide array of community and housing services, including housing location and placement assistance. Participants are assisted with creating housing plans and are actively assisted in overcoming any barriers to securing housing, using a housing first, progressive engagement model.

HOMELESSNESS PREVENTION

Homelessness Prevention assistance will be provided to families and individuals who fall under the federal definition of "at-risk" of homelessness and who are eligible for such services under a provider's criteria. Homeless prevention providers will prioritize services for families and individuals with the highest needs and barriers to retaining housing. Risk factors that determine who would be most in need of Homeless Prevention to avoid becoming homeless include but are not limited to the following: loss or imminent loss of employment or income, loss or imminent loss of housing, being "doubled up" in housing, and unstable family situation.

Individual prevention assistance cannot exceed 24 months in a three-year period, and Homelessness Prevention providers must conduct participant evaluations at least every three months.

RAPID REHOUSING

The goal of Rapid Rehousing (RRH) assistance is to end homelessness and move participants into permanent housing as quickly as possible. RRH is also designed to provide individuals and families with the least amount of assistance necessary to ensure housing stability, and ensure individuals and families receiving assistance remain stably housed after the conclusion of such assistance.

As sufficient resources become available, CoC- and ESG-funded RRH providers will make every effort to rehouse eligible families that become homeless within 30 days of becoming homeless.

i. Eligibility for RRH Assistance

Eligibility requirements for RRH may vary depending on the funding source. Determination of eligibility must be based on the participant’s status at intake, which is the time the participant enters the project and begins receiving assistance under the grant program. Eligibility must be clearly noted and documented in the participant’s file. Perceived housing barriers such as lack of income or employment or sobriety shall not affect eligibility.

In order to qualify for RRH assistance in CoC-funded programs, households must fall within HUD’s definition of “homeless”:

1. Literally homeless;
2. At imminent risk of losing their primary night-time residence;
3. Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who are defined as homeless under another Federal statute and meet additional specified criteria; or
4. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

The CoC Program Notice of Funding Availability (NOFA), HCD’s ESG funding requirements, or the program grant agreement may impose additional eligibility requirements not reflected in the regulation.

In order to qualify for RRH in ESG-funded programs according to 24 CFR §576.104, households must meet the criteria under paragraph 1 of the “homeless” definition in 24 CFR §576.2:

1. Living in a public or private place not meant for human habitation;

2. Living in temporary shelter, which includes congregate shelters and transitional housing, or
3. Exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution.

Program participants will also be eligible if they meet the criteria under paragraph 4 of the HUD CoC Final Rule “homeless” definition and live in an emergency shelter or other place described in paragraph (1) of the ESG “homeless” definition.

ii. **Prioritization and Placement**

The CoC will use the Coordinated Entry System to prioritize access to assistance for people with the most urgent and severe needs. Napa County CoC’s system of prioritization complies with the Notice on Coordinated Entry 17-01 and aligns with the recommended order of priority established in 25 CCR 8409 for ESG-funded activities.

All CoC- and ESG- funded programs participate in the coordinated entry system and use the community assessment tools, VI-SPDAT 2.0 and F-VI-SPDAT 2.0, to assess individuals for housing priority. The CoC will prioritize RRH resources on a rotating basis in order to best serve the most vulnerable individuals and families. The highest-scoring participants within the RRH-identified range (5-9) of the VI-SPDAT 2.0 (or F-VI-SPDAT 2.0) will be prioritized for available RRH resources. In addition, case conferencing will identify additional participants scoring in the higher PSH-identified ranges (10-13) who might be best served by RRH resources. Case conferencing will be used to determine eligibility and client choice, and ties among highest-scoring individuals and families will be broken by length of time homeless.

When an available RRH resource is identified, the program will notify the coordinated entry team. The coordinated entry team will review the HMIS-generated priority list, including any anonymized lists generated through the Napa County victim service provider, to identify the highest-scoring families or individuals score within the 5-9 range, and in higher ranges on a rotating basis. The coordinated entry team will then work with the program to refer the client to the available housing resource according to the Coordinated Entry Policies and Procedures. (See Napa CoC Coordinated Entry System Policies and Procedures.)

a. **Bridge Housing**

Bridge housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Bridge housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock.

When a household scores a 10 or above on the VI-SPDAT/F-VI-SPDAT 2.0 and PSH is an appropriate intervention but no beds are currently available, the household may be referred to RRH as a bridge as housing and case management resources permit. In referring households to bridge housing, the Coordinated Entry team will balance the need to provide immediate care for the community's most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community's long-term ability to increase its supply of available and affordable housing. Placement in bridge housing for a limited number of clients will be decided on a case-by-case basis and take into consideration the community's resources and needs.

Where RRH is being used as bridge housing for a household who scored in PSH range, clients will be re-assessed at least one month prior to program transfer to confirm that PSH remains the appropriate intervention.

iii. Determining Participant Contribution

Each provider shall verify the participant's income prior to approval for initial financial assistance. Documentation of the participant's income and expenses shall be maintained in the participant's file, as required by 24 CFR § 576.500(e) and 24 CFR § 578.103(a)(6). Income is not a requirement to participate in RRH.

The amount or percentage of rent each program participant must pay and the maximum amount or percentage of rental assistance that a program participant may receive is determined on a case-by-case basis. Financial assistance is not a standard "package" and is flexible to adjust to households' unique needs and resources as participants' financial circumstances or housing costs change.

Rental subsidies will be based on the program's assessment of the client's family and financial situation. Case managers will adjust the amount of contribution over the term of the client's participation in the program, based on monthly assessment. If a client's income or ability to pay increases (e.g. due to access to additional resources, a new or higher paying job within the household, etc.), the program will re-adjust client income contributions as necessary.

Participants may receive up to 100 percent of rent costs depending on need, and housing may cost greater than 30 percent of participant income. Programs will work with each participant on a tailored plan to help them obtain self-sufficiency in the shortest amount of time possible.

iv. Length of Rental Assistance

RRH offers short-term (up to 3 months) or medium-term (3 to 24 months) rental assistance along with supportive services to help participants retain housing beyond the assistance period.

A one-year lease is required, and individual assistance cannot exceed 24 months in a three-year period. The length of rental assistance will be determined by each agency as necessary to use resources efficiently while also minimizing returns to homeless. Case managers will re-assess clients for ongoing need at monthly check-ins to identify significant life or income changes and adjust assistance as necessary, and will clearly communicate the duration and amount of rental assistance to program participants.

v. Service Requirements for RRH Assistance

Case managers will offer services in order to assist households to successfully retain housing and move off of the subsidy and into self-sufficiency. During the clients' participation in the program, case managers must meet with participants not less than once per month to assist the program participant in ensuring long-term housing stability. Case management will be offered in a manner consistent with Housing First principles, and participation in services unrelated to obtaining or maintaining permanent housing is voluntary.

Services offered will include but are not limited to the creation of an individualized housing plan, designed to re-house and stabilize participants as quickly as possible. Participants are also provided assistance to locate and obtain a wide array of permanent housing, financial assistance for move-in and stabilization costs, other community resources (e.g., subsidized childcare, legal resources) and housing case management to help achieve Housing Plan goals.

Projects are exempt from the services requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient operating the project from making its housing conditional upon the participant's acceptance of services.

Programs may provide supportive services for no longer than 6 months after rental assistance stops.

vi. Re-assessment

RRH providers shall conduct participant re-assessments at least annually. At a minimum, re-assessment must establish and document ongoing need and lack of resources and support networks. ESG-funded RRH re-assessments must also demonstrate that the program participant does not have an annual income that exceeds 30% of the median family income for the area.

In all programs, case managers will regularly re-assess clients for any significant life changes and modify assistance as necessary. Assessments will focus on potential barriers to obtain and/or maintain housing to determine where case management can best support participants.

vii. Housing Requirements for RRH

All housing supported by RRH resources must meet HUD requirements, including but not limited to Housing Quality Standards, rent reasonableness standards, Fair Market Rates (FMR) (as relevant), environmental review, and others.

PERMANENT SUPPORTIVE HOUSING

i. Prioritizing Need for Permanent Supportive Housing (PSH)

All prioritization decisions will take place through the coordinated entry system, informed by community-approved assessment tool scores, through the creation of a common community queue in HMIS that will serve as a single prioritized list for PSH. Households with the highest VI-SPDAT scores will be prioritized for PSH openings, and ties will be broken based on length of time homeless. Clients in need of emergency transfer will also be prioritized according to the Emergency Transfer Plan.

In addition, the Coordinated Entry team will ensure that the CoC Program-funded PSH is aligned with and follows the orders of priority listed under “**Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.**”

The following is the order of priority in CoC-funded PSH beds dedicated to or prioritized for persons experiencing chronic homelessness:

- a. First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
- b. Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- c. Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.
- d. Fourth Priority—All Other Chronically Homeless Individuals and Families.

The following is the order of priority in CoC-funded PSH beds nondedicated or prioritized for persons experiencing chronic homelessness:

- a. First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

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- b. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
- c. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
- d. Fourth Priority—Homeless Individuals and Families with a Disability Coming From Transitional Housing.

APPENDIX

- [U.S. Department of Housing and Urban Development \(HUD\) Continuum of Care Program Interim Rule, 24 CFR Part 578](#)
- [Emergency Solutions Grants Program Interim Regulations, 24 CFR Parts 91 and 576](#)
- [McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\) Act \(42 USC 11302\)](#)
- [California Department of Housing and Community Development \(HCD\) ESG regulations, 25 CCR 8400 et seq.](#)
- [Notice on Coordinated Entry, CPD 17-01](#)
- [Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11](#)
- [Final Rule Defining "Homeless"](#)
- [Defining-Chronically-Homeless-Final-Rule.pdf](#)
- [Equal-Access-Final-Rule-2016.pdf](#)
- [Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs](#)

APPENDIX A

EMERGENCY TRANSFER PLAN FOR SURVIVORS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

EMERGENCY TRANSFERS

The Napa CoC is committed to protecting the safety of tenants in HUD-funded programs who are survivors of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), tenants who are survivors of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.¹ The ability of housing providers and the Coordinated Entry System (CES) to honor such request for tenants currently receiving assistance may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether another dwelling unit is available for transfer placement and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), and ensures the Napa CoC and its CoC- and ESG-funded providers are in compliance with VAWA requirements.

KEY TERMS

Emergency Transfer Plan. Provides for emergency transfers for survivors receiving rental assistance or in units subsidized under a covered housing program.

External Emergency Transfer. Emergency relocation of a tenant to another unit where the tenant would be considered a new applicant.

¹ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Internal Emergency Transfer. Emergency relocation of a tenant to another unit where the tenant would not be a new applicant.

Safe Unit. A unit the victim believes is safe.

Victim. A victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L.

ELIGIBILITY FOR EMERGENCY TRANSFERS

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

- a) The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; OR
- b) If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

EMERGENCY TRANSFER REQUEST DOCUMENTATION

To request an emergency transfer, the tenant shall notify the housing provider or Access Point, and submit a written request for a transfer to a Safe Unit. The Access Point or housing provider will provide reasonable accommodations to this policy for individuals with disabilities.

The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing provider's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

CONFIDENTIALITY

CoC- and ESG-funded housing providers operating within the geographic boundaries of the Napa CoC will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives their housing provider written permission to release the information on a time-limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about CoC- and ESG-funded housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

EMERGENCY TRANSFER TIMING AND AVAILABILITY

The CE system operating within the geographic boundaries of the Napa CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CE system and network of providers will, however, work together with NEWS and act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CE system or housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If within the geographic boundaries of the Napa CoC, there are no safe and available units, the CE system will work with NEWS and other available resources to assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the CE system will also assist tenants in contacting the regional and national organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

BIFURCATION

A housing provider may bifurcate a lease or terminate assistance to any tenant who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or

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stalking. The victim of the criminal activity cannot be removed as long as they are still a lawful occupant. 23 CFR 578.99(j)(7), cross-referencing 24 CFR 5.2009(a)(1).

Case managers should work with the remaining tenant to assess whether they can remain safely in the unit, and if an emergency transfer is needed.

RETENTION OF DOCUMENTS AND REPORTING REQUIREMENTS

A record of all Emergency Transfer requests and outcomes of those requests must be retained by housing providers and the CES for five years from the date of the request or outcome (whichever is later). Emergency Transfer requests and outcomes must be reported to HUD annually.

SAFETY AND SECURITY OF TENANTS

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Local assistance may be found through NEWS 24/7 Hotline at (707) 255-NEWS (6397), or by email at info@napanews.org. The NEWS administrative office at 1141 Pear Tree Lane Suite 220, is open Monday through Friday, 8:00am to 5:00pm. Walk-ins are welcome, or survivors can call to make an appointment with an advocate, 707-252-3687.

Tenants who are living outside of Napa County who have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233 for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

APPENDIX B
LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the

Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

U.S. Dept. of Housing and Urban Development
OMB Approval No. 2502-0204
Form HUD-91067

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

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OVERVIEW & SCOPE

Napa County Continuum of Care (CoC) has formed a Coordinated Entry System (CES) to coordinate the intake, assessment, and referral process within the Continuum of Care (CoC) and efficiently expand the system’s ability to deliver the appropriate resources to individuals and families who are experiencing homelessness. These policies and procedures will be used to guide the evaluation of individuals’ and families’ eligibility for assistance, and to guide the determination and prioritization of how eligible individuals and families will be referred to prevention and other services, shelter and housing.

This CES complies with HUD Coordinated Entry Notice CPD-17-01, CPD-16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the Napa system of care.

Napa CoC’s CES is CoC-funded and operated through the Napa County Health and Human Services Agency (HHSA), and uses Homeless Management Information System (HMIS)

data to create and implement the CES. Napa County HHSA has contracted with Abode Services to conduct assessments and street outreach, as well as to provide shelter-based prevention and diversion programs and housing navigation/placement for a number of its permanent housing programs, including Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH). All CoC- and ESG-funded programs participate in the CES. The CoC uses uniform assessment tools: the VI-SPDAT 2.0 for individuals and the family F-VI-SPDAT 2.0 (F-VI-SPDAT) for families. Programs shall refer clients to street outreach or staff at designated Access Points.

Except as otherwise specified, Napa’s coordinated entry policies and procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the Napa County Continuum of Care.

A chart of participation in the system is as follows:

Participation in CES

Agency – Program	Participation
Abode Services – South Napa Shelter	Access Point
Abode Services – Street Outreach	Access Point
Napa Police Department – Street Outreach	Access Point
Abode Services – Winter Shelter	Emergency Shelter
Bucklew – Permanent Supportive Housing	CoC-funded PSH
CalWORKs – Napa County Self Sufficiency Services	Housing Support Program (HSP) - Rapid Rehousing for CalWORKs recipients
Catholic Charities – Nightingale	Respite care
Napa County HHSA – Home to Stay (HTS)	CoC-funded RRH
Napa County HHSA – PSH I and II	CoC-funded PSH
Napa County HHSA - Rapid Rehousing	ESG-funded RRH
Napa Housing Authority – Permanent Supportive Housing, HUD VASH and Housing Choice Voucher	CoC-funded PSH, VASH and HCV
NEWS	CoC-funded RRH for domestic violence survivors through Home to Stay; Access and Assessment point for domestic violence housing and services

Veterans Resource Center	SSVF provider, community partner
Satellite Affordable Housing Association (SAHA)	PSH provider with HUD-VASH units
VOICES	TBD
Progress Hartle Court Permanent Supportive Housing and TH	TBD
Mentis PSH	TBD
Catholic Charities - Rainbow House	Community partner
Whistlestop TH	TBD
Napa County Adult Protective Services & Probation	Community partner
Napa County Correction Department	Community partner
Napa County Veteran’s Office	Community partner
Child Welfare Services	Community partner
Napa County School District	Community partner
Napa County Drug & Alcohol	Community partner
Napa County Mental Health Department; Community Links	Community partner; referral from all county services to Access Points
Queen of the Valley Medical Center	Community partner

EQUAL & FAIR ACCESS

Napa CoC is committed to ensuring equitable access to its resources and does not tolerate discrimination on the basis of race, color, citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law. The CoC and all agencies participating in the coordinated entry process must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws during every phase of the coordinated entry process.

Napa CoC is committed to making its coordinated entry process available to eligible individuals and families, who will not be steered toward any particular housing facility or neighborhood because of the above-listed characteristics, or for any other reason

prohibited by law. Some programs may limit enrollment based on requirements imposed by funding sources and/or state or federal law. All such programs will avoid discrimination to the extent allowed by their funding sources and authorizing legislation.

All locations where persons are likely to access or attempt to access the CES will include signs or brochures displayed in prominent locations informing participants of their right to file a nondiscrimination complaint with the needed contact information.

A. HOUSING FIRST

Napa CoC is committed to eliminating barriers to entry and coordinating housing support so that those with the most severe service needs are prioritized, and policies and approaches are developed according to Housing First principles. All CoC- and ESG-funded programs, including the coordinated entry process, are committed to adopting a Housing First approach and reducing barriers for accessing their services. Through every service provided in Napa CoC, staff are trained to introduce the importance of housing and to shape service plans around the goal of housing placement. Housing is fundamental to addressing the barriers that lead to homelessness, and even the “hardest to house” can succeed with proper support. Below are some of Napa CoC’s Housing First strategies:

- The CoC uses street-level outreach to homeless people living on the streets, providing nonjudgmental services that range from blankets and supplies to primary care and substance use treatment. These interventions focus on an emphasis on housing, in an effort to build rapport and trust with those who may not initially express interest in coming indoors.
- All access points and other front-door programs maintain connections to permanent housing or rapid re-housing subsidies through the CES, so that people who seek emergency services have concrete opportunities for permanent housing.
- Individuals are not screened out of the assessment process or programs due to perceived or actual barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.
- Individuals are not required to participate in services or treatment programs to participate in programs, although clients are strongly encouraged to participate in services. A harm reduction approach is used to advocate for the reduction of harm associated with alcohol or drug use.
- Service coordinators are trained to continually encourage participants to think about housing options, and to shape individual service plans around housing-specific, client-centered goals. This housing-targeted approach informs every service interaction, including provision of supplies, healthcare, as well as housing-search services, with participants.

- Napa CoC is committed to continuing to serve individuals or families even if they do not initially succeed in housing. While the goal is for all participants to exit the program into permanent housing and remain stably housed, many of the “hardest to house” participants may require multiple attempts before they fully stabilize.

B. SAFEGUARDS FOR SPECIAL POPULATIONS

Napa is committed to ensuring all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, Transition-Age Youth (TAY), older adults, individuals with disabilities, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

1. DOMESTIC VIOLENCE SURVIVORS

All street outreach staff and those at access points shall be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations. If a household is determined to be at risk of harm when an assessment is being conducted, then staff should contact emergency and/or NEWS, and provide a warm hand-off. Clients fleeing or experiencing domestic violence should be referred to NEWS, but absent safety concerns clients may elect to be served through the other access points.

Families and individuals will not be denied access to the coordinated entry process on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault or stalking, or due to adverse factors caused by being a survivor. Such individuals will have safe and confidential access to the coordinated entry process and victim service providers, and immediate access to emergency services such as domestic violence hotlines and shelter, as well as full access to other housing and services through the coordinated entry process.

2. INDIVIDUALS WITH DISABILITIES

Access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs.

Access points are sited in proximity to public transportation and other services to facilitate participant access, but a person with a mobility or other impairment may request a reasonable accommodation to complete the coordinated entry process at a different location through street outreach workers.

The CoC provides appropriate auxiliary aids and services necessary to ensure effective communication as needed (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters).

C. CULTURAL & LINGUISTIC COMPETENCE

The CoC access points take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of individuals with Limited English Proficiency (LEP). These steps include providing access to telephonic and on-call interpretation services at access points and other facilities.

All staff administering assessments use culturally and linguistically competent practices in order to reduce barriers for underserved populations, including but not limited to immigrants and refugees; youth, individuals with disabilities; LGBTQ individuals. The CoC shall further these practices by:

- Incorporating cultural and linguistic competency training and person-centered approaches into the required annual training protocols for participating projects and staff members.
- Using culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services.
- Providing staff access to and training in the procedures for obtaining interpretation and accessibility services.

D. MARKETING & OUTREACH

The CoC will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach. The marketing will be conducted by educating and distributing outreach materials to community partners who may interact with people experiencing homelessness or who are at risk of experiencing homelessness. The CoC may also create and use brochures, flyers, community announcements, and/or use other media outlets.

Marketing and outreach will be designed to ensure the coordinated entry process is available to all eligible persons regardless of membership in any protected classes under federal and state law.

Similarly, marketing and outreach efforts will be designed to ensure people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, immigrants, families with children, TAY, older adults, individuals with disabilities, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

SYSTEM OVERVIEW

Napa's CES is a collaboration of multiple stakeholders that collectively provide a range of services, from prevention to permanent housing placements. Napa CoC's coordinated entry process is uniform and coordinated for all beds, units, and services available at participating projects within the geographic area, with a targeted access point (NEWS) for survivors of domestic violence. All vacancies in CoC- and ESG-funded housing shall be filled through the coordinated entry referral process.

A. ELIGIBILITY

Napa's CES is designed to serve individuals and families who meet the federal and state definitions of homelessness detailed in Napa's CoC Written Standards, as well as anyone in Napa County experiencing a housing crisis. Intake and eligibility screening will be conducted in accordance with Napa CoC's Written Standards, and information about eligibility for the system and its resources will be made available to the public via the CoC's website.

B. ACCESS & ASSESSMENT

Napa's coordinated entry process offers the same assessment approach at all access points to ensure fair, equitable, and equal access to services within the community. The CoC uses the VI-SPDAT 2.0 as its assessment tool to determine individuals' vulnerability and needs, and the F-VI-SPDAT 2.0 is used for families.¹

Staff at designated access points conduct an intake assessment using the VI-SPDAT/F-VI-SPDAT tool. The answers provided result in a numerical score that determines what system resources are most appropriate for the client. The assessment and score is then entered into HMIS in an accurate and timely fashion, according to the HMIS Policies & Procedures and HMIS Governance Charter.

1. ACCESS

All participating programs and other community partners refer clients for intake and initial assessment at access points or street outreach. These locations are accessible by public transit and were chosen in order to provide reasonably convenient access to as many residents of the CoC as possible, including those least likely to use CoC services. In addition, street outreach workers may conduct assessments in the field or at other locations.

¹ Any reference to the VI-SPDAT/F-VI-SPDAT in this document refers to version 2.0.

The following agencies serve as designated access points for client intakes:

Program	Agency	Status	Subpopulation Focus
South Napa Shelter	Abode Services	Participating	Adults
NEWS	NEWS	Participating	Domestic Violence Survivors
Street Outreach	Abode Services	Participating	None
Street Outreach	Napa Police Department, 59 1 st Street	Participating	None

All access points offer standardized assessments for all individuals and families experiencing or at risk of homelessness and if appropriate, immediate linkage to an alternative access point. For example, individuals with disabilities may be accommodated through referral, and domestic violence survivors may be linked to focused access points and care including victim service providers and shelter. A household including more than one of the populations for which an access point is dedicated (for example, a family fleeing domestic violence) may be served at all of the access points for which they qualify.

2. STREET OUTREACH

Abode Services and the Napa Police Department provide street outreach services. All participating street outreach staff use the VI-SPDAT/F-VI-SPDAT to identify acuity of housing and service needs as part of the CES. They will then offer necessary and appropriate engagement, prevention and diversion services, case management, emergency health and mental health, and transportation services as needed to ensure individuals are connected to the CES.

Street outreach services providers will prioritize services to unsheltered homeless individuals and families according to Napa CoC’s Written Standards.

3. CONNECTION TO THE EMERGENCY SYSTEM

Emergency response services, including emergency shelter, drop-in programs, and other crisis response services, will not be prioritized through coordinated entry at the present time. Napa CoC will work with the Napa Police Department, Napa County Probation, Napa County Corrections, Drug and Alcohol, Mental Health Departments, Queen of the Valley Medical Center, and other community partners to connect discharged individuals to the CES.

Access to emergency services and to the CES is 24/7. Participants may contact South Napa Shelter in person during operating hours, and after operating hours via telephone. Street

outreach workers and the emergency care system will ensure that individuals and families experiencing homelessness have access to coordinated entry at all hours using the following techniques:

- In case of a housing crisis in the community, providers and community members should contact South Napa Shelter. If during regular business hours, outreach and shelter staff will be available. If the emergency occurs outside of regular business hours, South Napa Shelter staff will notify outreach staff either immediately or the next business day in accordance with the urgency of the situation.
- In an emergency in the community in which 911 is contacted, the Napa Police Department (NPD) arrives on scene. If the person involved in the emergency is experiencing homelessness, the NPD Street Outreach Team is also contacted. The Street Outreach Team interviews the client and the client's information is entered into HMIS. Where applicable, the client will be connected to the CES and receive a VI-SPDAT. Where the NPD Outreach Team is not available and has not responded to the scene, the team reviews dispatch reports the following business day and responds accordingly. In each case, the NPD Outreach Team promptly shares any dispatch report results and information with the shelter and CES team.

In addition, the CES team has close partnerships with other homeless service providers and emergency medical or behavioral health care providers.

To facilitate open paths of communication and knowledge between homelessness service and housing providers and community partners working within the emergency crisis response system, Napa CoC will provide a semi-annual training on connecting the CES to the emergency system.

4. CLIENT-CENTERED ASSESSMENTS

All assessments are conducted using trauma-informed, client-centered methods. Assessment areas are safe and private to allow individuals to identify sensitive information or safety issues in a private and secure setting.

Napa CoC uses a person-centered approach, and incorporates the following principles:

- Assessments are based in part on participant's strengths, goals, risks, and protective factors.
- Tools and assessment processes are easily understood by participants and are responsive to participants' needs for privacy and confidentiality.
- Assessments are sensitive to participants' lived experience.
- Participants are offered choice in decisions about location and type of housing.

- Participants are able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program’s rate of success.

5. ASSESSMENT TRAINING

Training opportunities are available at least once annually to organizations and staff that serve as access points or administer VI-SPDATs or F-VI-SPDATs. Training curricula and protocols are updated and distributed annually, and include the following topics:

- Review of CoC’s Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Criteria for uniform decision-making and referrals;
- How to conduct trauma-informed assessments, including for special populations; and
- Safety planning and how to identify safety issues during the assessment process.
- Personal and data privacy considerations, and procedures to protect confidential information.

6. REQUIRED INFORMATION DURING THE ASSESSMENT PROCESS

All CoC coordinated assessment participants are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

7. RE-ASSESSMENT

Client will be re-assessed at least once annually from the time of first assessment, or in the case of a significant life change.

A. PRIORITIZATION

Individuals and families are prioritized for a full continuum of housing and service interventions according to Napa CoC’s Written Standards, which prioritize those who are most vulnerable and with the most acute needs for referral and placement into

appropriate housing interventions. Those with the highest VI-SPDAT or F-SPDAT scores are prioritized for longer-term housing solutions.

Housing is awarded based on the prioritization order, except for housing with specific subpopulation requirements. For example, individuals who are veterans may be housed more quickly than someone else who is higher on the priority list if the next bed that opens is targeted to that subpopulation. Similarly, if there is a vacancy in a unit targeted toward survivors of domestic violence, the highest-scoring survivor of domestic violence will be referred for that vacancy.

1. PERMANENT SUPPORTIVE HOUSING (PSH)

The highest-scoring, most vulnerable individuals and families will be prioritized for PSH according to HUD Notice CPD 16-11 and the CoC’s Written Standards.

2. RAPID REHOUSING (RRH) OPTIONS

Individuals and families will be prioritized for RRH according to the CoC’s Written Standards.

3. PREVENTION AND OTHER SERVICES

Individuals and families who are homeless or at risk of homelessness may access ESG- and CoC-funded prevention and diversion services through the coordinated entry process. Street outreach, access and assessment points will prioritize referrals to those and other prevention services based on need and availability of appropriate interventions. The CoC is committed to further integrating prevention, diversion, and mainstream services into the CES.

B. MATCHING & REFERRAL

After assessment, scores are entered into the HMIS System. The coordinated entry team, comprised of the HHSA’s Coordinated Entry coordinator and HMIS Administrator, will use the HMIS system to prepare priority lists of individuals and families. Using that list, the coordinated entry team will match and refer highest priority clients to the most appropriate resources for their needs based on their VI-SPDAT or F-VI-SPDAT score.

All CoC- and ESG-funded housing and/or services, as well as other participating programs, will use the coordinated entry process as the only referral source from which to fill vacancies.

Phase 1: Notification of a vacancy or available housing resource. When a participating program anticipates or identifies a vacancy or available housing resource (such as available RRH or PSH funding), the program will notify the coordinated entry team. The program will also communicate any eligibility or other requirements for the housing unit or program.

Phase 2: Identifying/locating units and matching individuals/families. The CES team uses a case conferencing approach to dynamically prioritize individuals and families for the resource most suitable to their needs and desires. That process includes the below components:

Determine the highest-priority individuals or families. The coordinated entry team will review the HMIS-generated priority list, including any anonymized lists generated through the domestic violence provider, and identify clients with the highest priority, based on VI-SPDAT or F-VI-SPDAT score, identified for that program type. For clients with the same score, the team will use severe service needs, including medical vulnerability, and length of time homeless as tiebreakers.

Determine whether the client is eligible for the project. The coordinated entry team will review the HMIS information for each client to determine whether they meet all eligibility requirements for the project with an available bed or unit, including factors like household size or subpopulation focus. For example, if a project that serves only chronically homeless clients has a vacancy, then only clients who are chronically homeless are eligible.

Identify and/or locate appropriate housing units for the highest-priority clients. In conjunction with Abode housing navigators and case managers, the CES team will locate and/or identify appropriate housing units for the highest-priority clients through case conferencing and discussion with case managers.

Locate and contact client to begin referral and placement process. Abode will work with each client to ensure they are still homeless and eligible for the program. If the client is unreachable or otherwise unavailable, they retain their status and place in the queue and their names are referred to street outreach for location efforts.

Gather and verify eligibility: Abode will gather/ensure existence of the following documentation and provide to the CES team:

- Verification of homelessness;
- Verification of chronic homelessness;
- Disability verification;
- Other identification, HMIS, and intake forms.

Determine client preference. Client’s preference for and relationship with projects will be polled and accounted for. If a client turns down a project or available unit, they are returned to the queue and the reason for their rejection will be entered into case notes.

Phase 3: Refer the client to the project. The coordinated entry team will provide to the program the client’s HMIS information, eligibility documentation and other information

necessary to ensure successful placement. A project may reject an otherwise eligible client only with documented good cause, and such rejections shall be reported to and monitored by the coordinated entry team. Clients will be informed of the rejection and of an appeal process. Programs will coordinate income calculations, Housing Quality Inspections, and program intake forms, and shall provide notices, disclosures, and other required information. Programs retain eligibility documentation as required by funding sources.

Phase 4: Ongoing reporting on placement. Providers will promptly enter clients into the HMIS system and be responsible for ongoing reporting on their progress as required by HUD and other funding requirements.

C. SERVING SPECIFIC SUBPOPULATIONS

1. VETERANS BY-NAME LIST

Napa CoC has implemented a Veterans Working Group to end homelessness for veterans. The group uses HMIS data and the CES to prioritize the most vulnerable veterans for housing and other services. HMIS data, VI-SPDAT/F-VI-SPDAT Scores, and other data are used to create a by-name list of homeless veterans, and the Working Group implements the CES to refer veterans to appropriate housing and services, including HUD-VASH as well as other CoC resources.

2. SURVIVORS OF DOMESTIC VIOLENCE

NEWS serves as an Access Point for survivors of domestic violence, and also is a provider of emergency shelter and housing and services for survivors. When individuals or families contact NEWS, NEWS will conduct a screening that includes the VI-SPDAT/F-VI-SPDAT. When individuals or households present at other Access Points and they are fleeing or experiencing domestic violence, they shall be referred to NEWS. Absent safety concerns clients may elect to be served through the other access points, all of which shall have staff trained to maintain confidentiality and safety for these clients.

NEWS will enter information into a VAWA-compliant tracking system and provide to HMIS/Coordinated Entry a unique client identification number along with the minimum information necessary to determine eligibility and prioritization, including household size, VI-SPDAT/F-VI-SPDAT scores, and the appropriate agency staff contact information. No personally identifiable information, including name, date of birth, social security number and last permanent address, or any other information protected by law shall be provided to HMIS or coordinated entry staff or entered into HMIS. The unique client identifier and priority/eligibility information shall be entered into the prioritization list.

When vacancies in permanent or rapid rehousing occur, the coordinated entry team shall ensure that those referred individuals and households have equal access to all housing

and services for which they are eligible. The coordinated entry team shall contact NEWS when survivor households are identified to be prioritized for housing to ensure safety and suitability of housing options and that a warm handoff occurs that incorporates appropriate targeted services for the household.

When vacancies occur in housing designated for survivors of domestic violence, NEWS shall contact the coordinated entry team, and the coordinated entry team shall identify the highest-priority household for that vacancy, and work with NEWS to ensure the household receives access to safe and appropriate services for the prioritized household.

In accordance with the CoC's Written Standards and Emergency Transfer Plan, in the case of a need for an emergency transfer if there is no safe unit available for immediate transfer, the survivor has priority over other applicants for CoC-funded rental assistance, TH and PSH. The client can opt for an internal transfer within the same program or external transfer to another CoC program. When external transfers to other programs must occur to comply with the Emergency Transfer Plan, those clients are the top priority for available housing resources. When internal transfers must occur, those transfers have the same priority as other prioritized clients.

DATA & PRIVACY PROTECTION

Napa CoC ensures adequate privacy protections of all participant information and complies with HUD's HMIS Data and Technical Standards and other legal standards using the Napa County HMIS Policies and Procedures Manual. Napa CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.

Napa CoC prohibits denying services to participants if the participant declines to allow their data to be gathered or shared, unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

Napa CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

ONGOING ADMINISTRATION & EVALUATION

At least once per year, the Coordinated Entry Workgroup, in coordination with the Coordinated Entry team, will consult with each participating project and with project

participants to evaluate the intake, assessment, and referral processes associated with Coordinated Entry, as well as to assess the quality and effectiveness of the coordinated entry experience.

The Coordinated Entry Workgroup will solicit feedback addressing the quality and effectiveness of the Coordinated Entry experience for both participating projects and households. Any participant information or identifying PII collected during feedback will be treated as confidential in order to protect the privacy of individuals.

The evaluation will employ the below feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback:

- Surveys designed to reach a representative sample of participating providers;
- Focus groups and/or individual interviews of participants that approximate the diversity of the participating households; and
- HMIS information on each housing referral and placement to analyze fidelity to Written Standards and Coordinated Entry Policies and Procedures, as well as to evaluate the efficiency and effectiveness of the assessment and placement systems.

The above information will be collected annually and analyzed by the Coordinated Entry Workgroup. After analysis, the Workgroup will present the assessment information to the CoC, identifying major themes to the feedback and potential opportunities for improvement.

Where an atypical placement or client rejection occurs, providers should fully note the situation and allow the Coordinated Entry Workgroup to review these cases during its annual assessment to ensure adherence to Written Standards and prioritization policies.

ATTACHMENT: Racial Disparity Assessment Summary

The Napa CoC is partnering with the Napa County Office of Diversity and Inclusion to analyze and address racial and cultural disparities in the homelessness system of care. In 2018, the Coordinated Entry Workgroup and the Napa CoC held meetings in which HMIS/PIT data was analyzed and discussed within the context of research by the Government Alliance on Race & Equity, Bay Area Regional Health Inequities Initiative (BARHII) and the Napa County Multilingual Taskforce Report.

DOCUMENT SATISFYING REQUIREMENT	PAGE
Summary of CoC Racial Disparity Assessment , discussed at Coordinated Entry Workgroup on July 24, 2018, and Napa CoC meeting on August 2, 2018	2 - 6 2 - 5
<ul style="list-style-type: none">• Analysis of Data• Plans for Ongoing Work to gather additional data (especially around cultural/linguistic disparities) and address disparities through committee formation, training, resource allocation, and partnering with other stakeholders	5 - 6
Agenda from Napa CoC meeting , where racial disparity was discussed – 7/24/18	7
Agenda from Coordinated Entry Workgroup , where racial disparity was discussed – 9/6/18	8
Napa County GARE Action Plan Summary	9
Napa County Multilingual Task Force Report	10
Napa County Race Equity Action Plan and Diversity and Inclusion Strategic Plan Recommendations	11 - 58
Napa County BARHII Organizational Self-Assessment Final Report	59 - 75

AUGUST 2, 2018

ANALYZING DATA ON RACIAL DISPARITIES

At the August 2, 2018 Continuum of Care (CoC) meeting, the Napa CoC discussed data and other presentations about racial disparities in the homelessness system of care, and how the CoC plans to address any such disparities. This topic was also discussed at a July 24, 2018 Coordinated Entry Workgroup as part of planning for further marketing and outreach to ensure access to and lower barriers to housing and homeless services programs. In preparation for the discussion at the August 2 CoC meeting, Napa HHSA staff and HomeBase gathered HMIS, PIT, and local demographic data to guide the CoC discussion. In addition, the Napa County Diversity and Inclusion Coordinator gave a presentation on the work of Napa County HHSA on diversity and inclusion, and discussed how to ensure the homelessness system of care continued this work.

Data on racial disparities in homelessness

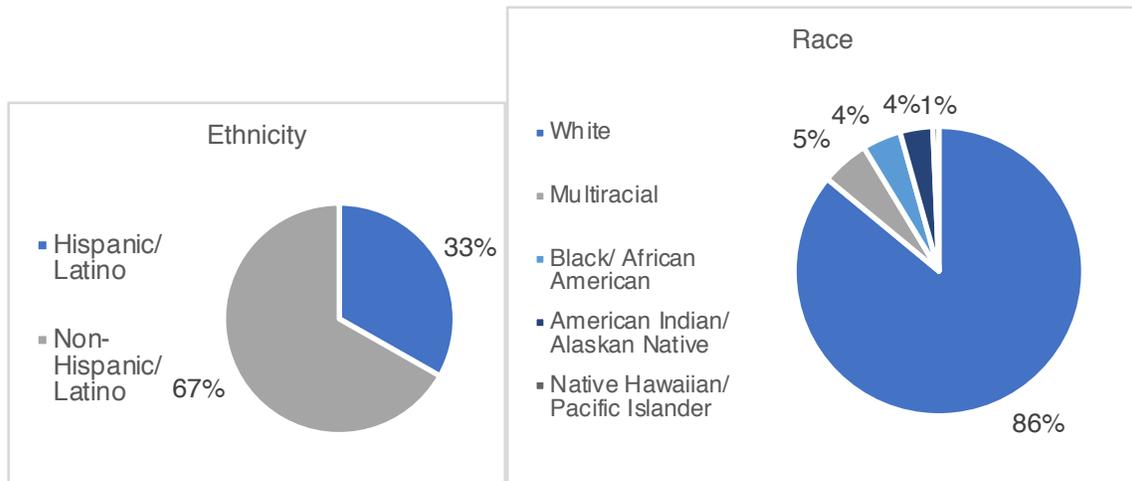
Information from the 2017 census¹ indicates that the majority of people living in Napa are white, with 34% who identify as Hispanic or Latino:

Race and Hispanic Origin	
White alone, percent (a)	84.0%
Black or African American alone, percent (a)	2.4%
American Indian and Alaska Native alone, percent (a)	1.2%
Asian alone, percent (a)	8.7%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.4%
Two or More Races, percent	3.2%
Hispanic or Latino, percent (b)	34.3%
White alone, not Hispanic or Latino, percent	52.4%

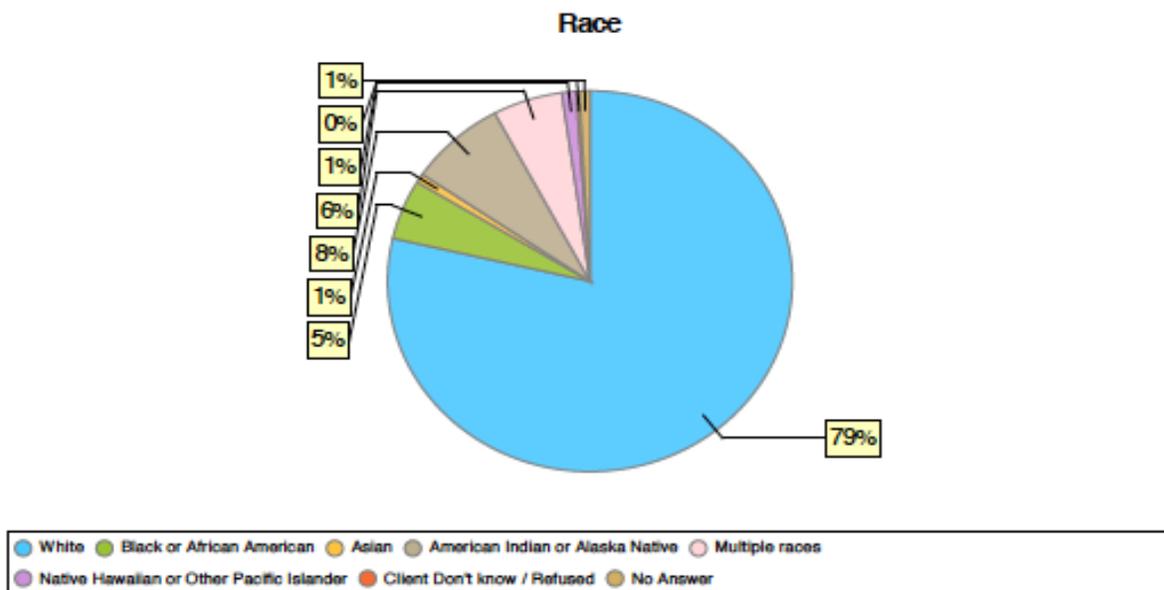
In January of each year, Napa conducts a Point in Time (PIT) Count, a single-night count of homeless people and families. In 2018, the number people experiencing homelessness was 322, with 168 of those staying in shelters or transitional housing programs, and 154 unsheltered, or in cars, parks, tents, sidewalks or other places not meant for habitation. The percentages of individuals identifying as white and Hispanic/Latino was similar to that of census numbers:

¹ <https://www.census.gov/quickfacts/fact/table/napacountycalifornia/PST045217>

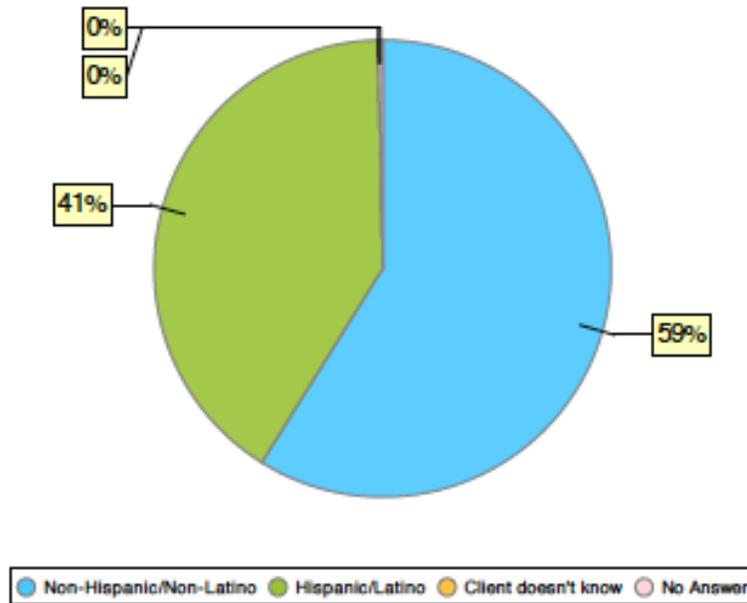
NAPA CONTINUUM OF CARE



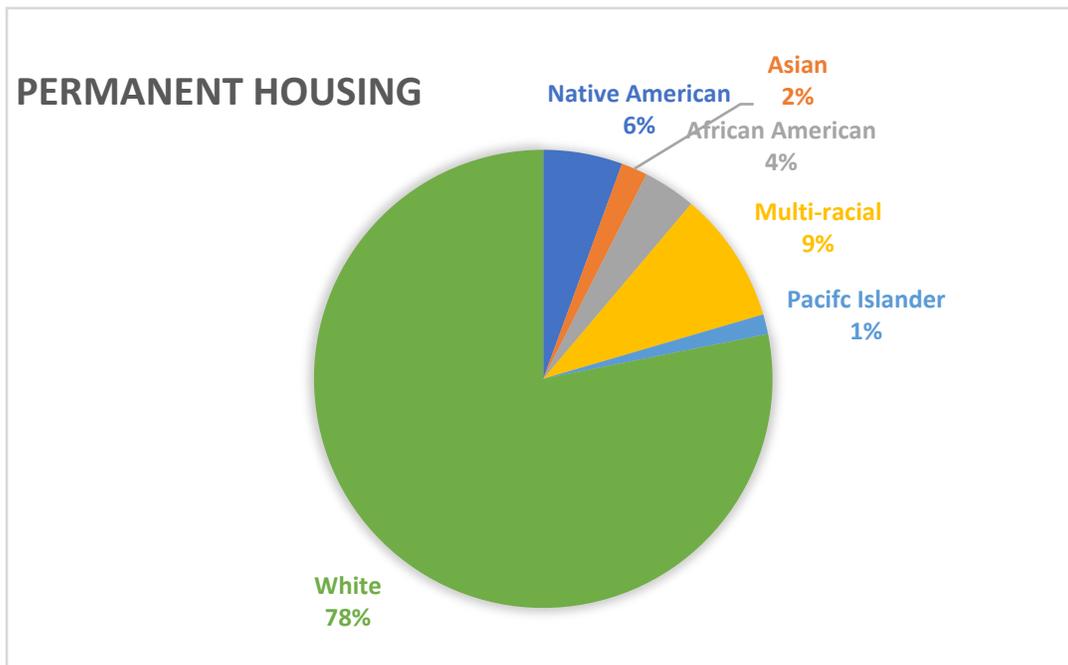
The Continuum of Care also tracks the race/ethnicity of those who access shelter, housing and housing-related services throughout the year in the Homeless Management Information System (HMIS). That data, from July 1, 2017 to June 30, 2018, is similar to the PIT, but shows more people who identify as African Americans and Hispanic/Latino accessing services. HMIS reports contain data for several non-homeless specific programs, such as Season of Sharing, which partner with a broad spectrum of programs.

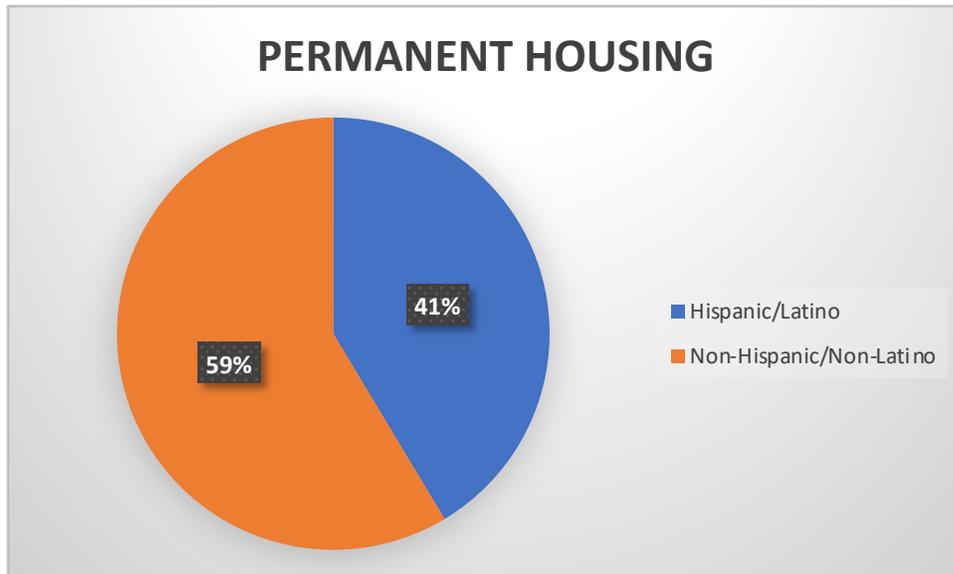


Hispanic Ethnicity Demographic



The race and ethnicity of those placed or living in permanent housing programs (rapid rehousing, permanent supportive housing), mirrored the percentages of the HMIS database as a whole:





Language, cultural, and geographic disparity

According to census reports, nearly 36% of people in Napa speak a language other than English at home.² The Napa HMIS and PIT count do not collect data on homeless individuals who do not speak English. The Coordinated Entry Working Group has identified community and governmental partners to help conduct outreach to non-English-speaking communities and individuals who may not attempt to access governmental services because of immigration status, language, or cultural barriers. Additionally, the Coordinated Entry Working Group identified the need to develop partnerships in outer areas of Napa County.

Discussion Points at CoC Meeting

- a. CoC members noted that the HMIS and other data was not necessarily reflective of community needs, and additional outreach work and study was necessary to evaluate the community needs. Specific partners and communities were highlighted for further outreach and coordination
- b. Napa’s Diversity and Inclusion program provided an extensive presentation on how Napa HHS has been working on eliminating bias and increasing inclusion in delivery of county services, including recommendations by the Multi-Lingual Task Force and Bay Area Regional Health Inequities Initiative (BARHII) (attached).

² While much of the census information was updated in 2017, the information about language was from years 2012-2016.

- c. Napa County is participating in local and regional Government Alliance on Race and Equity (GARE). (See attached.)
- d. The CoC discussed continuing the work through:
 - a. Gathering additional resources/data needed to better understand pattern of program use, Coordinated Entry evaluations, and needs of people of different races or ethnicities, or language barriers
 - b. Forming a committee to analyze and discuss any overt or hidden disparities
 - c. Partnership with other organizations, stakeholders, local and national nonprofits to study this topic and the intersection of race/ethnicity/homelessness
 - d. Ensuring that Coordinated Entry, housing, outreach, and other staff attended trainings provided by the county on diversity and inclusion
 - e. Look for trainings for program staff and CoC board members about racism, bias, and the intersection of racism and homelessness
 - f. Analyze issues in context of other systems of care – health, employment, education, childcare
 - g. Mirroring the county’s work to analyze how to ensure CoC Board and decision-making bodies, as well as program staff become more diverse, inclusive and reflect populations served in the CoC
 - h. Ensuring CoC will take steps to expand CE and other service outreach in geographic or other areas to better reach underrepresented groups



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY CONTINUUM OF CARE

August 2, 2018 2:30-4:00pm
Queen of the Valley Community Outreach Conference Room
3448 Villa Lane, Suite 102, Napa, CA 94558

COC GENERAL MEETING AGENDA

Agenda Item	Activity/Outcome
1. Introductions	<i>Call to order</i>
2. Agenda Review	<i>Any addition/changes to the agenda</i>
3. Economic Self Sufficiency Committee - Update	<i>Tracy Lamb and/or Jennifer Palmer to provide an update on the Economic Self Sufficiency Committee meetings</i>
4. Homeless Veterans Working Group - Update	<i>Brandee Freitas to provide an update on the Homeless Veterans Working Group</i>
5. ESG and CoC NOFA - Update	<i>HomeBase to provide an update on the ESG and CoC NOFA's</i>
6. Coordinated Entry Working Group - Update	<i>HomeBase to provide an update on the Coordinated Entry Working Group</i>
7. Youth Summit - Update	<i>HomeBase to provide an update on the Youth Summit</i>
8. Addressing Racial Disparity and Equity	<i>HHSA staff Jennifer Swift – Diversity and Inclusion Coordinator, to provide an overview and lead a discussion on the work being done by her team on addressing racial disparity and equity in Napa County</i>
9. Community Announcements	<i>Public comment and announcements</i>
10. Agenda Items for Next Meeting	<i>Discussion of items for next meeting</i>

Reminders:

- The next **CoC Board Meeting** will be held on **September 6, 2018**. CoC Board meetings are open to the public, and focus on the CoC Board determining strategies, making decisions, and implementing action steps.
- The next **CoC General Meeting** will be held on **October 4, 2018**. CoC General Meetings are open to the public, and provide information on issues of broad interest to the community, such as national best practices for addressing homelessness.
- Please email any requested Agenda Items to Brandee.Freitas@countyofnapa.org.
- To ensure you are receiving all CoC updates please join the Napa CoC Google group by emailing Brandee Freitas at Brandee.Freitas@countyofnapa.org. Once your email has been received you will be sent an invitation to join the group.

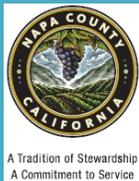
Please contact brandee.freitas@countyofnapa.org for questions related to this meeting

COORDINATED ENTRY PROCEDURES WORKING GROUP

AGENDA

JULY 24, 2018

- I. System Map Overview**
 - a. Updates & Identified Needs
- II. Matching Clients to RRH, PSH Resources**
 - a. Process Updates
- III. Marketing & Outreach to Underserved Communities**
 - a. Equal Access
 - b. Youth
 - c. Addressing racial disparity**
 - d. Survivors of domestic violence
- IV. Coordinated Entry Evaluation**
 - a. Discuss Work Plan
- V. Next Steps**



Napa County Health & Human Service Agency

G.A.R.E.



The Government Alliance on Race & Equity (GARE) is a national network of government working together to achieve racial equity and advance opportunities for all.

Action Plan Workgroups



Jurisdiction's employees understand, are committed to and have the infrastructure needed to advance racial equity

Jurisdiction's residents view the jurisdiction as an effective and inclusive government that engages the community

Jurisdiction's communities of color share in the economic prosperity

Healthy life outcomes are increased and racial disproportionalities eliminated

- Racial Equity Training
- Provide training on Implicit Bias, Cultural Intelligence, Emotional Intelligence, Resiliency.
- Develop Racial Equity training curriculum and training team
- Provide introductory RE training to all employees
- Provide introductory RE training to key decision makers and community partners
- Employee Racial Equity survey
- Use of RE tool with policies or programs
- Create and implement policy on how to collect data on race/ethnicity of clients and customers
- Evaluate the need for Countywide Racial Equity Strategic Leadership Team
- Evaluate the need for Countywide infrastructure to advance racial equity

- HHSA's employees have outreach and engagement skills and competencies to advance racially inclusive outreach and engagement
- Evaluate the implementation of an Inclusive Engagement Action Team
- Establish a framework for effective and inclusive engagement with Napa County's diverse communities
- Inclusive outreach and public engagement training
- Develop a community engagement plan
- Assess racial composition of jurisdictional advisory groups (MH Board, Planning Commission, etc.)
- Interdepartmental Pilot Project to engage community in an integrated and aligned approach (HHSA/Planning/Phillips neighborhood community plan)

- Jurisdiction is a model employer advancing racial equity
- Assess feasibility of implementing a Workforce Equity Action Team
- Workforce equity in departmental Racial Equity Action Plans
- Racial equity as a core competency in select job descriptions
- Strengthen personnel policy and practices
- Clear racial equity expectations for managers
- Investments in contracting and procurement benefit the diversity of jurisdiction's communities
- Evaluate the implementation of a Contracting Equity Action Team
- Contracting and procurement data collection system
- Contracting and procurement policies and procedures to eliminate racial equity barriers

- Food security and healthy life outcomes are increased for jurisdiction's residents and racial equities are eliminated.
- Assess feasibility of implementing Health Equity Action Team
- Improve access to healthy food in neighborhoods
- Use RE Tool to analyze, improve policies and practices
- Increase effective use of data
- Strengthen partnerships
- Support community lead initiatives that address healthy life outcomes and build community capacity
- Support initiatives led by members of the community affected by food insecurity

APPENDIX B

Master List of Recommendations

Organizational Development / Leadership

- R-1 Foster a safe and supportive working environment by building and strengthening relationships on all levels
- R-2 Establish a feedback process for instances of perceived intolerance
- R-3 Provide a structure for increasing communication on diversity issues.
- R-4 Ensure Accountability for Diversity and Cultural Competence
- R-5 Create an employee task force that focuses on bilingual workload issues

Workforce Development

- R-6 Develop transparent and equitable career and advancement opportunities that further diversify the HHSA workforce and meet the present and future needs of the Napa County community.
- R-7 Recruit and retain adequate staffing to meet the needs of the community

Standards and Training

- R-8 Create and implement a comprehensive, agency-wide training plan on diversity & cultural competency

Access to Quality Care

- R-9 Expand access and outreach opportunities to underserved populations.
- R-10 Provide translation, forms and publications sensitive to dimensions and languages
- R-11 Support Multi-level Client/Consumer Involvement
- R-12 Promote an inviting and functional atmosphere for all clients
- R-13 Improve County presence and services Up Valley and in American Canyon

Diversity Infrastructure

- R-14 Diversity Program Infrastructure: Diversity Steering Committee
- R-15 Diversity Program Infrastructure: QM Plan,
- R-16 Diversity Program Infrastructure: Diversity Officer

Reassigned Recommendations

- R-17 Perform periodic community and program assessments to identify needs and disparities in care to inform program planning for Napa County's diverse population
- R-18 Improve County Collaboration with Napa County Unified School Districts and Napa County Office of Education
- R-19 Improve relations with community based organizations.
- R-20 Improve coordination of client services between County HHSA and Community-based Organizations (CBO'S) and other outside agencies
- R-21 Develop a central client registry of HHSA clientele.



A Tradition of Stewardship
A Commitment to Service

How can Health and Human Services improve the health of Napa County residents?

BARHII Organizational Self-Assessment

Final Report

Written by Shannon McDermott, with Jessica Chapin and Andi Banks

June 2017



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Rose and Lillian were recently born at the Queen of the Valley hospital in Napa. Their parents wonder— as all parents do: what lies ahead for these small, helpless beings?

Judging by the statistics, we could see that Rose and Lillian are comparatively lucky to be born in the Napa Valley. At \$71,500, the median family income in Napa County is among the highest in the state. Napa has a high quality of life, low levels of air pollution, poverty, and unemployment compared with many other counties in California. Even with the high cost of housing, Napa still ranks #15 out of all 58 California counties in the factors that contribute to good health:

(<http://www.countyhealthrankings.org/app/california/2017/rankings/napa/county/outcomes/overall/snapshot>)

Yet, the length and quality of Rose and Lillian’s lives will vary considerably depending on the social, environmental and economic conditions into which they are born.

Our first baby, Rose, was born to a white, college educated mom and dad who work steady jobs and whose household income is \$80,000 per year. Their jobs offer sick pay, vacation pay and low cost, high quality health insurance. With help from their families, they were able to buy a house in a neighborhood with a good school, a nearby park, and streets with sidewalks and good lighting. While she was pregnant, Rose’s mother could take time off of work to attend pre-natal appointments and found time after work to exercise and prepare meals with fresh ingredients. She plans to take six months off work to care for and breastfeed Rose so she gets the best start in life. Rose was born at full term with normal birth weight.

Our second baby, Lillian, was born to a Hispanic mom and dad who are high school graduates. Lillian’s parents work long hours running their own housecleaning business and earn \$50,000 per year. They have to purchase health insurance through Covered California, which costs \$5000 per year in monthly premiums after subsidies. Lillian’s mother could not afford to take time off from her job, and she worked up until the time Lillian was born, lugging heavy cleaning supplies and a vacuum cleaner from job to job. The family can afford to live in Napa by sharing a small, two bedroom rental home with another family. The park nearby is in disrepair and few of the streets have useable sidewalks away from speeding cars. Lillian’s family lives far away from a supermarket, but close to several fast food outlets, which provides the family with affordable and quick meals several days a week. Lillian was born early and with low birth weight, and had to stay in the neonatal intensive care unit for a week until she could be released home. Her parents are worried about how they are going to afford the out of pocket expenses from Lillian’s birth and childcare expenses when her mother returns to work full time in the week following the birth.

...

Lillian and Rose both live in Napa. Their houses are only four miles apart. But Lillian will likely die 10 years earlier than Rose.

...

Rose and Lillian’s stories illustrate that, even from the very beginning, our chances of living healthy lives are influenced by the conditions into which we are born and live. These factors are called the *social*

determinants of health and they can contribute to unfair health differences between groups of people, or *health inequity*. Although the social determinants of health do not completely predict the outcome of our lives, they can have a significant impact on our long term physical and mental health. We also know that high levels of health inequity reduce the wellbeing of all people in a community.

In order for Napa County Health and Human Services (HHSA) to fulfill its mission of promoting the health and well-being of all Napa County residents, HHSA must take into account the relationship between how groups experience “place” and its impact on their health. This is because health starts in the places where people live, learn, work, and age. Napa County Health and Human Services is therefore driven by the belief that:

Where you live should not determine how long you live or the quality of your life.

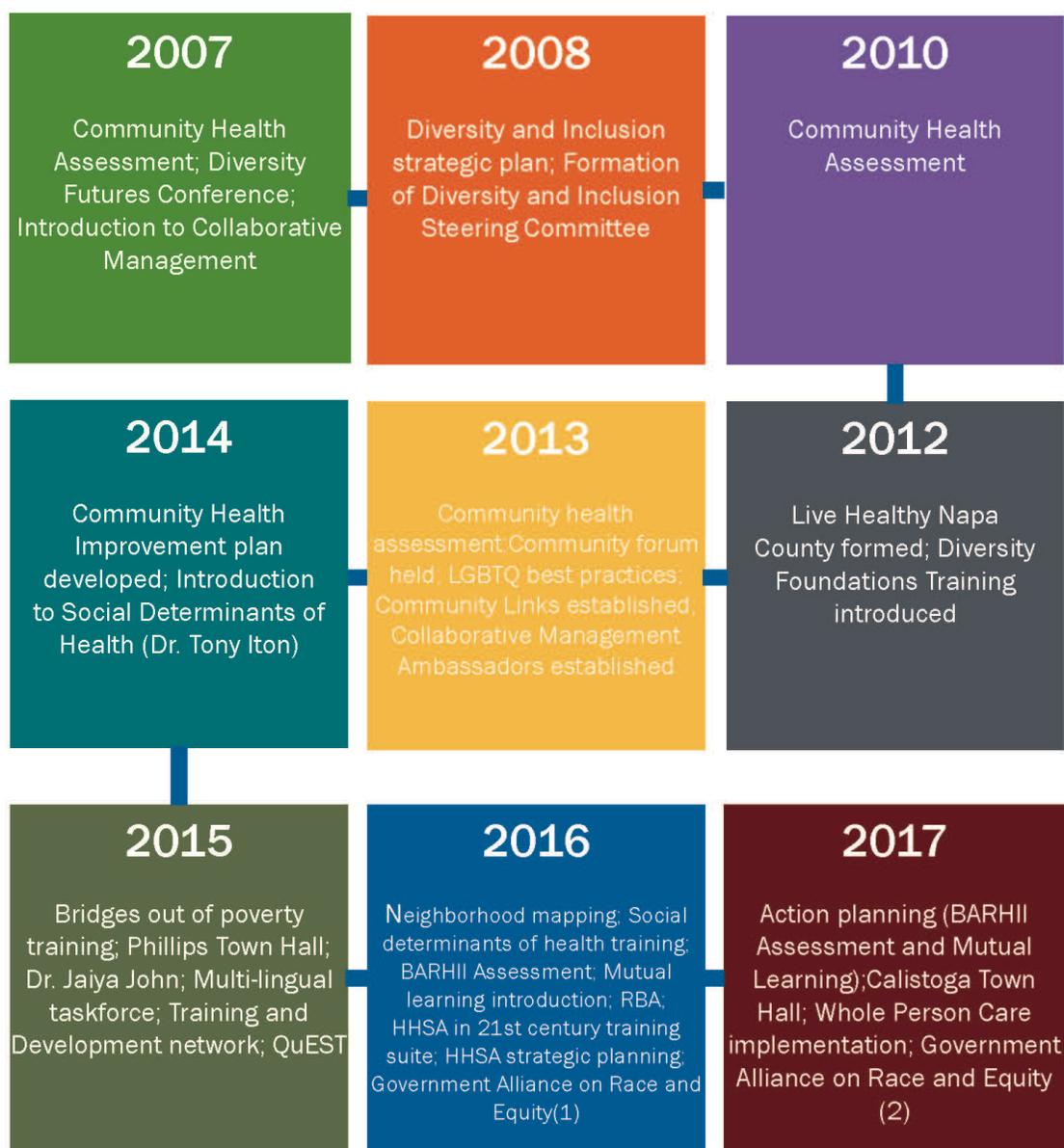
...

Over the past ten years, Napa County HHSA has undertaken a series of activities to build our capacity to improve the health of our community (Figure 1). These efforts aim to:

1. **Improve the health equity of our community** by focusing on the social, economic, and environmental factors that affect the opportunity to live a healthy, fulfilling life;
2. **Build a workforce** that is knowledgeable about the diverse needs of our community, engaged in our work, compassionate towards others, and accountable for our actions;
3. **Build systems** that make positive contributions to the lives of our clients and community;
4. Communicate to and **partner with the community** to improve the health and wellbeing of all residents of Napa County

In each of these activities, we consider the role that **power, systems and culture** play in sustaining unequal and exclusive policies and practices and our work aims to ensure the interplay of these dynamic forces is beneficial within the Agency and wider community. A timeline of efforts and activities is provided below.

Figure 1. Timeline of HHSA Activities



In 2015, HHSA leadership recognized that, although these activities intended to take the Agency in the right direction, there was no mechanism in place to determine whether the Agency’s capacity to address health equity was improving. HHSA leadership and staff believed that an organizational self-assessment would help the Agency to prioritize actions that will make the Agency more effective in improving equity for all.

As a result, the BARHII Organizational Self-Assessment was launched 2016. This large scale organizational assessment was originally developed by a workgroup of the Bay Area Regional Health Inequities Initiative (BARHII). BARHII is a coalition of the Bay Area’s eleven public health departments committed to advancing health equity (<http://barhii.org/>). The Assessment was designed to review and

measure a set of interrelated elements, including the skills, organizational practices, and infrastructure needed to improve health equity in the community.

The Assessment involved close to 500 HHSA staff and community partners who provided feedback on their knowledge, commitment, and capacity to address health equity through surveys, focus groups and interviews (more details about the methodology can be found in the Appendix). Over 80% of HHSA staff participated in the Assessment, meaning that the findings are generally representative of HHSA staff.

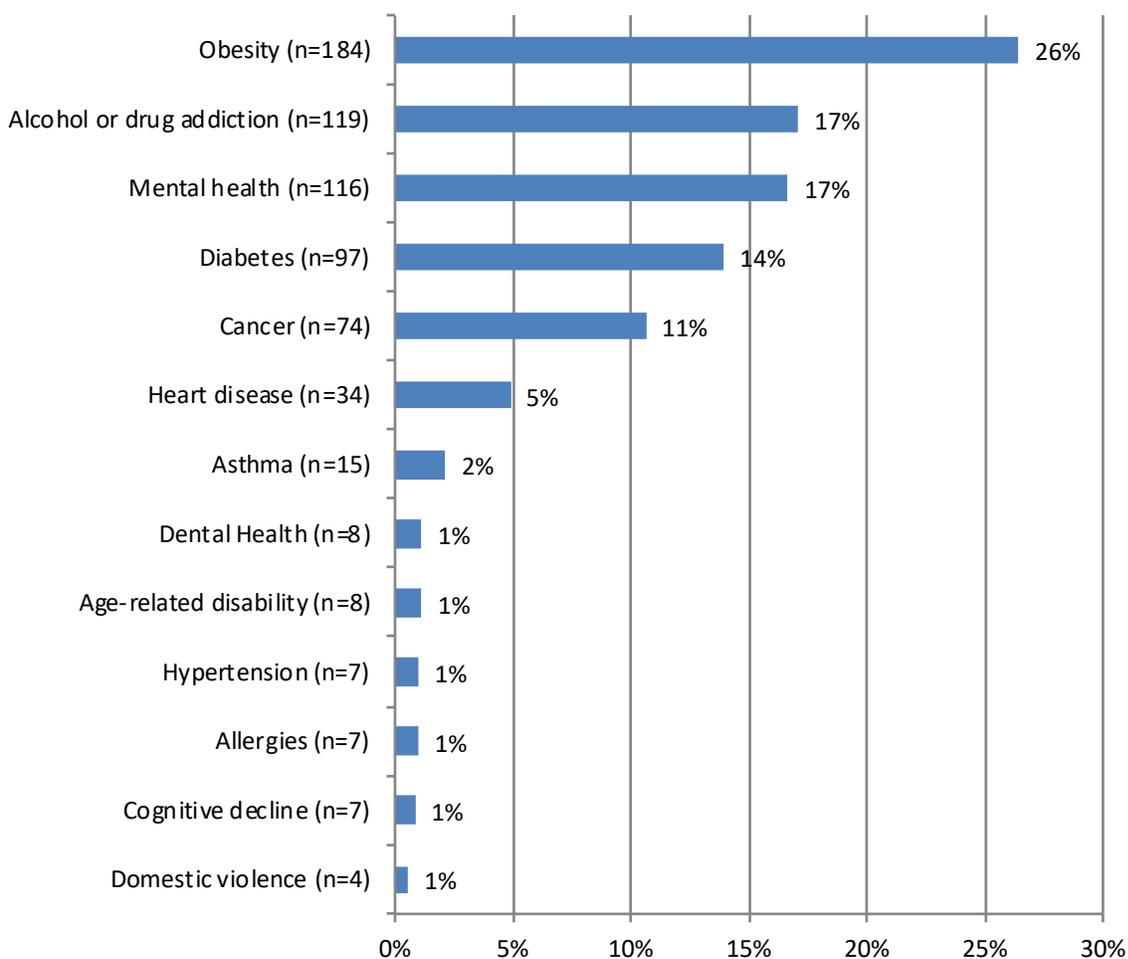
This document provides an overview of the key findings of the Assessment. It frames the responses of all methodologies to answer the following eight questions:

1. How knowledgeable are HHSA staff and collaborating partners about health equity?
2. How committed are staff and community partners to addressing health equity?
3. How well has HHSA integrated health equity into its work?
4. To what extent does HHSA train its staff to address health equity?
5. How diverse and inclusive is HHSA?
6. Does HHSA's internal culture promote behavior that helps the Agency to improve health equity?
7. How well does HHSA work in partnership with the community to address health equity?
8. What does all of this data tell us about HHSA's capacity to address health equity? What steps can we take to improve how HHSA addresses health equity in Napa County?

How knowledgeable are HHS staff and collaborating partners about health equity?

The Assessment showed that community participants and HHS staff have a good understanding of the conditions that contribute to health equity. HHS staff identified the top three health conditions facing Napa County residents as obesity/lack of exercise, substance use disorders, and mental health problems (Figure 2). These results were similar to the 2013 Community Needs Assessment, which identified alcohol and drug abuse, inactivity/lack of exercise, mental health issues as among the top three health concerns facing county residents (Live Healthy Napa County, <http://www.countyofnapa.org/LHNC/>, accessed December 30, 2016).

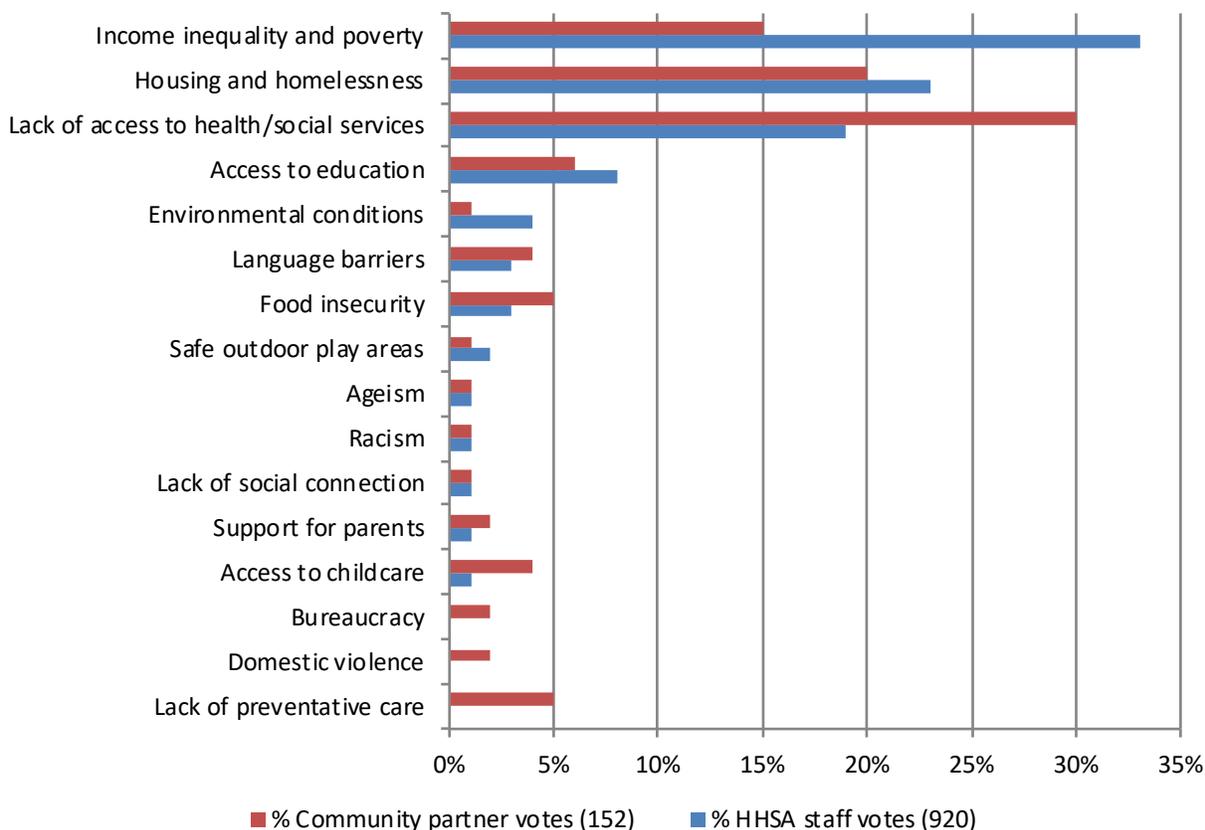
Figure 2. Top health concerns facing Napa County residents, according to HHS staff (n=393)



Participants generally recognized that health encompasses more than a lack of illness, and includes a variety of other conditions and factors, such as: lack of access to health and social service, lack of availability of affordable housing, and poverty (Figure 3). Interestingly, these three issues were identified by both HHS staff and community partners, but in the reverse order of priority. According to HHS staff, the top condition impacting health equity was poverty/income inequality while community partners identified a lack of access to services as the main contributing factor to health inequity (Figure

3). Both HHS staff and community partners identified access to affordable housing and homelessness as the second most important condition affecting health equity in Napa County.

Figure 3. Conditions that cause health inequity, Community partners compared with HHS staff



Lack of affordable housing and lack of service access are undoubtedly important concerns that do contribute to health equity. Interestingly, however, the underlying structures that contribute to unequal health outcomes, such as racism, sexism, ageism, lack of opportunities, abuse, trauma and stress were only identified as a top health condition by a small number of respondents.

What factors are present in the stories of Rose’s and Lillian’s families?

Which of these factors does HHS have the potential to impact or influence?

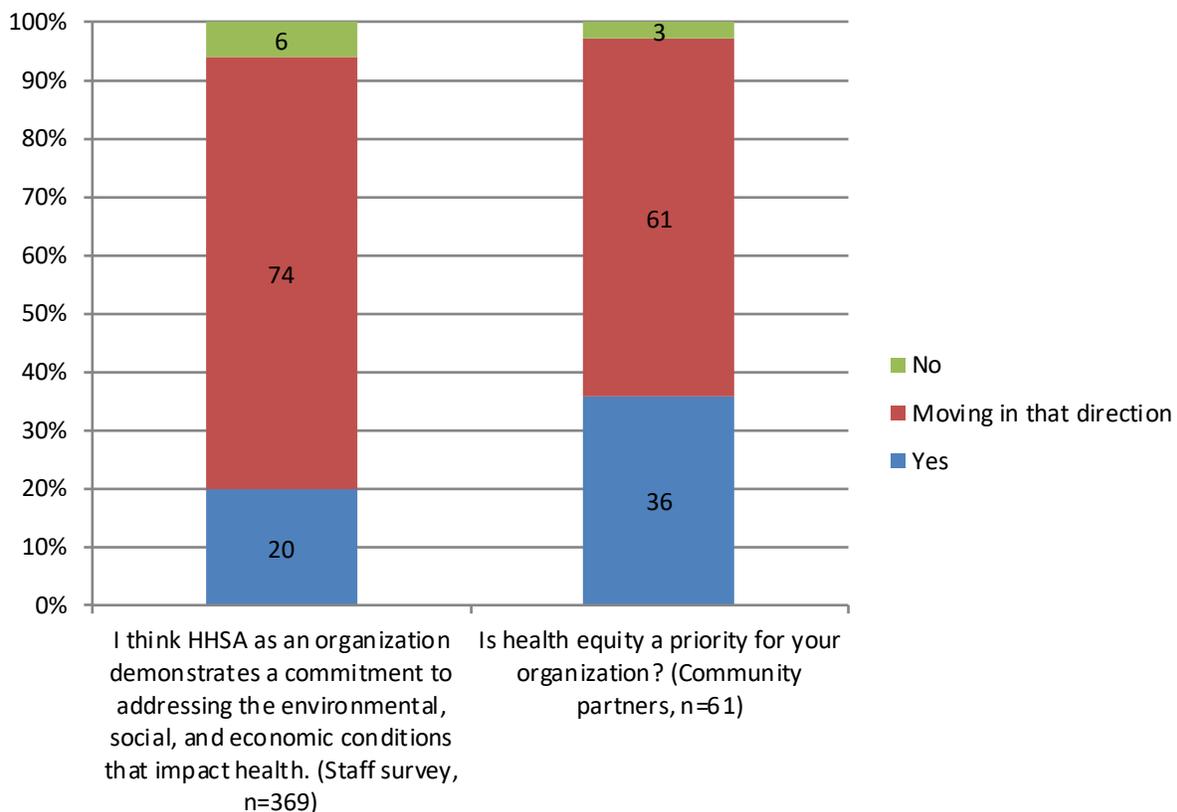
How committed are staff and community partners to addressing health equity?

The BARHII Assessment suggests that there is a strong commitment to addressing health equity among Agency staff and community partners. There is a unanimous agreement within HHSA’s Senior Management Team (SMT) that the vision, mission, and values statements demonstrate that HHSA has a commitment to improving health equity. The majority of HHSA staff agrees with senior management: 73% believe that HHSA’s current vision statement demonstrates a commitment to addressing health equity and 75% believe that HHSA’s current values statement demonstrates a commitment to addressing health equity. The large majority (90%) of collaborating partners who participated in this survey believe that HHSA should be playing a significant role in addressing health equity in the community.

While HHSA staff, SMT and collaborating partners believe strongly in the importance of addressing health equity, the survey results show that HHSA has some work to do to realize this vision more broadly. The survey results show that, currently only:

- 20% of staff believe that HHSA’s activities *currently* demonstrate a commitment to addressing health equity (Figure 4);
- 26% believe that HHSA advocates for policies to address health equity; and
- 36% of community partners stated that health equity is a high priority for their organization

Figure 4. Commitment to addressing health equity, HHSA and community partners



HHSA adopted the goal of improving health equity in its 2016 strategic plan, so it is not surprising that staff believe that HHSA can do more to improve its emphasis on health equity. Fortunately, responses from HHSA staff indicate that while HHSA's commitment to addressing health equity is currently low, 74% of staff believes that HHSA's commitment to addressing health equity is increasing. This finding was reflected in many of the qualitative responses in the staff survey and in the focus groups:

I think that overall the general trend of the HHSA is heading in the direction of addressing the social determinants of health.

I think we are moving in a great direction toward the health and wellness of all our clients. I cannot wait to see how this all unfolds in our community.

Recent activities (Including this survey) demonstrate our efforts to move in the right direction.

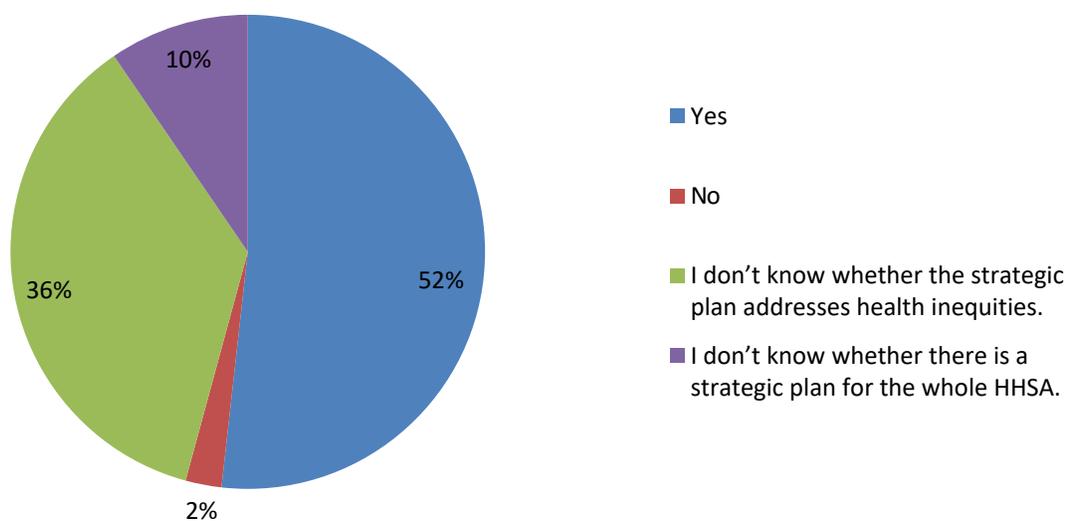
What is the potential effect(s) to Rose and Lillian, and their families, if HHSA and our partners fail to maintain this commitment to improving health equity?

How well has HHSA integrated health equity into its organizational strategy?

Improving health equity in the community requires that HHSA takes a systematic and strategic approach. Developing an overall strategy to address health equity began in 2016 with the development of the HHSA strategic plan, in which health equity was identified as a key goal of HHSA.

Although most HHSA staff and all of the SMT believe that HHSA’s vision, mission, and values statements demonstrate a commitment to improving health equity, the Assessment shows that this vision has not yet been translated into practice. For example, a little more than half of staff believes that HHSA’s strategic plan addresses health equities (Figure 5).

Figure 5. Does HHSA’s strategic plan include a commitment to addressing health inequities? (n=367)



Awareness of strategies to improve health equity at the Division level was even lower, with only 35% of staff reporting that their division has a strategic plan that addresses health equity. Many qualitative comments suggest that staff do not yet see how addressing health equity is being translated into action:

Our actions and outcomes do not show we are making significant impacts on creating equitable conditions. As an Agency we have a bad history of spending a lot of time talking about it in meetings and planning and very little in actually making things happen.

Some divisions and staff do these actions, but it isn’t consistent across HHSA. For example, most of the HHSA’s services are offered 9am-5pm, Monday — Friday in Napa, which is a challenge for working families and those living outside the City of Napa.

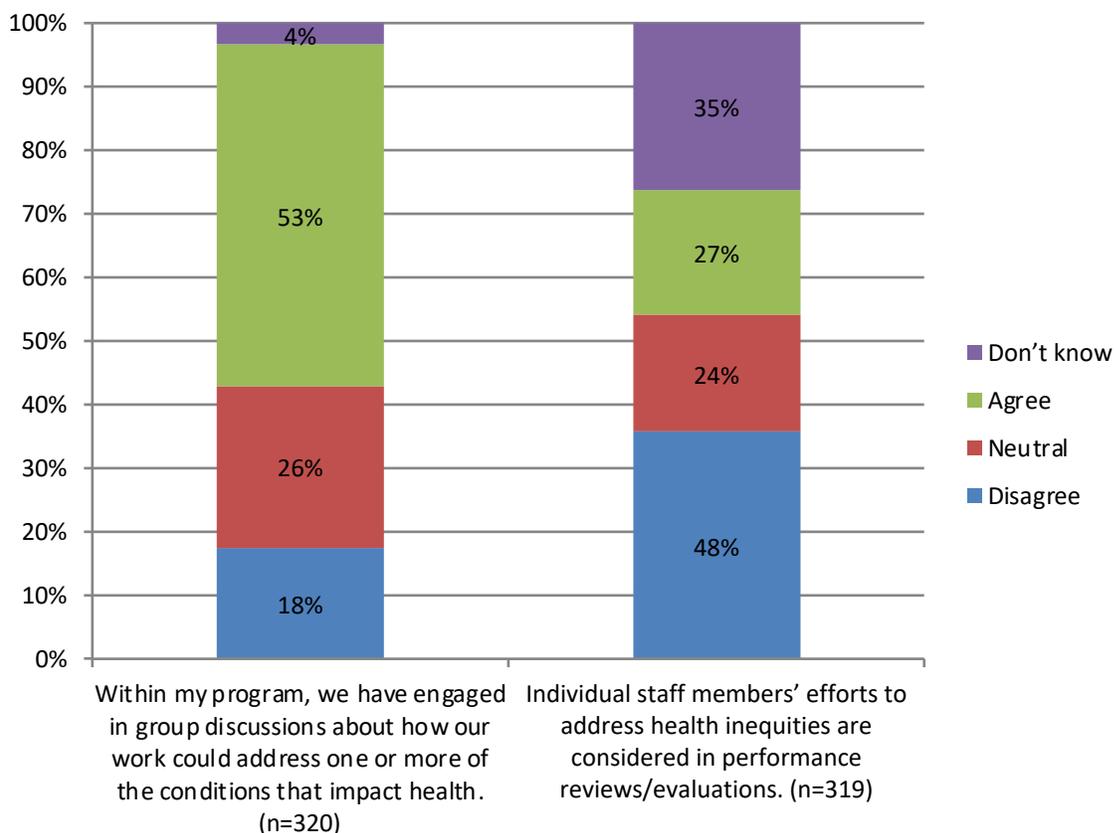
I think we talk about it a lot and have done some assessment of upstream issues in our community but the implementation of programs and policies is yet to be seen.

The surveys and interviews suggest several reasons why HHSAs' vision has not yet been translated into action. First, health equity is not yet an explicit part of the work of programs and divisions: only 27% reported that addressing health inequities is considered in performance reviews and evaluations and 53% of respondents have engaged in discussions about how their programs can improve health equity (Figure 6). SMT members consistently mentioned the value of customer service but did not explicitly speak about health equity as a value underpinning their work. As a result, the broader conditions that affect health are not often relevant to the daily work of most HHSAs staff, as reflected in the following comments:

I applaud that this Agency is embracing this new direction of addressing these important issues facing our community, however, I feel that the culture within our divisions still have a long way to go in terms of actually seeing and believing that there is a connection and that we must accept this in order to better serve our internal and external customers. Keep up the good work.

Our department explicitly ignores that paramount environmental, social and economic conditions that impact health, for example, poor nutrition in (service name); unavailability of special food needs for diabetics and pregnant women...we have the highest rates of cancer among children in adults in California which is a statistic that is ignored by our health professionals, and our drinking water for two years exceeds the Federal allowable limits for contaminants such as THMs/tri-halo-methanes.

Figure 6. Perceptions of whether health equity is integrated into the work of Agency staff



The second reason why HHSA’s strategic plan has not yet been translated into the specific goals within most Divisions is that SMT members have struggled to prioritize health equity given their many other competing priorities. This SMT member said:

I have questions on addressing health inequities:

- *We are busy, working all the time; how do we address these needs in the Division?*
- *How to make it a priority?*
- *How do I take a different perspective?*
- *How do we not do business as usual?*
- *How do we incorporate inequities society has created that cause disparities?*

These are some of the questions I think about as I do my work.

Perhaps as a result of these competing priorities, it is not clear to what extent Divisions have or are planning to integrate health equity into their Division-specific strategic plan. All Divisions are at a different stage in their strategic planning process: some divisions have scheduled dates for to begin whereas others have not scheduled the work at all. Table 1 summarizes the status of the Division strategic planning processes and whether community input is sought. Without the Divisions themselves making an explicit link between the planning and values espoused in the daily work of division staff, it will be difficult for HHSA to make progress on addressing health equity.

Table 1. Progress of Division-specific strategic planning, SMT interviews

	Completion date	In Process	Not Scheduled	Community Input
Quality Management	July 2017	X		
Public Health	TBD	X		X
Alcohol and Drug Services	TBD	X		X
Fiscal	TBD	X		
Self Sufficiency Services	TBD	X		X
Comprehensive Services for Older Adults	TBD	X		X
Child Welfare Services	TBD	X		X
Mental Health			X	X
Administration			X	X

The third reason why participants perceived there to be a lack of action towards improving health equity is that there is no consistent way of measuring whether HHSA’s efforts to improve health equity are working. Gathering and communicating useful data on progress is crucial for staff to feel as though the efforts they are putting in are making a difference, as well as showing HHSA needs to improve, as reflected in the following comments:

I have heard of HHSA is moving in the direction of health equities, however I do not know how far or what good all these meetings and training are helping the community. Have not seen or heard this impact the population.

I know that this has been the talk and focus of HHSA recently but not sure of how it is moving.

We still have a ways to go, we do not yet have a larger model that integrates and connects services and efforts into a cohesive whole. We still have many well-meaning people working in silos, not really knowing what others are doing and how efforts are coordinated and connected. We are not yet at a real collective impact model based on integrated place based services.

The survey, focus group, and interview data demonstrate that HHSA has a strong, clear vision about improving health equity in the community. HHSA needs to work on translating this into action by:

- Building health equity into employee’s daily work, including hiring practices, staff meetings, Divisional strategic plans, and performance evaluations.
- Engaging in planning at the Division-level that explicitly addresses how programs will work towards improving health equity.
- Developing and tracking progress against key indicators of health equity, which can help to build and sustain momentum among staff and community efforts.

Thinking back to what conditions cause health inequity and which of those factors are present in Liliiana’s and Rose’s family situations; how does strategic planning and action in these areas potentially change the outcomes for Rose, Lillian, and their families?

To what extent does HHSa train its staff to address health equity?

Addressing health equity in the community requires that staff not only have knowledge about health equity, but also the skills to work well with community and with each other. Being offered training and development opportunities is also crucial for employees to take positive actions to further the mission of an organization (O'Reilly, 2014).

The BARHII organizational self-assessment data shows that a key strength of HHSa is that employees are expected to attend trainings and offered opportunities to learn and grow. Many of the internal trainings offered to staff have a strong focus on health equity. For example, new staff receives an orientation which includes a discussion on health inequities and the social determinants of health. The training suite, *HHSa in the 21st Century*, which is made up of trainings on implicit bias, cultural intelligence and emotional intelligence, provide a foundation to further develop specific training on health inequities. Their root causes, race/ethnicity/culture and the role they play in the social determinants of health and health disparities.

According to the staff survey 70% agree that they are given the opportunity to seek professional development opportunities (Figure 7), and 61% have received training about how their program can address health inequities.

I am very honored to be employed in a county that helps me grow not only professionally but as a whole person.

I am encouraged by HHSa leadership...They have allowed me to participate [in trainings] and be an active learner.

The most common professional development opportunities offered to staff have been the flexibility to attend internal and external conferences (74% of respondents have been offered this) and being reimbursed for attending a relevant class or training (41%)

Figure 7. I am given the opportunity to seek professional development (n=340)

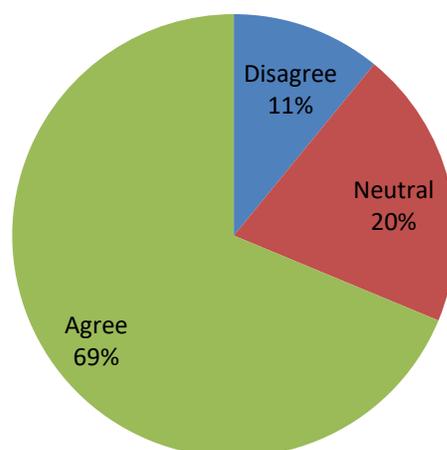
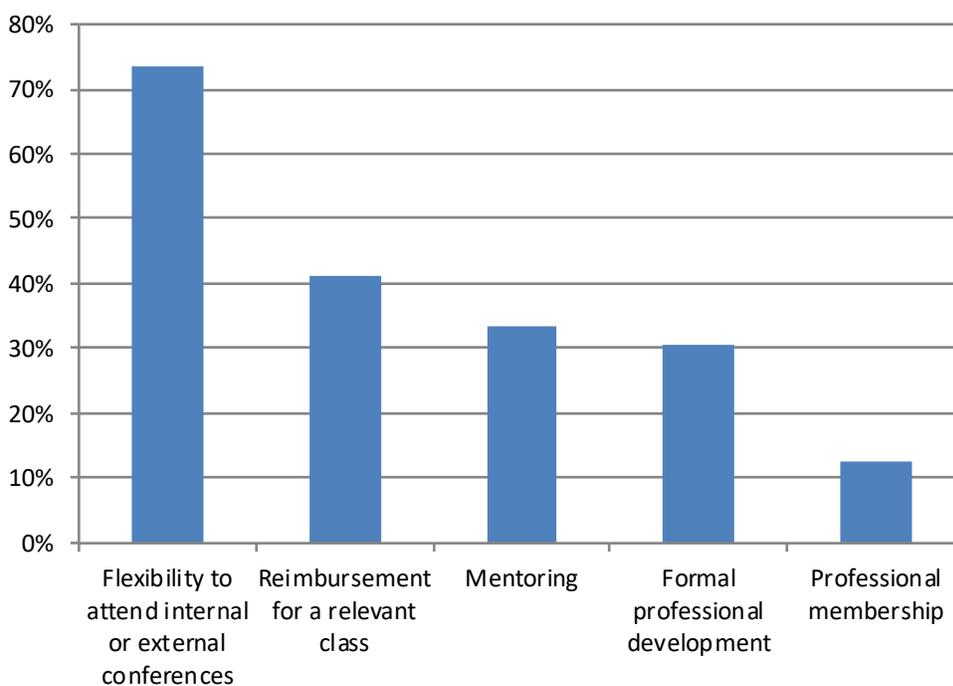


Figure 8. Percent of staff who have been offered the following professional development opportunities (n=290)



The SMT reported that they actively encourage staff to build skills and knowledge around health equity:

Exposing people in HHSA to ‘Unnatural Causes’ and Live Healthy Napa County has exposed the community to the social determinants of health. (SMT member)

In Napa County awareness is growing. Place-based services are a new concept for a lot of people. Feedback has been good; it’s exciting. For me, [training on] social inequities expands the way I look at my work. (SMT member)

The one challenge in providing additional trainings and support is the difficulty balancing training attendance while also providing quality services to clients, as pointed out by the following respondent:

Although I am encouraged to participate and attend trainings and meetings, there is a constantly growing caseload and not enough workers to stay within timeframes or working and processing cases. This forces me to choose between being an involved team player/ coworker who attends and gives feedback or a diligent worker who is attentive to my clients, returns calls, am available to see them and grants/ denies cases timely.

There is considerable support among SMT for providing Agency staff with the opportunity to seek professional development, and Agency-wide trainings, such as the training suite, are important for building some foundational skills to improve health equity.

The ability to engage in meaningful dialogue about the role race and culture plays in the distribution of opportunity and resources in our communities is fundamental to HHSA’s ability to effectively

address social determinants of health and equity in our community and will require that we continue to build on the foundation of the training suite. Additionally, HHSA staff will need to develop the specific knowledge and skills necessary to increase collaboration, adapt programs/interventions, and to practice differently in different communities. It is important that HHSA provide opportunities for staff to move from conceptual understanding of equity to the ability to translate skills into daily practice. The findings of the Assessment have already started to guide the instructional design of a Race and Cultural Equity curriculum.

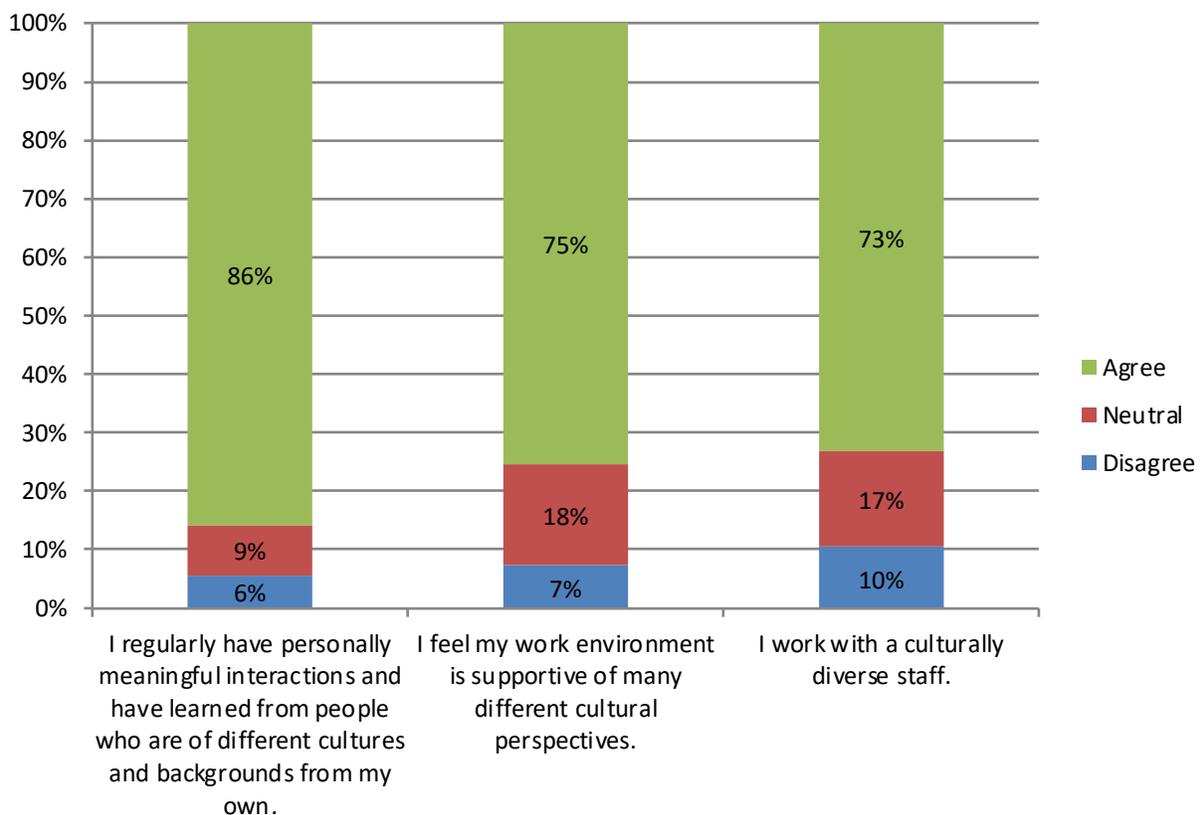
Why does it matter to Rose and Lillian's families that HHSA staff are able to successfully adapt their approach and practice with different families?

How diverse and inclusive is the HHSA workforce?

Valuing and promoting racial/ethnic, cultural, gender and socio-economic diversity is another crucial element to improving health equity; if HHSA does not value and support diversity internally, it will be difficult to encourage the broader community to improve health equity across diverse groups.

SMT and HHSA staff reported that they strongly support and value diversity. Of the staff who participated in the BARHII survey, 84% report that they have meaningful interactions with people from different cultural backgrounds and 72% agree that they work in culturally diverse work environments (Figure 9).

Figure 9. Perceptions of diversity within HHSA (n=320)



The composition of HHSA staff is currently more diverse than the population of Napa County and more closely matches the diversity within California overall (Figure 10). There are some interesting differences in the racial and ethnic composition across HHSA Divisions, with Self-Sufficiency and Alcohol and Drug Divisions having a higher percentage of Hispanic/Latino employees than other Divisions (59% and 46% respectively; Figure 11). Responses given in the SMT interviews indicate that diversity is a higher priority for some divisions than for others.

Figure 10. Race and ethnicity of HHSA staff compared with CA and Napa County (Source: Napa County Human Resources data, April 2016)

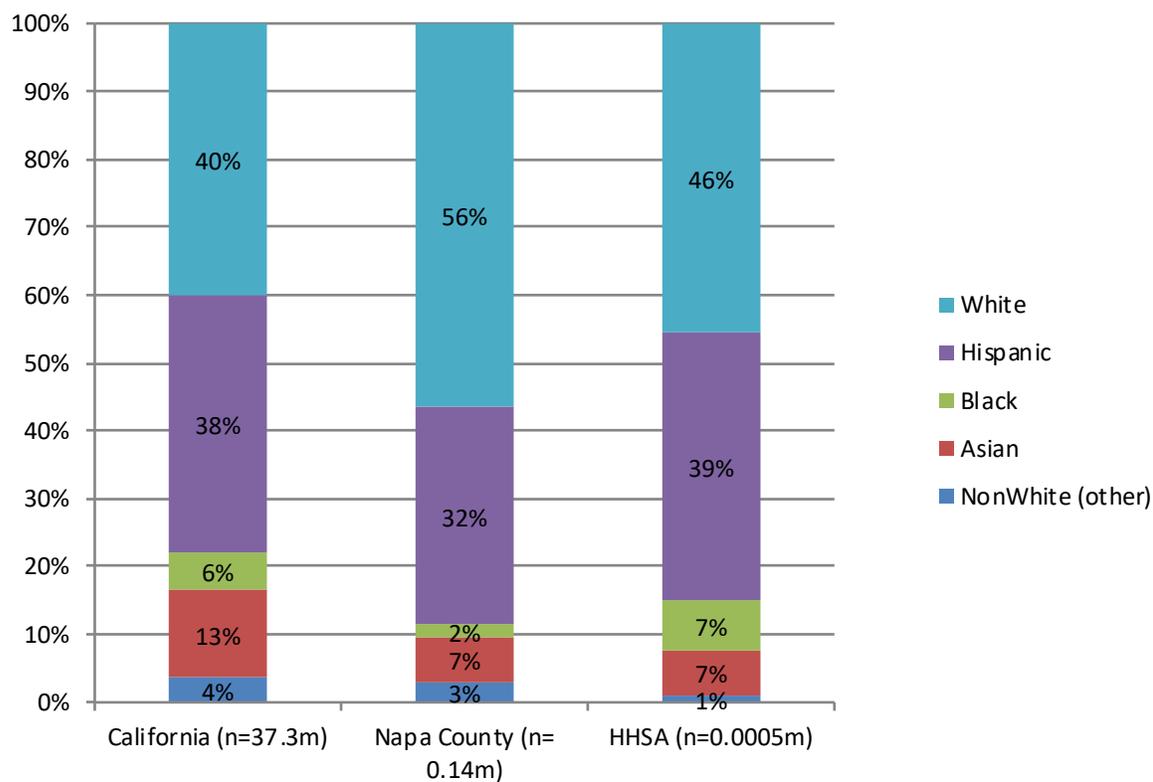
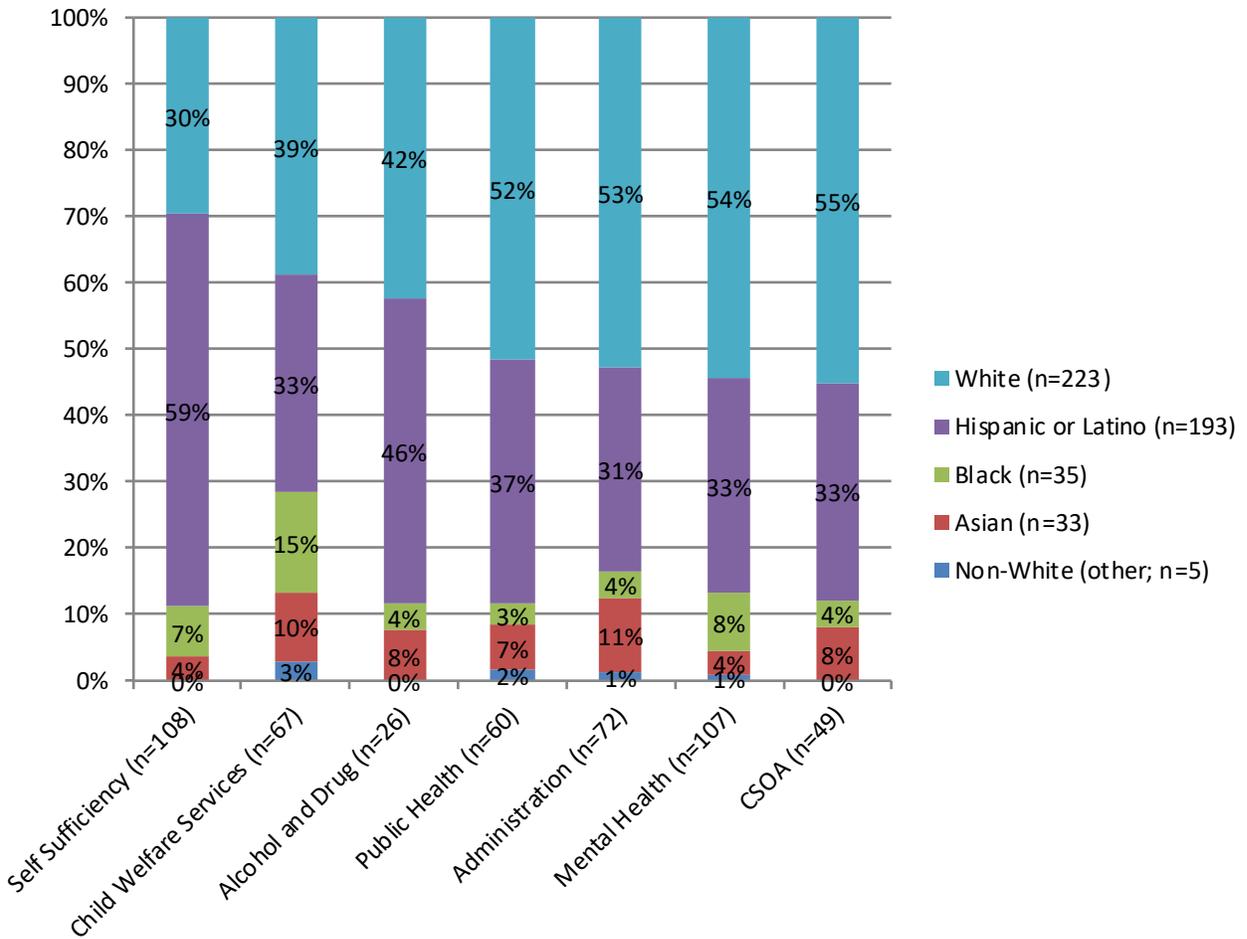
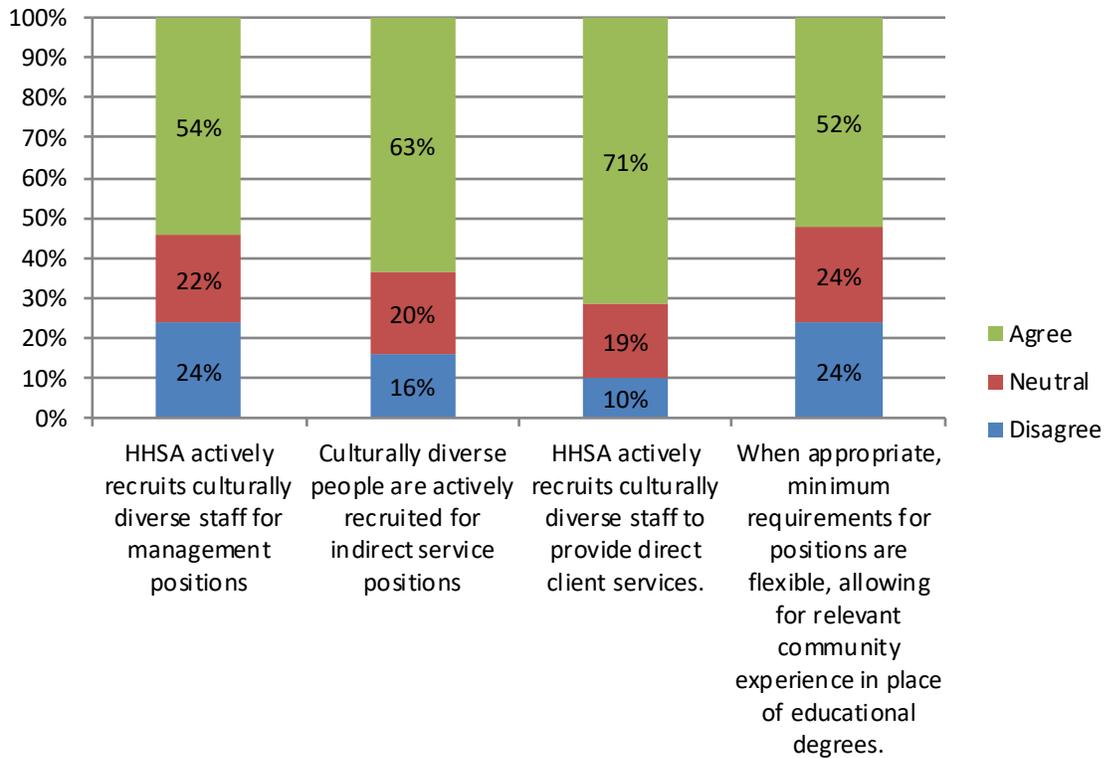


Figure 11. Race and ethnicity by Division (Source: Napa County Human Resources data, April 2016)



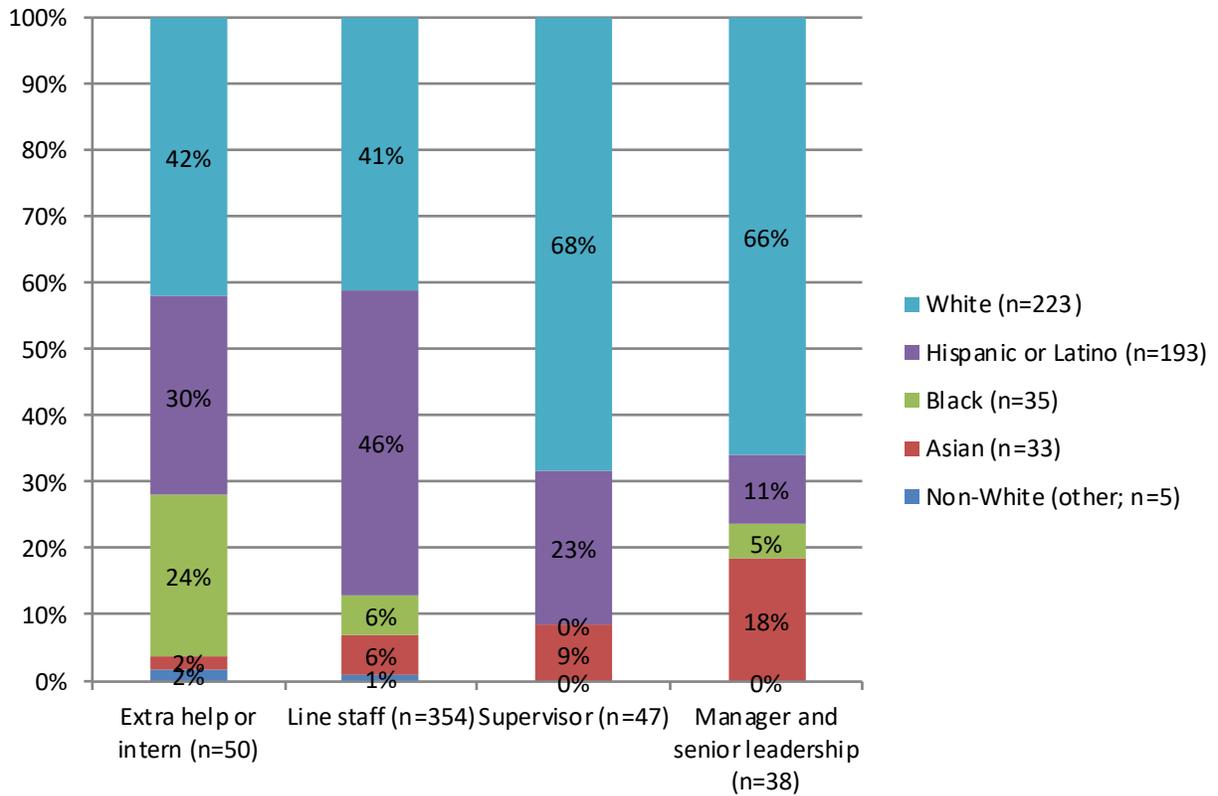
Diversity begins with the hiring process. SMT members stated that they are well aware of the importance of hiring a diverse workforce that is reflective of the diversity within the community. Staff who completed the BARHII survey believe that diversity is more highly valued in direct service provision compared with indirect services and in management positions (Figure 12).

Figure 12. Perceptions of diversity in recruitment (n=224)



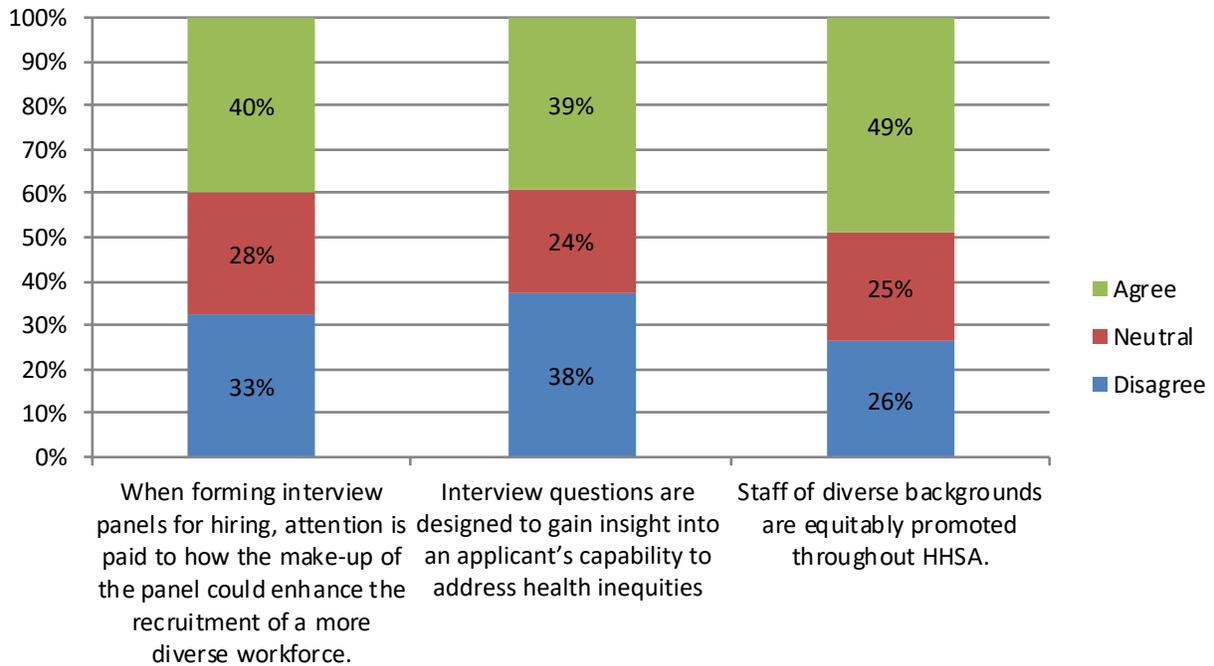
Building a diverse workforce also requires addressing barriers to integration and career advancement faced by people of different racial and ethnic backgrounds. HR data shows that the majority of leadership positions in HHSAs are still held by those who identify as White: people in this group make up 46% of all HHSAs staff, but 68% of supervisors and 66% of managers/senior leadership (Figure 13). Those who identify as Black and Hispanic/Latino make up 52% of direct and indirect staff, but only 16% of managers and senior leadership. Interestingly, those who identify as Asian are underrepresented in HHSAs overall (7% of all staff) but make up 18% of managers and senior leadership.

Figure 13. Race and ethnicity by staff level (Source: Napa County Human Resources data, April 2016)



The Assessment data showed that, while people believe HHSA has made strides in building its Spanish-speaking capacity, there is a general awareness that more can be done to focus on diversity: only 40% of staff believe that interview questions and panels are designed to recruit a diverse workforce, and just under 50% of participants believe that people of diverse backgrounds are promoted equitably throughout HHSA (Figure 14).

Figure 14. Perceptions of diversity in the hiring and promotion process (n=224)



Some participants also recognized that there may be other gaps in service provision outside of Spanish-speaking staff, including staff who can represent and support growing LGBTQ and Filipino communities. These opinions were reflected in the qualitative comments made throughout the survey, focus groups and SMT interviews.

There is a need to create opportunities for a range of folk to apply for positions, and once hired, they are supported to advance in the organization.

We need more diverse Asst. Directors/ Supervisors/ Staff to understand community needs 1st hand. This would better support our growing diverse employees and community members. In turn, will help our agency retain its slow-growing number of diverse employees who are vital to delivering better community services to underserved communities in Napa County.

I think there is some 'old guard' that have been able to adapt to the changing environment of a more culturally and racial tolerant work environment and I think senior management also needs to look at the how to increase the diversity in the higher echelons of HHSA—how do we promote and provide opportunities for current staff/Spanish speaking/people of color to move up with more educational opportunities and be able to still work to provide for their families?

HHSA focuses on the Latino community and not so much on other minorities within the county, e.g., Asian/Pacific Islanders, Middle Eastern, African American

A few responses to the survey indicated that the focus on diversity can also be frustrating to groups of people who are not in targeted groups:

The survey was good, but there are too many bilingual positions. If you don't speak Spanish you cannot promote.....

While this comment was not explicitly addressed by many respondents, it is important to note that this opinion exists among some staff and suggests that further targeted discussion on race and gender could be helpful to break down barriers between groups in HHSA.

The Assessment data and HR data show that HHSA has made strides in hiring a diverse staff, and yet more work needs to be done to ensure there is full inclusion and integration of staff across different racial and ethnic groups as well as socio-economic backgrounds.

Do Rose's and Lillian's families benefit from a more diverse workforce at all levels? If so, how?

Does HHSA’s internal culture promote behavior that helps the Agency improve health equity?

Organizational culture refers to the “values that the members of a group hold in common” (Schein, 2010). Several elements of HHSA’s organizational culture, including how we communicate, make decisions, collaborate and take risks, are recognized as relevant to improving health equity and were measured in the Assessment.

Communication

Data from the staff survey show that the majority of staff say they are provided with the opportunity to talk to their supervisor about health equity and, at some level, understand why decisions at a Division and Agency-level are made (Figure 15). For example, 49% of respondents believe that when a program level decision is made that affects job tasks, they always or usually know why the decision was made; at an Agency level, this number is 41% (Figure 16).

Figure 15. I have the opportunity to talk to my supervisor about health equity (n=312)

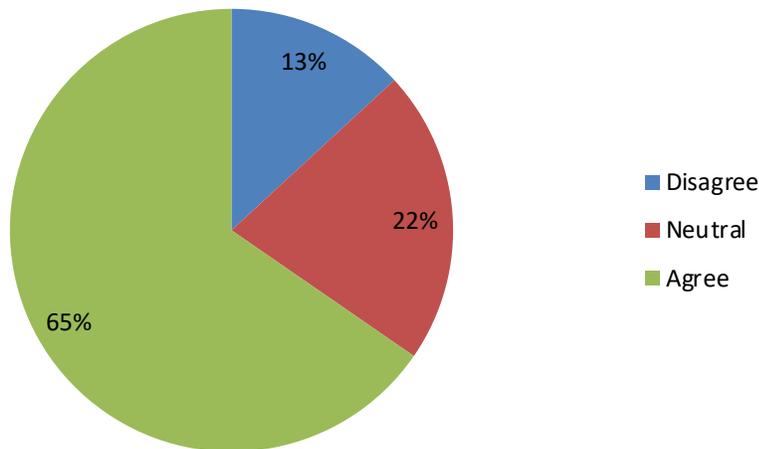
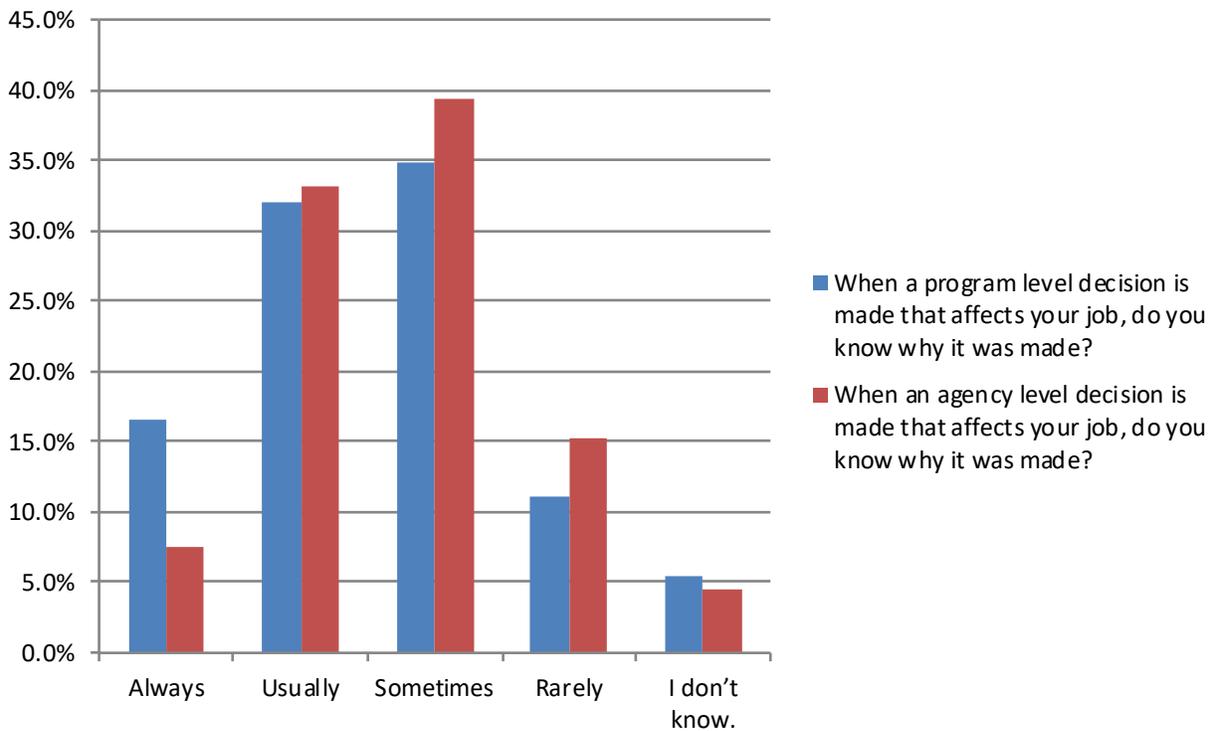


Figure 16 Knowledge of decision-making at a program and agency level (n=353)



And yet, the qualitative survey responses show that people in the organization still struggle to communicate effectively. Respondents reported that communication is hampered by the lack of time and attention paid to building relationships among Agency staff. This theme was most prominent among focus groups with direct and indirect staff and supervisors, who talked about how there remains a lack of trust among employees, particularly among those of diverse cultural backgrounds or with different family structures, which makes it difficult for some to discuss ‘undiscussable’ issues.

Relationships are at the core of everything...How do we know that people are really going to adhere to the behaviors and mindset we say we're going to adhere to given that we have multicultural, hierarchal barriers? I don't personally feel safe in all places and creation to safe space is difficult.

In regards to able to trust it's taken me a long time to be able to safely talk about my family structure. This is an area of struggle and took a while to be willing to publicly potentially take the risk of my livelihood to be me.

Building relationships of trust across different levels of staff was something that participants valued and desired, and was one of the most prominent themes that emerged from the focus groups. Interestingly, staff suggested that communication could be improved not through more formal communication structures, but rather by spending more time with management listening to their concerns and showing respect:

[I would like to see] Division directors and managers making themselves more accessible: walking through the offices and saying hi, asking about my weekend.

We have deficits in trust in communicating with each other both within and without HHSA, trust gets in the way to providing services and working together. As an Agency we're trying to do that using the mutual learning framework, building respect, flattening the hierarchy.

It's hard to convey to management who can be very disconnected from what it happening with clients. Managers not always soliciting information from line staff

Managers not supportive or listening to what the real issues are

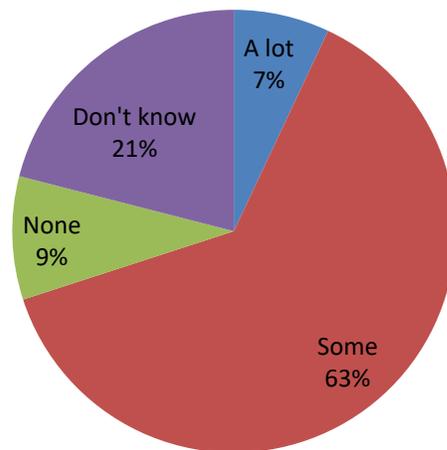
[We need to...] fix trust deficits, build respectful relationships

These data show that HHSA needs to do more to improve internal communication. Survey and focus group participants reported that improving communication requires focusing on *informal relationships* rather than formal communication structures (e.g. meetings, newsletters, email), and that it is particularly important for supervisors, managers and senior managers to intentionally focus on building strong relationships of trust among their teams.

Decision-making and participation

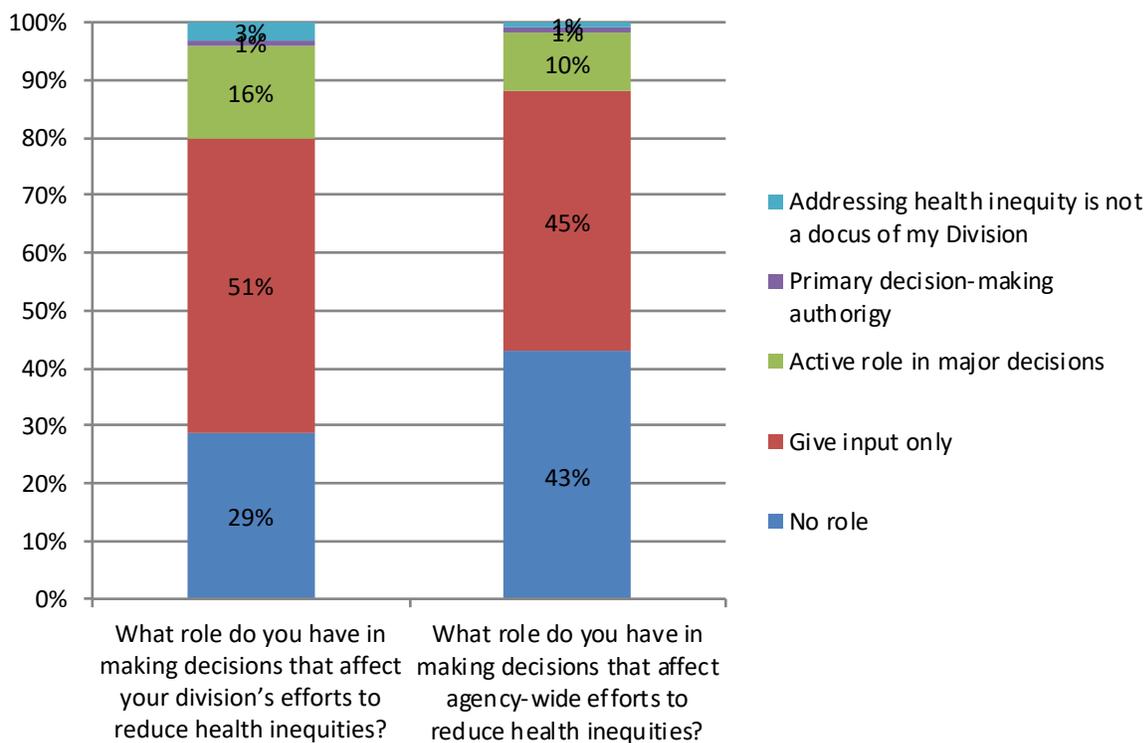
According to the Assessment, one of HHSA's strengths is that all levels of staff are included at least somewhat in planning and decision-making processes across HHSA: 70% of respondents reporting that all levels of staff are involved in program planning some or a lot of the time (Figure 17).

Figure 17 To what extent are all levels of staff involved in program planning? (n=366)



While there is a relatively high degree of staff involvement in the planning process, staff reported that they are less involved in decisions about improving health equity, with 29% of all survey respondents reporting that they have no decision-making role in division-wide efforts to improve health equity, and 42% of all respondents stating that they are not involved in decisions that affect agency-wide efforts to reduce inequities (Figure 18).

Figure 18 Role in decision-making about health equity at a Division and Agency level (n=344)



While it is not realistic or desirable to involve all staff in all decisions, it is necessary for Divisions and HSA to have an effective consultation mechanism that involves staff at appropriate levels. This is currently done in two ways: the first, which was discussed by all members of the SMT, is the use of collaborative decision-making processes with Division staff. All SMT members stated that they value incorporating a diversity of opinions and viewpoints into decision-making, as indicated in the following quotes from SMT:

Much of what we do is dictated by the State. We try to collaborate on the hows and whens. We value feedback. My role is to make sure people are heard.

In this Division all staff is involved in problem definition and problem solving.

I have a collaborative management approach. I believe people with boots on the ground know most about what's going on and how they work so they are involved in decision-making when we need to make a change and we illicit their feedback. If you have an idea about how to improve things, bring it in. I try to be transparent about our work.

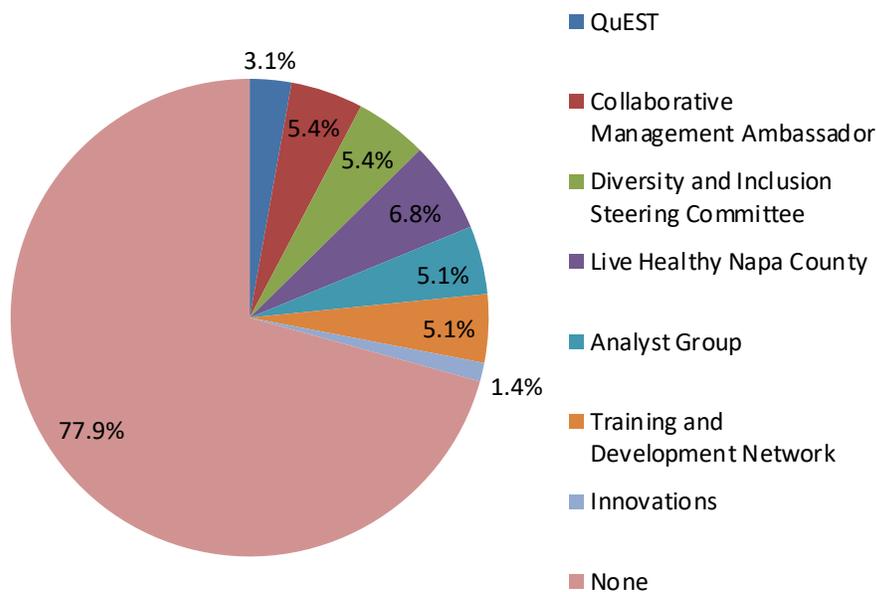
The second mechanism for consultation and inclusion in decision-making are workgroups on particular topics that are composed of multi-level staff, such as the Diversity and Inclusion Steering Committee, QuEST and Collaborative Management Ambassadors, who have direct access to senior management:

Staff works in multi-layered groups. Staff is invited to participate in workgroups. The workgroups have direct access to the Senior Management Team."

We encourage all levels of staff to participate in decisions that impact the Division, Committees, and workgroups. If you are impacted, you are involved. This is the feedback loop.

Although the workgroups involving multi-level staff exist, 78% of HHSA are not involved in any Agency-wide or community workgroups and several people are involved in more than one of these forums (Figure 19). This data suggests that a key strength of HHSA is that it values and has built processes to include all levels of staff in decision-making, yet more could be done to broaden inclusion on HHSA's work groups and to convey the impact that these workgroups have had on moving HHSA in the direction of meeting its strategic goals.

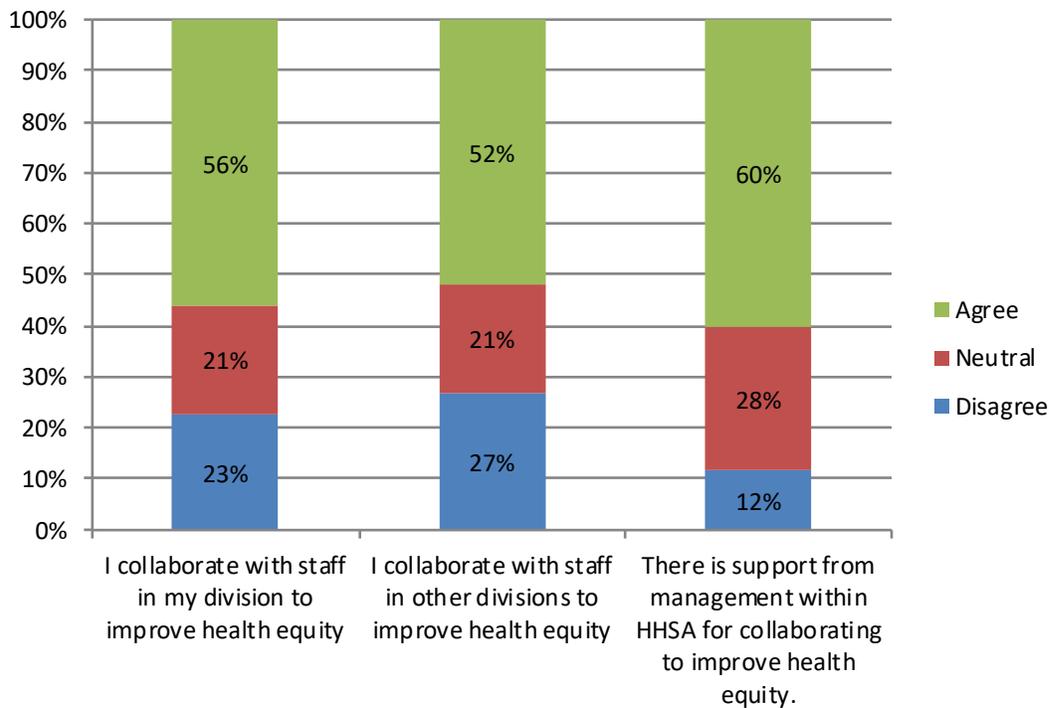
Figure 19 Staff involvement in Agency workgroups (n=353)



Collaboration

Improving health equity requires that we look at health more holistically to address the many conditions that affect health. Successfully improving health equity in our community requires working together both across Divisions and with the community (discussed later in the report). The staff survey data shows that some collaboration is occurring across HHSA: 60% of people agree that there is management support for collaboration, and 56% collaborate with others across their division in relation to the conditions that impact health equity. About half of all staff collaborate with others across divisions to work on the conditions that affect health equity (Figure 20).

Figure 20 Support for collaboration within HHSA (n=355)



The qualitative comments on the survey suggests that some improvements have been made to break down the silos that have traditionally existed across HHSA, but there is still more work to be done to ensure that the social determinants of health are being addressed holistically:

Historically we have been separate and concerned about the same client but rather than doing it in our silos, we are getting better and she sees the benefits of the increased rapport and relationship with folks from other parts of HHSA. That made it faster for me to know who to call (focus group, supervisor)

It seems like there are separate agencies within the division that make a collective effort towards health for the community a challenging endeavor.

Clarifying HHSA’s strategy and action plan on addressing equity will help to focus future collaboration efforts to ensure that they are addressing and achieving progress on common goals across HHSA.

Innovation and risk taking

The final area recognized by the Assessment as critical to achieving improved health equity is the approach an organization takes to innovation and risk, including the creative use of categorical funds. SMT members indicated that they are aware of the need for HHSA to use resources to both provide mandated services as well as support promising new approaches to improving health equity in the community. General funds that are not tied to particular programs are seen by SMT as the key to promoting creativity and innovation, and have been recently used to support the Whole Person Care initiative, Live Healthy Napa County and housing summits, as indicated in the following comments:

General funds provide options to create innovation.

As an Agency we look to leveraging dollars to maximize impact.

In my Division, I don't have a lot of categorical funds. But shifting County dollars around – as an Agency- yes, we look at leveraging County money. Some for match dollars, but some are flexible. We try to fill gaps in community needs

While creativity in funding is recognized by SMT as important to improving health equity, many staff members believe that funding restrictions and regulatory requirements remain one of the biggest barriers to innovation and creativity. This was discussed extensively within both the staff survey and the focus groups:

As our programs are State and Federal, we do not have the ability to change them at this level.

We're driven by Anasazi and billing.

I think there is the idea that because a lot of our programs are strictly prescribed, we have to do them the same old way. Partners and community members have not been as involved as they could have been in designing services.

I think the commitment is present, but it is difficult sometimes because of all the red tape (paperwork, policies, regulations). Example: If a full time student applies for CalFresh (CF) benefits and is not working at least 20 hours a week, that person is not eligible for CF benefits; however, if a person who is not working or going to school comes and applies for CF benefits, he/she could be eligible. Is that fair? No, but it is the regulation. The Eligibility Worker would like to help the student, but can't. It is hard to explain to someone that he/she is not eligible because of a certain regulation. I don't understand it myself. This isn't something that Napa County has any control over. That is just one example.

It seems like we are always rushing to catch up rather than being ahead of the curve. I am hopeful that this survey will promote a culture change to make HHS, including county policies, regulations, and [departments] more open to helping make things work rather than putting barriers at times.

The data also suggests that some staff believe that HHS's administration – including Quality Management, Fiscal, and County processes – increase the levels of complexity and further reduce the organization's willingness to innovate and take risks, as reflected in the following quotes from the staff survey and focus groups:

This process [improving health equity] will take time; most of us still have to implement and manage old scopes of work and revenue streams that are not flexible, we are managing huge amounts of complexity to keep HHS going such as QM, RBA, Compliance etc. that take up much time. We have not figured out what we can give up and prioritize to make time for this essential work. Instead great new projects are assigned to contractors or certain individuals and there is

not much opportunity for all staff to participate in a systemic change.... the only way this will ever happen.

We are behind the times. We still use paper forms and files, have archaic policies and processes, the website is not user friendly, and my boss writes on paper and gives it to me to type up (Staff focus group participant)

The BARHII self–assessment data showed that, in theory, staff and management do want to provide services in ways that are more creative and innovative. Yet, creativity is hampered by funding and regulatory restrictions, administrative processes that focus on risk minimization, and a culture that does not truly encourage and reward creativity.

To address some of the challenges presented by HHSA’s current culture, HHSA is in the process of implementing the Mutual Learning framework which aims to improve accountability, communication, and decision-making throughout HHSA. Staff who provided qualitative responses in the survey and focus groups were generally positive about what they had learned so far about Mutual Learning, and were optimistic that this framework would improve not only how staff work together internally and also with the community. But staff also encouraged HHSA to take the time to see changes in the organizational culture before moving on to the next big priority. Change, and the challenge of adapting to it, was raised in several of the qualitative comments from the focus groups and staff survey:

I don’t think enough time has been given to people to process change... We are in the midst of multiple changes = internally initiated and externally driven – related to practice changes.

The support for Mutual Learning indicates management support for changing and improving the organizational culture so, as implementation continues, we would expect there to be improvements in communication, decision-making, collaboration, and creativity over time.

How might Rose and Lillian’s families experience an HHSA that communicates well internally, collaborates well, involves staff in decision making, and supports innovation? How might they experience HHSA if these attributes are not present?

In what way do these things matter in improving the health equity of the greater community?

How well does HHSA partner with the community to address health equity?

Responses to the BARHII community partner survey (68 collaborating partners started the survey) indicate that HHSA is making a shift to being more open, transparent, and inclusive of the community in its work. Two community participants talked about some of the changes they have seen in their recent work with HHSA:

I may not have answered the [survey] questions the same 5 years ago. Leadership change has made a difference in open dialogue and LHNC.

MHSA had been frustrating in the past, but again leadership has made a change and there is more transparency. HHSA was more insular in previous years.

This section explores the findings from the community partner survey, including how community partners perceive HHSA's understanding of community need, power sharing, communication, and capacity building.

Understanding and responding to community need

In order to better understand community needs, HHSA conducts a comprehensive county health assessment that results in a community health improvement plan. The last plan was completed in 2014 and HHSA is preparing to administer it again in 2017. Results from the recent assessment became the basis for Live Health Napa County, a collective impact initiative with 60+ partners. Other ongoing assessments include:

- Public Health Epidemiology: Targeted geocoding
- Public Health, Hospital, Housing and business community: Meeting with the Federal Reserve Bank on employment
- Mental Health, Drug and Alcohol: Client assessments
- Drug and Alcohol: Housing assessments
- Homeless Division: Housing assessments
- Workforce Division: Employment assessments
- Survey conducted with seniors (1,100 responses received)

The HHSA SMT reported that they use other ways to stay aware of community issues, resources and strengths including: through relationships and interactions with CBOs; attending City Council and Board of Supervisors meetings; participating in, supporting and attending various community events; meeting with parent advocates; and reading local newspapers, emails, social media and newsletters.

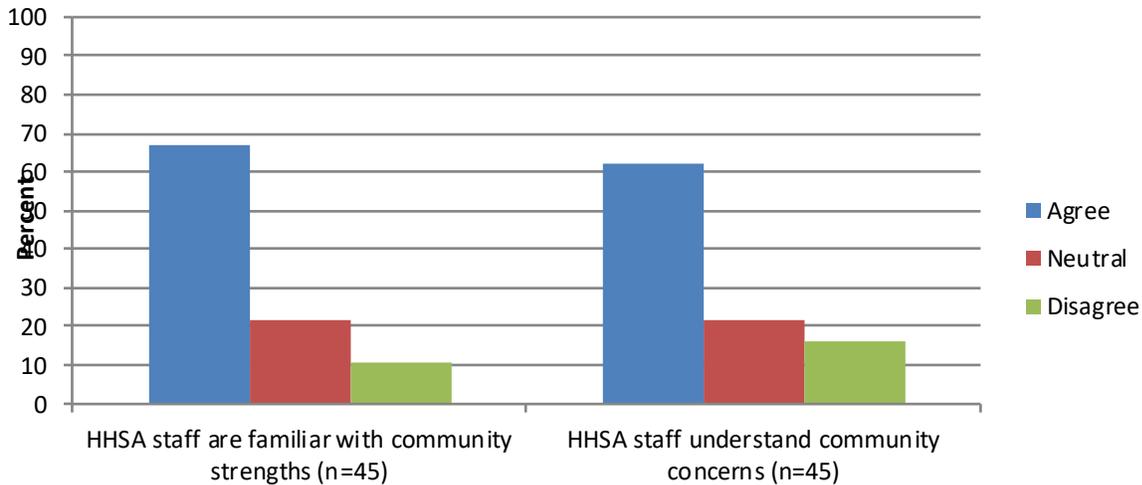
Community partners who participated in the Assessment indicated that a key strength of HHSA is the knowledge and competency of its staff who work with the community: this was a common theme among the majority of the 32 participants that responded to this survey question. Two participants stated:

I think they are doing a great job. I have learned so much about our community and appreciate the strong staff at HHSA who have helped get us to this point.

HHSA has provided insight on [community needs] through their health assessment and the food security work.

The majority of survey respondents agree that that HHSA and its staff are making a concerted effort to understand the community needs: 67% respondents agree that HHSA staff are familiar with community strengths, and 62% agree that HHSA staff understand community concerns (Figure 21).

Figure 21 HHSA staff understanding of community needs, (n=45)



In addition to being knowledgeable about the community, the majority of respondents praised HHSA staff for being open to new ideas and solutions to problems.

[HHSA staff are] always proactively looking for solutions...they have worked to improve the LHNC infrastructure and develop the project into a coalition of health supporters.

[HHSA staff are] open to new ideas; HHSA brings good data to discussions; really smart people work within HHSA.

Public Health department is very receptive to new opportunities, provides support to programs (emerging and established).

They are generally interested in new ideas and new approaches.

Although the majority of respondents believe staff are knowledgeable about the local community and open-minded to new ideas and approaches, they reported that staff are hampered by slow decision-making within HHSA. Only 14% of respondents, for example, believe that HHSA currently adapts to changes in the population (Figure 22). Only about half of respondents agree that HHSA is responsive to community priorities and that HHSA staff advocate on behalf of the community (Figure 23). This finding was reinforced by the qualitative comments, which identified the lack of responsiveness as one of the key challenges facing HHSA in successfully engaging with the community to address health equity:

The decision making/hiring process is slow. There are sometimes too many steps to make decisions. Decisions that should take weeks can take months.

New ideas and new approaches are very difficult to implement in the current system.

[HHSA] moves at a snail's pace on important initiatives

Figure 22 Does HHSA adapt to population changes? HHSA staff compared with community partners

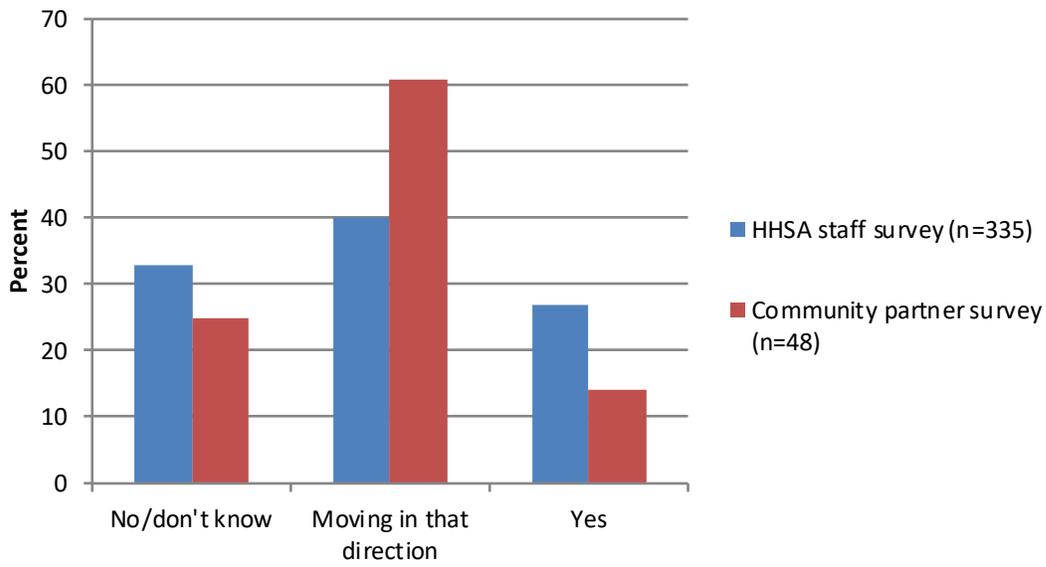
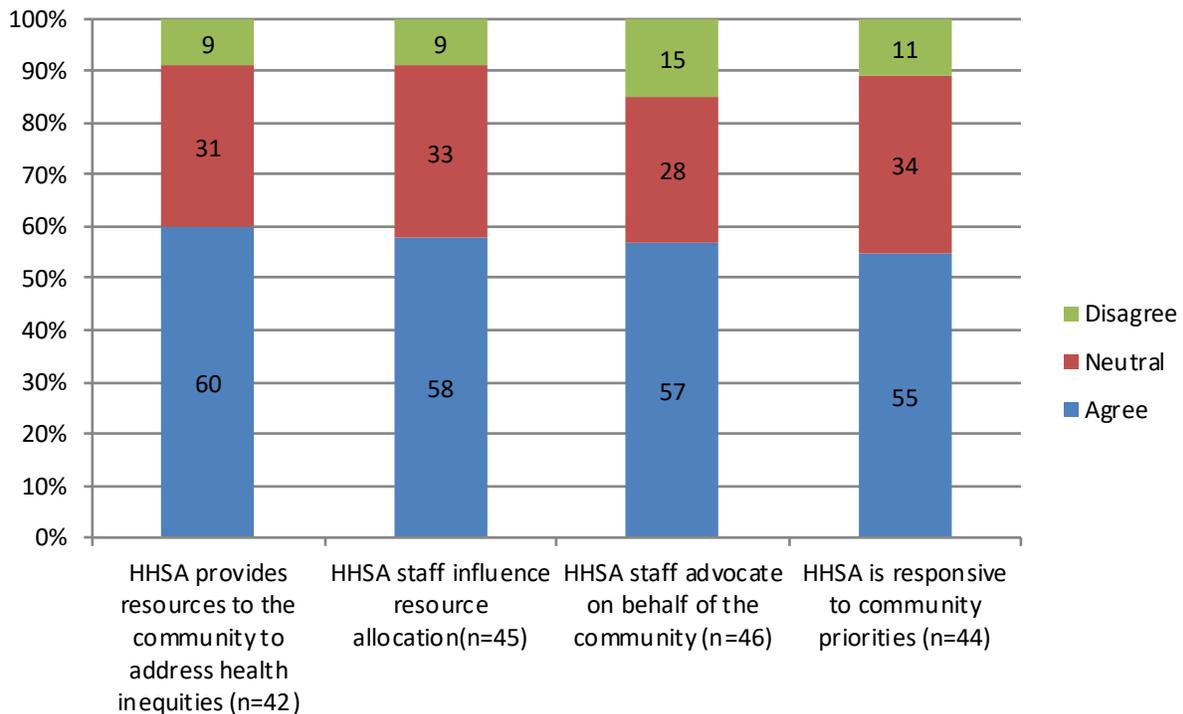


Figure 23 Responding to community needs, Community partners



Sharing power with community

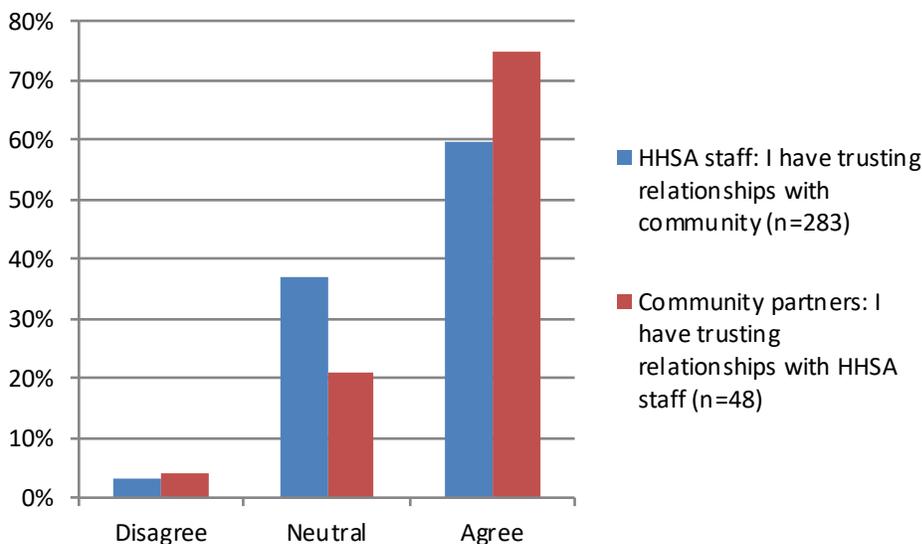
There is a sense among survey respondents that HHSA is slowly becoming more inclusive of the community, particularly through collaborative efforts such as Live Healthy Napa County. This opinion was shared by the following community partner:

I believe [collaboration with HHSA] is the best it has been since I have worked in the community. There active participation with LHNC, the coalition, and community meetings is really helpful. It is an exciting time.

As stated in the previous section, the improved perceptions of HHSA’s involvement in the community are reflective of individual staff members’ strong relationships with community members: 75% of survey respondents agree that they have trusting relationships with HHSA staff, which is the second highest rating of all survey questions (Figure 24). The relationships are crucial to coordinating and collaborating with the community, as reflected in another response:

[A strength of HHSA is] the building of relationships which helps with coordination of efforts for those served.

Figure 24 I have trusting relationships with community/HHSA staff, Staff and community partners



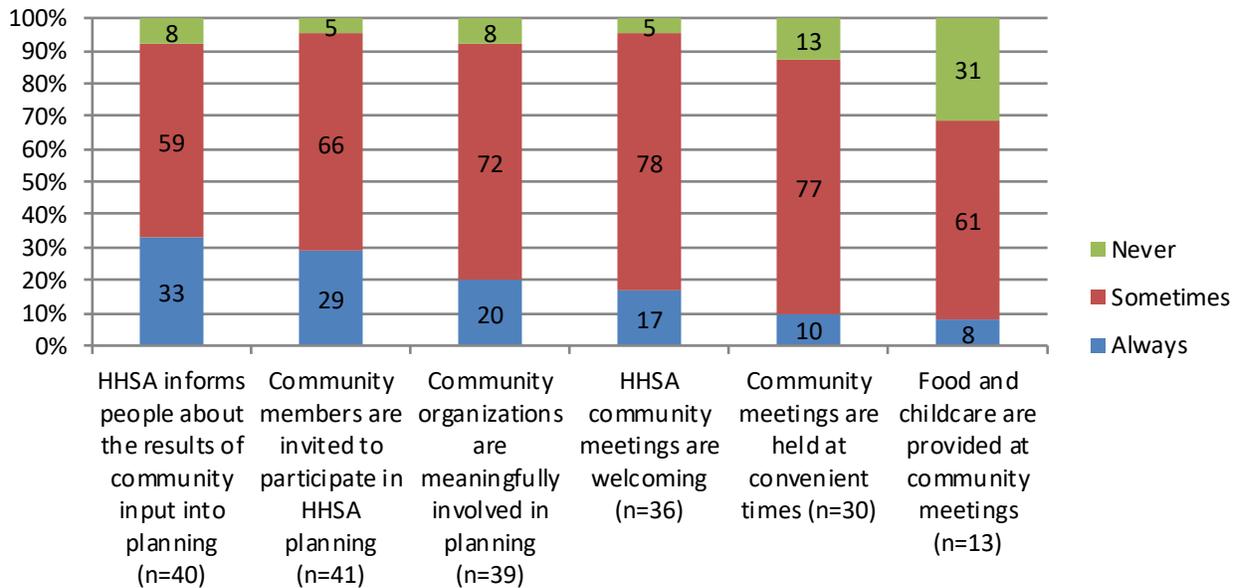
Despite the fact that individual relationships between HHSA staff and community have improved over time, the survey results show that HHSA still has considerable work to do to ensure ongoing and systematic community participation in decision-making. Approximately two-thirds of participants agree that HHSA values input from community organizations and residents, but the same participants reported that the processes HHSA uses to involve community do not always facilitate meaningful input. For example, only 20% of respondents think that community organizations are always meaningfully involved in planning, and only 17% believe that community meetings run by HHSA are always welcoming. The qualitative comments gave voice to these sentiments:

Most participation from the community seems limited to difficult, complex and foreign formal processes and committees that are inaccessible for everyday people.

[We] sometimes attend the meetings but are not being heard.

One of the challenges in collaborating with HHSA is their reluctance to do so. They seem so far removed sometimes.

Figure 25 Perceptions of inclusive decision-making (n=48)



Comments from the staff survey supported these findings: only 20% of staff reported that they work with community groups as a regular part of their work, and only 45% believe that paid and flexible time is available to engage with community outside of business hours. The level of community engagement was also reported by HHSA staff to differ by Division. A selection of the qualitative comments made by HHSA staff in regards to working with community shows that staff see the value in sharing power with community, but are constrained by regulations, culture, territory and history:

I think there is the idea that because a lot of our programs are strictly prescribed, we have to do them the same old way. Partners and community members have not been as involved as they could have been in designing services.

I think it makes a lot of sense to meet with individual organizations and use their feedback in the process for planning and collaborating to create a better delivery system. I think sometimes people are territorial and have not been receptive to feedback.

Again, this varies across the Divisions. In the MH Division, we have a Stakeholder Advisory Committee that includes most of the options above, but since this question is about HHSA, I'm not aware of many groups that participate outside of the CBOs from the Nonprofit Coalition.

I believe if HHSA is to truly become an agency of the people that it should incorporate clients and community members in the process of the change to place based services. Often times agencies make changes or decisions with the pure intention to meet the client's needs but we never include client's or the community in the decision making process. Client's and the community are the ones that know what will best influence and develop the community so why not add involved clients and community members to the different committees.

Communication

According to survey participants, an ongoing challenge for HHSA is communicating effectively with the community: just over half of participants (58%) agree that HHSA communicates honestly with the community, and only 18% of respondents agree that HHSA clearly communicates the reasons why decisions are made that do not reflect community input. The dissatisfaction with the way in which HHSA communicates with the community was reflected in the qualitative comments, of which communication was the fourth most common theme. Some of the qualitative comments about communication include:

Communication [with HHSA] has been inconsistent and sporadic, leaving questions from community partners about what's going on.

[I would like to see] a focused, concerted effort to improve communication in a more consistent direction across a variety of issues facing the community and H&HSA and their non-profit partners.

Stop making everything sound like it is perfect in Napa and that everyone gets all the services they need. Be real and admit how broken the systems really are.

[There has been] poor communication in other Divisions I have worked with, including mental health, CWS and Self Sufficiency. [I have had] difficulty negotiating contracts/administrative activities due to poor communication within Divisions, sometimes inadequate communication with partners, and lack of follow through.

Figure 26 Perceptions of how HHSA communicates with the community, Community partners

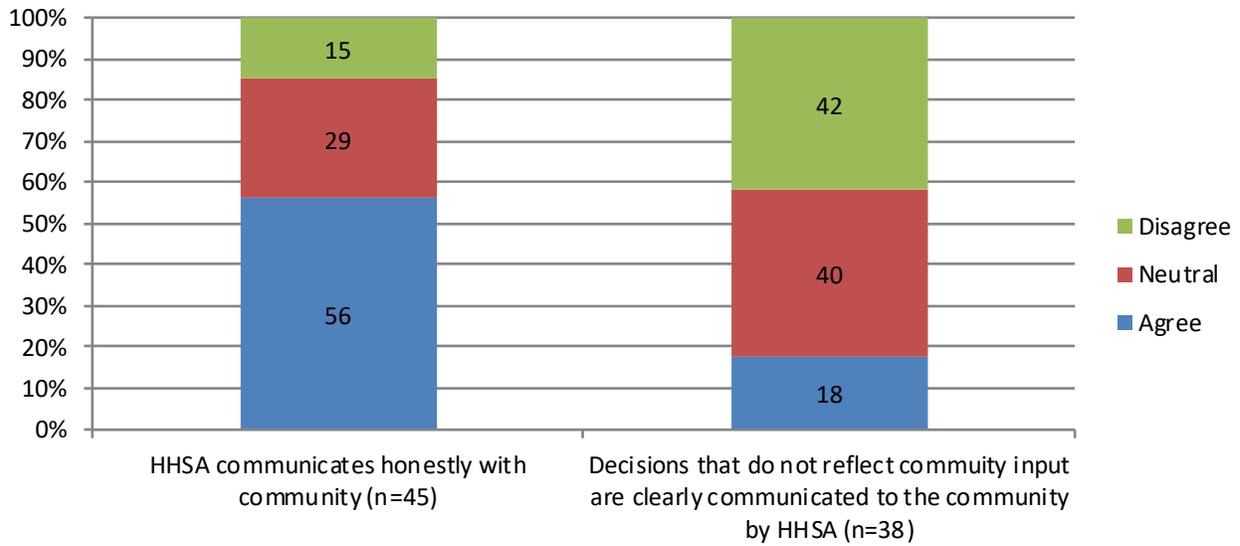
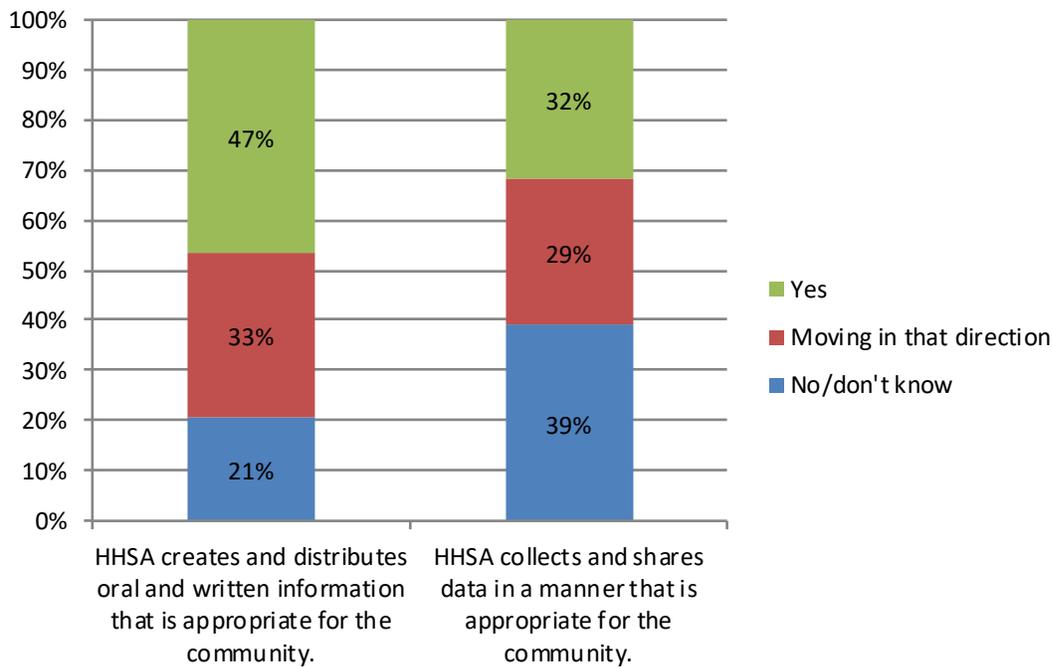


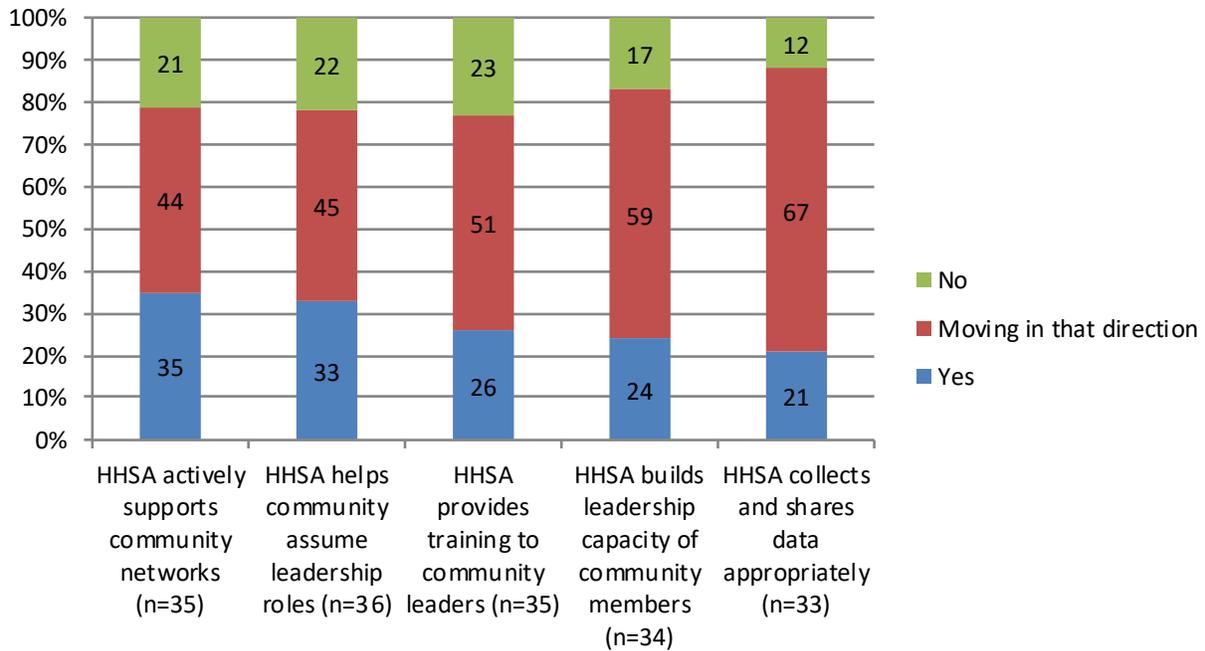
Figure 27 Appropriateness of HHS communication with the community (n=321)



Building community strengths

The final area measured by the survey is the perceptions of collaborating partners about how HHS contributes to building the strengths and leadership in the community. According to participants, HHS is not currently prioritizing active capacity building in the community, though participants believe HHS is moving in that direction. For example, only 24% of people believe that HHS is currently building the capacity of community members, and 33% believe that HHS is helping the community assume leadership roles.

Figure 28 Perceptions of how HHS builds capacity in the community



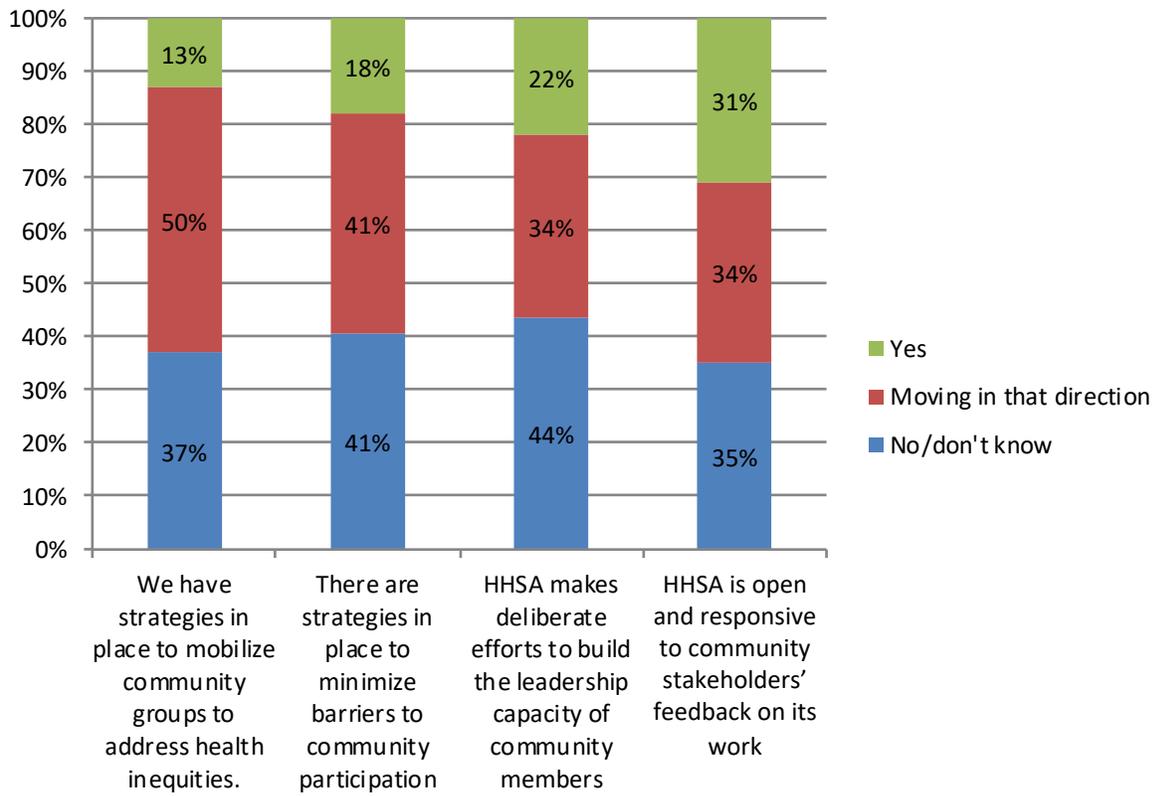
The topic of leadership did not feature strongly in the qualitative responses, and the comments that were provided indicated that community members want HHSA take a more active role in building capacity in the community:

They have funded projects and provided guidance and training that has strengthened our skills and services as a non-profit. They have also led community wide efforts that have created lasting change in the community.

[HHSA should] allow for more leadership. I appreciate the training and networking opportunities.

[HHSA should] empower our clients and invite them to events to empower them even more. We need leadership coming from them to tell us what they want. Develop a taskforce of them to tell us what they need. They ought to be sitting at the table with us and helping us make the right decisions.

Figure 29 HHSA support provided to build community capacity, (n=336)



How will Lillian's and Rose's families benefit from having input into planning?

What does all of this data tell us about HHSA's capacity to address health equity? What steps can we take to improve how HHSA addresses health equity in Napa County?

Improving health equity in Napa County is a key goal of the Napa County Health and Human Services Agency. The BARHII Organizational Self-Assessment data showed that there is strong commitment among HHSA staff, HHSA Senior Management, and collaborating partners for HHSA to prioritize improved health equity in the community. There is a broad understanding among the staff and community partners that health includes physical, mental, and social wellbeing and is not merely the absence of disease. This understanding considers that a range of factors such as mental health, access to services, availability of affordable housing, and poverty, also influence health.

HHSA has several strengths that enable HHSA to improve health equity. HHSA has a strong and clear vision on addressing health equity and there is a high degree of agreement among staff and collaborating partners that improving health equity should be one of HHSA's top priorities.

The data shows that HHSA's health equity work is built a strong foundation. There is strong organizational support for employee development, with 70% of HHSA staff reporting that they have opportunities to learn about health equity. Diversity is another value held by the majority of staff, with 74% of reporting that their work environment is supportive of different cultural backgrounds. Data provided by Napa County Human Resources shows that the racial and ethnic composition of HHSA staff is more racially and ethnically diverse than in Napa County and more similar to the composition of California overall. Finally, the data indicates that Agency values including all levels of staff in planning, with 70% of staff reporting that they are included in planning some or all of the time.

Many staff also reported that HHSA is becoming a better place to work, thanks in part to such efforts as the Mutual Learning framework. These positive changes may also be improving how staff work with community, with the majority of community partners who responded indicating that HHSA is making a shift to being more open, transparent, and inclusive of the community. 75% of collaborating partners responding to the survey, for example, have a high degree of trust with individual HHSA staff members, and 67% respondents agree that HHSA staff are familiar with community strengths.

One of the key findings of the BARHII self-assessment is that the vision of improving health equity has not been systematically integrated into HHSA's work at the level of Divisions, programs, and individual staff. The staff survey found that:

- Only 20% of staff believe that HHSA's activities *currently* demonstrate a commitment to addressing health equity;
- 26% believe that HHSA advocates for policies to address health equity;
- 35% reported that their division has a strategic plan that addresses health equity;
- 38% indicated that the structure of their program greatly reflects an understanding of health equity
- 36% of community partners stated that health equity is a high priority for their organization;

Several barriers contribute to the lack of consistent action on health equity across HHSA. First, there are unclear expectations about what Divisions can and should be doing to translate the 2016 Agency strategic plan into daily operations. So, while improving health equity and engaging with community are Agency-wide priorities, few Divisions are consistently and systematically translated these ideas into practice. There is, furthermore, no mechanism in place to measure whether HHSA and specific Divisions are making progress toward improving health equity. Integrating health equity and community engagement into Agency structures – such as into Division-specific strategic plans, measurement systems, employee job descriptions, and performance reviews – is crucial to formalize the expectations for staff.

Second, practical barriers continue make it difficult for Divisions to prioritize health equity. Many participants commented that the practical challenges of funding restrictions, program regulations, and other internal administrative requirements reduce the ability of Divisions to take more holistic approaches to health. While there is a recognition that the organizational culture needs to promote innovation and risk taking to address these practical barriers, the organization needs to do more to harness the power of its employees to generate creative solutions to problems. These practical barriers have an impact on HHSA's relationships with community partners because they impede HHSA's ability to make quick decisions and adapt to change: only 14% of community partners, for example, believe that HHSA currently adapts to changes in the population.

Third, while there have been some positive shifts in the organizational culture, ongoing improvements are needed, particularly in the areas of communication and shared decision-making. One of the areas of biggest concern for employees is communication, which is another of HHSA's goals outlined in the 2016 strategic plan. Interestingly, participants in the Assessment staff survey and focus groups suggested that communication could be improved not through formal structures, but rather through spending increased time to build strong interpersonal relationships with staff by listening, showing respect, and spending time jointly designing solutions to problems.

Challenges with communication and consultation also relate to HHSA's work with the community: the lowest ratings on the community partner survey rated related to meaningful community engagement and communication, with only 20% of respondents reporting that community organizations are always meaningfully involved in planning and 18% agreeing that, when decisions do not reflect community input, HHSA clearly communicates the reasons.

The final barrier to improving health equity is that, while HHSA has made strides in hiring a diverse staff, more work needs to be done to ensure there is full inclusion and integration of staff across different racial and ethnic groups. For example, there is a distinct lack of racial and ethnic diversity among the management and senior management levels in HHSA, and some staff perceive there to be barriers to promotion to without a college degree and barriers for people who are mono-lingual. It is not surprising that these barriers exist, but it is important that HHSA develops ways of breaking down these barriers if we are to truly begin to improve health equity in the broader community.

HHSA has a clear commitment to improving health equity in Napa County. To be more effective in achieving this goal, HHSA can take the following steps:

1. Clarify the priority that Divisions, programs and staff should give to addressing health equity and build these expectations into existing Agency structures.

If improving health equity is a top priority for HHSa, each Division, program and staff member should have a clear understanding of what role they play in improving health equity. Divisions can achieve this by clearly incorporating health equity into Division-specific strategic plans; treating health equity as a foundational concept that is proactively considered in service changes and improvements (e.g. that equity is the goal, rather than efficiency or customer service); and expecting managers and supervisors to help staff see how they can contribute to improving health equity in a meaningful way.

Staff can and should contribute to improving health equity by learning more about equity; reflecting on what issues in equity exist either in your workplace or in your program; and contributing ideas about how services could be changed to promote equity.

If improving health equity is a priority, Divisions should also be accountable for working to achieve this goal. Existing mechanisms (such as SMT or Quality Management Review meetings) can be used to discuss Division progress on improving equity.

2. Develop and implement a community engagement strategy.

If HHSa is to engage community meaningfully in its work, HHSa and/or each Division should develop a community engagement strategy, which would identify how community will be involved, when they will be involved, and who will be involved (this could also be a part of HHSa/Division strategic plan). HHSa should also clarify the extent to which staff should be involved in and knowledgeable of the community we are serving; some counties, for example, require all staff to spend time in the local community to better understand local concerns and context. Community engagement plans should include performance measures in order to track how community engagement improves over time.

3. Provide more regular information to staff and the community on key population results that indicate whether health equity is improving in Napa County.

Tracking and communicating progress on population results is necessary to focus health equity efforts on the highest priority areas and to determine whether HHSa's efforts are working. The current source for Napa County population data is the Community Health Assessment that is completed every four years; it would be useful to select a small number of indicators at the population level that indicate whether health equity is improving, track this data on a more regular basis (e.g. every six to twelve months), and communicate progress to the community.

4. Ensure that Division performance data can be differentiated by demographic characteristics to explore discrepancies in service provision based on these characteristics. Review this data and encourage staff to develop creative solutions that reduce barriers.

Quality Management is working across HHSa to develop data that can be used to track performance over time. To understand where health inequities exist among HHSa clients, it is important that this performance data can be broken down by race, ethnicity, gender, sexual orientation, age, education and

socioeconomic status so we can examine where health inequities are occurring in our own services. It is also important that the influence of workgroups such as DISC, GARE, CMAs and LHNC is tracked.

5. Improve communication and decision-making within HHSA by building strong interpersonal relationships between and among staff.

The data uncovered that small interactions between staff and management are just as important for improving communication as formal mechanisms: staff particularly value when managers listen, ask questions, are transparent and open, are available for staff and follow through on promises. Staff suggested that management and SMT can improve communication by:

- Showing interest in employees as people by making an effort to understand and being compassionate;
- Spending less time in meetings with senior leadership and more time listening to employees;
- Implementing more effective open door policies, which do not work if his/her door is open but never in his/her office. Instead hold office hours or informal forums to mix across staff levels;
- Giving staff opportunities to build understanding and compassion between different levels of staff and across different divisions by, for example, having staff shadow colleagues in other parts of HHSA.

6. Continue to transform the organizational culture.

Most staff who participated in the Assessment appreciated that the HHSA is trying to improve the organizational culture by implementing the Mutual Learning framework, but were skeptical that the organization would focus on it long enough to see lasting change. Given the financial constraints of providing ongoing training on Mutual Learning, it would be useful to build a plan to address the sustainability of culture change, and consider other ways of achieving the same outcome with lower cost. It may also be useful to centralize organizational change efforts by assigning responsibility to one person or group to coordinate, track, measure and improve existing efforts. This will help to ensure that progress is being made on achieving health equity and other key organizational goals.

7. Improve racial and ethnic inclusion throughout HHSA.

Breaking down structural barriers for people of all racial, ethnic and socioeconomic backgrounds who wish to promote is important for achieving broader health equity in society. Some strategies to address this at HHSA could include: having more targeted discussions on race and gender; providing opportunities for people of different backgrounds to work together on meaningful projects; implementing mechanisms by which people can gain experience they lack to promote, including mentorships, support to attend language courses, and making educational requirements of jobs as inclusive as possible; and including knowledge of cultural, racial, and gender diversity, and health equity in staff performance evaluations and the hiring process.

Team and Acknowledgements

Diversity and Inclusion Steering Committee (DISC) members

Martha Alamillo, Andi Banks, Felix Bedolla, Rocio Canchola, Rosalina Cazares, Jessica Chapin, Monica Delgado, Nya Flores, Ashley Gisi, Howard Himes, Erika Hurtado-Ponce, Kristin James-Bowe, Gustavo Martinez, Andy Segura, Jennifer Swift, Gianna Thompson

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Acknowledgements

The BARHII IPT would like to thank the HHS and Partner Agency staff who participated in the assessment process. Your contribution of both time and thoughtful responses to the survey components helped HHS gather critical information that will further agency goals of working with the community to advance health equity. Thank you also to Bay Area Regional Health Inequities Initiative (BARHII) for creating the organizational self-assessment toolkit.

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Multi-Lingual Taskforce Report



Findings and Recommendations 2015

Health and Human Services Agency,
Napa County

Introduction:

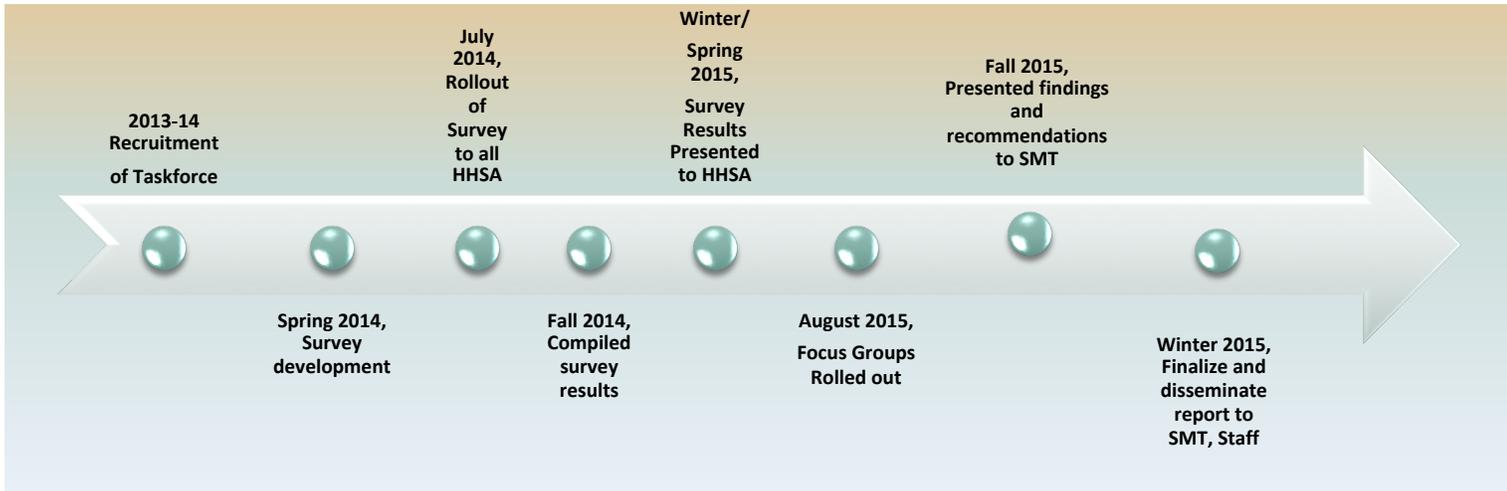
The Multi-Lingual Taskforce (MLT) was formed in the fall of 2014 based on a recommendation from the strategic plan created in 2009 by the Diversity & Inclusive Steering Committee (DISC). The recommendation was developed to address issues and concerns raised by bilingual employees during focus groups that preceded the Diversity Future Conference in 2006. The taskforce is a sub-group of the Diversity & Inclusive Steering Committee (DISC) formed by representatives from most divisions of Health and Human Services Agency (HHS). Members of the taskforce include: Martha Alamillo (Mental Health), Yolanda Cain (Public Health), Rocío Canchola (Mental Health), Monica Delgado (Self Sufficiency Service Division), Jana Delgado-Jimenez (Child Welfare Services), Tatiana Gabitan (Comprehensive Services for Older Adults), and Gianna Thompson (Comprehensive Services for Older Adults) with advisors Juan Lopez (Diversity Consultant), Nya Flores (ESD/Operations) and Jennifer Swift (Administration).

Purpose:

The goal of the Multi-Lingual Taskforce is to gather, compile, assess and report on the data regarding the issues and concerns raised by bilingual and non-bilingual employees. In doing so, it has become apparent there are significant barriers that impact the timely and efficient delivery of culturally and linguistically appropriate services to the population we serve. Although concerns were being brought up prior to the diversity and inclusion work that started in 2006, the following was formally conveyed by bilingual employees in focus groups that supported the creation of the recommendation by which the MLT was developed:

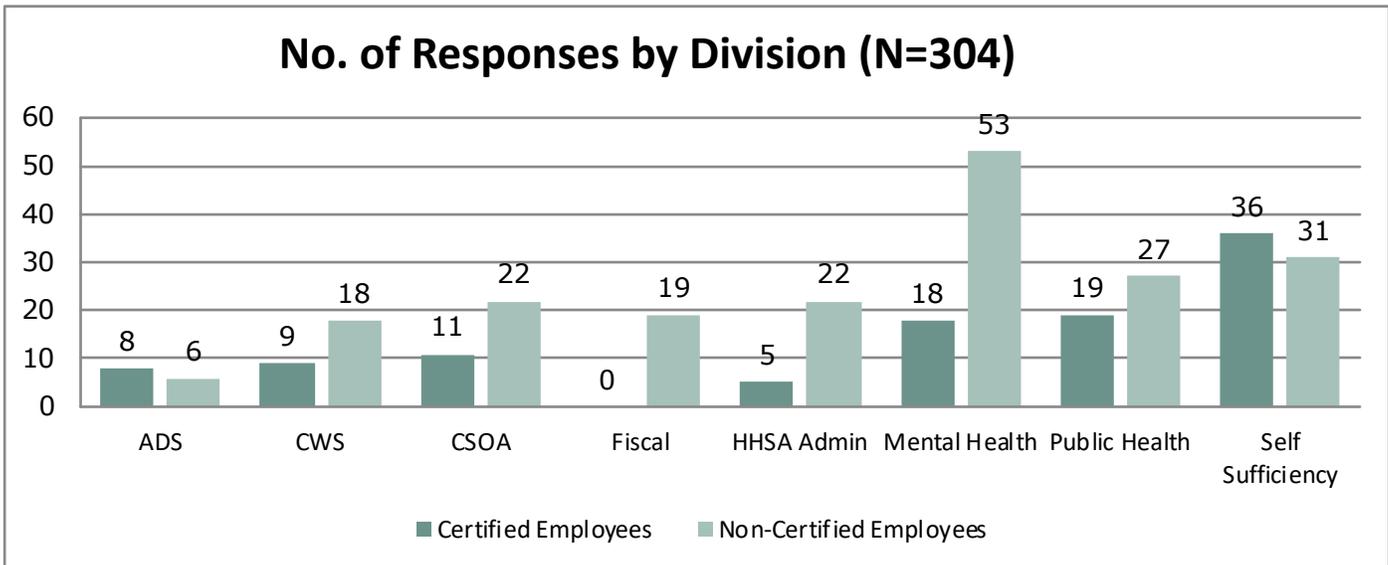
- There are insufficient translators & interpreters to meet HHS client needs for culturally competent services.
- Workload assessment lacks diversity dimensions and cultural competency. Bilingual employees who provide translation services express distress and feelings of being overworked due to disproportionately higher workloads and responsibilities than non-bilingual employees.
- Bilingual employees revealed they are denied time off and discouraged from participating in conferences, workshops, and training due to lack of bilingual coverage.
- Bilingual employees report feeling pressured to increase their productivity while compromising quality of services provided as their productivity is reflected in performance appraisals. This negatively impacts morale as there is no understanding of the extra time it takes to provide services in another language.
- Bilingual employees report lack of support from supervisors and managers for their translation skills. A mechanism does not exist to address bilingual employees' issues and concerns outside of their programs or divisions.
- Bilingual employees who bring up issues regarding workload are dismissed, labeled as negative or uncooperative and fear retaliation for speaking up.
- Employees who are bilingual but not certified are unmotivated to apply for bilingual positions due to lack of support, increased workload and low differential pay.
- Certified bilingual employees feel the differential pay does not adequately compensate them for the increased workload involved in providing services in languages other than English (mainly Spanish, Napa County's only threshold language).
- Bilingual employees expressed concern that they were not being fairly considered for promotions because they were needed in their current positions to provide bilingual services.

Multi-Lingual Task Force Timeline:



Findings

In July of 2014, the taskforce rolled out an agency wide survey to all employees to gather feedback related to the concerns expressed by bilingual employees almost 10 years ago. MLT wanted to find out whether the issues that were presented almost 10 years ago are still present today. The survey was rolled out in July 2014 and closed in August 2014. There was a 66% response rate (304 of 461 employees completed survey, 80% rate for certified bilingual employees and 60% rate for non-certified employees).



The results of the survey revealed that the issues that initially prompted the recommendation had not significantly changed in the last 9+ years and also raised new concerns.

Overview of Survey Findings

- Lack of knowledge regarding the demographics, culture, language of our community and the clients we serve
- Many employees are not aware of the Interpretation and Translation (I &T) Policy or how to access it
- Concerns regarding to the quality and effectiveness of the Language Line service (including training on how to use it and where to locate language line instructions)
- Employees report increase in Tagalog as an emerging language

- Mixed responses across divisions as to whether there are enough certified bilingual employees (from both certified and non-certified employees)
- Mixed responses about Supervisor/Management support in regards to bilingual workload issues
- Concerns about timeliness of services provided and support to individuals with translation/interpretation needs
- Mental Health Department, Self Sufficiency and Child Welfare Services reported insufficient bilingual employees and concerns related to the delivery of bilingual services to their clients. For example, comments were made about non-bilingual employees not calling people back who left messages in Spanish as well as longer waiting times for individuals waiting for services in Spanish
- Certified Bilingual Employees across HHSA reported not feeling adequately compensated for their Bilingual services and skills

The survey results, along with some mixed and neutral responses to critical questions prompted the need to organize agency-wide focus groups. The focus groups were deliberately separated into two groups: Non-Certified Employees (non CBE) and Certified Bilingual Employees (CBE) to promote a sense of safety so that staff could feel comfortable to speak up about concerns pertaining to their own experience. The focus groups were held over several weeks with MLT members taking turns facilitating in groups of two. The questions were developed by MLT members with guidance and feedback from Juan Lopez and the Senior Management Team.

Questions for Certified Bilingual Employees	Questions for Non-Certified Employees
<ul style="list-style-type: none"> • Have you or others offered input to your supervisors/managers pertaining to your work as a certified bilingual employee? If so, describe the response to your input. • Does your supervisor have the knowledge and skills to oversee and support the work that comes with being a certified bilingual employee (e.g. familiar about culturally linguistic differences when interpreting or providing services in the client’s native language, variations in languages, and cultural challenges)? • Describe the support HHSA Supervisors/managers should provide certified bilingual employees. • How effective is the HHSA/Division-specific interpretation and translation policy? Is it supportive and relevant to your work? • Do you think the certification test reflects the communication level of the clients you work with? What type of resources would you need to help you improve the provision of services you offer as a certified bilingual employee? • Are there any other comments or suggestions you’d like to include as a part of this focus group? 	<ul style="list-style-type: none"> • What questions do you think HHSA/Divisions need to offer quality culturally and linguistically appropriate services? • If you have used the AT&T language line, how do you think it impacts service delivery? • Do you know how to access interpretation/translation services? What worked well? What can work better? • Can you provide recommendations on how the current HHSA/Division-specific interpretation and translation policies might be improved? • Describe your understanding of why HHSA provides services in the person’s preferred language? • Are there any other comments or suggestions you’d like to include as a part of this focus group?

General Focus Group Findings

There were a total of 57 employees who participated in the focus groups (41 Certified Bilingual Employees and 16 Non Certified Employees). The high level of participation in the survey and focus groups not only indicated that the issues raised by employees remain prominent but also that employees feel supported to express their concerns to the Multilingual Taskforce. Thus far, current MLT members also feel encouraged and supported in this work by DISC and the Senior Management Team and Management. However, it was conveyed to MLT that some employees who wanted to participate in the focus group discussions and expressed an interest to their supervisors either were not given a response from their supervisor or were not able to attend due to insufficient support to accommodate their workload/schedule. MLT acknowledges it will take a concerted effort on all levels to promote a culture shift. **Refer to Appendix A to access comments from focus group participants.**

Summary

After detailed analysis of the survey and focus groups, we were able to identify five general themes across HHSA:

Translation & Interpretation

- Many employees feel they are not adequately trained and supported to offer quality translation and interpretation services
- Current Translation and Interpretation Policy is not up to date. All accompanying materials are not being marketed to ensure employees know how to access services when necessary
- Lack of commonly used terminology translated consistently throughout HHSA, for example, there is no consistent name for HHSA in Spanish, or a shared language across the agency and within divisions
- Concerns with the quality of language line services as well as unclear and insufficient technical support

Training

- Insufficient training opportunities for all HHSA employees regarding language and culture in this community
- Inadequate Translation & Interpretation Training for Certified Bilingual Employees
- Lack of cultural awareness trainings specifically for Supervisors and Managers to offer culturally competent supervision and support
- Need for a service standard to ensure individuals are treated with the same level of kindness and respect. Often it is assumed that the individuals we serve are uneducated and tend to be treated as they are incompetent. It is our job to treat everyone with the same level of respect and be conscious of biases

Workload issues

- Insufficient cultural awareness and sensitivity from supervisors, managers and SMT regarding workload (cultural aspect of relationship-building and engagement, bias, stigma, etc.)
- Need for support from supervisors to ensure workloads are equitable (current focus on productivity/caseloads versus quality services). Important to take into account the increased amount of time that it takes to offer services in another language
- Performance appraisals use the same standards for non-bilingual employees and bilingual employees to measure productivity and do not reflect a comprehensive workload analysis (HHSA has not completed an analysis that we are aware of)
- There are not enough Certified Bilingual Employees to address the needs of our current and future clients, or positions that require bilingual skills. Recruitment tactics ask for bilingual preferred to ensure the vacancy is filled regardless of the actual need for a bilingual employee

Certification

- There is a perception that testing for bilingual certification is neither consistent nor streamlined.
- Current pay scale is inadequate for certified employees given the increased demands placed on bilingual employees and in comparison to other counties
- Potential liability in expecting extra-help employees to offer services in another language given they are not certified to do so. Moreover, extra help employees are not being compensated to provide translation and interpretation services in another language
- Request for Tagalog to be a certifiable language for employees who are currently providing translation and interpretation services in Tagalog due to the increasing need

Inclusion

- Employees report that some individuals feel uncomfortable accessing certain services such as WIC because they did not speak Spanish
- General misconception from employees about community we serve, it is often thought that the people we serve are widely uneducated and should be spoken to at a certain level. There is a need for a service standard which all employees must abide by in order to treat the community with the dignity and respect everyone deserves

Based on our research findings that are summarized in these themes, it can be determined that employees are eager to serve their clients more effectively. With the current practices, it appears that clients may not be receiving the highest quality of services due to a lack of cultural awareness, insufficient training, and lack of time and resources. There is a general consensus from employees that they can better serve the public with a focus on quality, not quantity, and provide the services that reflect our actual community needs, which includes culturally and linguistically appropriate services (specifically services in Spanish and Tagalog). This aligns with our Agency transition to place-based services and the upcoming development of more accessible and culturally appropriate services for our clients.

Recommendations

Based on the information gathered and presented from this report, the Multi-lingual Taskforce’s official recommendations are listed as follows:

Recommendations of Top Priority	Suggested Leads
1. Conduct a comprehensive workload analysis in order to: <ol style="list-style-type: none"> Accurately reflect the amount of time it takes employees to support colleagues with interpretation and translation services as well as providing services in another language Ensure HHSA has the adequate amount of employees to provide services in another language as is needed by the people we serve Focus on quality of services provided instead of quantity Conduct fair and accurate performance appraisals based on job descriptions 	Employee Support and Development Unit (ESD), Senior Management Team (SMT), QUEST (Quality Management Division)
2. Offer ongoing training to all employees in the following areas: <ol style="list-style-type: none"> Ongoing training to supervisors and managers on how to support bilingual employees Create a culturally relevant service standard (inclusive of cultural and socioeconomic status) to support an inclusive environment across HHSA Discussion and training on diversity dimensions as an effective strategy in preparing people to offer placed-based services and reduce any potential trauma employees may cause individuals or other employees should they 	Agency Administration, (ESD), Collaborative Management Ambassador Group (CMA), Diversity and Inclusion Steering Committee (DISC)

<p>not be prepared or willing to examine biases.</p> <p>d. Need for progressive discipline should training and supports not prove effective for employees (a process is currently being developed by the Collaborative Management Ambassador group).</p>	
<p>3. Ensure clients are being served in their preferred language and not waiting longer than English-speaking clients to receive services.</p> <p>a. Improve recruitment practices to hire more bilingual employees to meet the needs of clients.</p> <p>b. Change recruitment practices from “bilingual preferred” to “bilingual required.”</p> <p>c. Develop a process when a position is vacant to determine how to effectively fill the position based on the needs of the community.</p> <p>d. Look for employees knowledgeable in the areas of diversity and inclusion, local community needs and emotional intelligence as an ideal skillset.</p>	SMT in partnership with Division Managers and Supervisors
<p>4. Ensure that all HHSA programs and services are equally available to all clients and accessible to those who speak languages other than English.</p>	SMT in partnership with Division Managers and Supervisors
<p>5. County and Union to review pay rate for Certified Bilingual employees to ensure that employees are being compensated for their skills and that it is competitive with comparable counties.</p>	Agency Administration, Union representatives, Multi-Lingual Task Force (MLT)
<p>6. Certify individuals who speak other languages, such as Tagalog and American Sign Language, to ensure adequate services are being provided and to reduce liability.</p>	Agency Administration, ESD in collaboration with the County Human Resources Department.
<p>7. Certify and provide training for extra-help employees to ensure they are providing translation and interpretation services within the realm of their capacity as well as prevent issues regarding liability.</p>	Agency Administration, ESD in collaboration with the County Human Resources Department.

Recommendations Already in Progress or Easily Attainable	Suggested Lead
<p>8. Update and maintain the Translation and Interpretation Policy which consists of:</p> <p>a. Ongoing training and support for employees who provide services in another language</p> <p>b. Ensure all employees are informed on who the liaisons are for each division and understand how to request translation and interpretation services</p> <p>c. Make the policy and accompanying information easily accessible to ensure employees are kept updated</p> <p>d. Include flow chart and information on how to access the language line including what the three digit budget code is for each division</p> <p>e. Designate a position to lead MLT going forward and include the division liaisons as members to support the progress of MLT recommendations</p> <p>f. Original MLT members to serve as consultants to ensure continuity of the recommendations set forth in this report</p>	ESD, MLT
<p>9. Train all division Interpretation and Translation Liaisons to ensure consistency of services provided in another language</p> <p>a. Ensure liaisons disseminate information to employees in order to effectively implement the Interpretation and Translation policy</p> <p>b. Liaisons will monitor equitable distribution of translation and interpretation work amongst bilingual employees as requests arise</p>	ESD, MLT

10. Ensure all divisions have the necessary equipment to provide effective translation and interpretation services to clients. For example, two-way calling phones in Self-Sufficiency, accurately translated intake forms in Mental Health, etc.	Operations, ESD
11. Request the county human resources department and ESD provide information about testing procedures for employees to become certified and clarify the difference between county and merit testing practices. <ul style="list-style-type: none"> a. Include background as to why test was chosen by County HR. b. Research to ensure county is using a testing process that is best practice (potentially look to Santa Clara and San Francisco counties as they have a high number of threshold languages they test for) 	County Human Resources in collaboration with ESD
12. Create and offer ongoing training for bilingual employees to include: <ul style="list-style-type: none"> a. Policy Review b. Bilingual Certification Process c. Best Practices in: translation and interpretation, caseload size, service provision d. Develop a resource guide with commonly used terminology program specific and agency wide e. Effectively coordinate trainings and resources to ensure they are accessible to all employees in all departments 	ESD, MLT
13. Gather data from client satisfaction surveys and community focus groups to accurately assess the quality of the language line.	QUEST (QM Division), MLT

Conclusion

This data supports the gap in linguistically and culturally appropriate services in our agency, as the issues identified almost 10 years ago remain present. Additionally, the MLT’s work brought to light new challenges employees face due to the ever changing demographic in our agency. It is crucial for employees to have the proper training, support and direction to effectively provide quality services as well as for this agency to attract and retain the best employees. Moreover, in order to effectively shift organizational culture to provide place-based services the agency must act on the recommendations with much more urgency that what has historically taken place. This information serves as preemptive of the information the agency will receive with the BARHII tool in the next two fiscal years; acting on these recommendations now will enhance the agency’s ability to be effective in the organizational culture shift that is necessary for equitable service provision.

Finally, the MLT thanks those who completed the survey, participated in the focus groups, and invested their time to support the multi-lingual taskforce’s efforts. You have played a major role in ensuring that HHSA employees are effectively equipped to serve our clients’ needs and, more importantly, the promotion of equitable social services which is a key social determinant of health and wellbeing. We look forward to seeing employees, supervisors and management use this report to guide effective service delivery.

Division Specific Feedback from Certified Bilingual Employee Focus Groups

Mental Health
<ul style="list-style-type: none"> • 1) What does your division do to support culturally and linguistically appropriate services to meet the demands of non-English Speaking clients? <ul style="list-style-type: none"> ○ <i>*Not enough- more bilingual staff need to be hired. # of bilingual workers/service providers is low to account for the high need of client population.</i> ○ <i>* Provide Training; methods of Interpretation but need more training on translating documents</i> ○ Responsive to cultural differences; linguistic needs and allow time for trainings. ○ Some supervisors always ensure workload is manageable before asking to translate/interpret ○ Receptionist in children’s unit is bilingual ○ They allow staff to do outreach to the Latino population and support our request for culturally appropriate services ○ Making the translating/ interpreting policy easily available ○ Provide translation/interpretation services such as phone line ○ Use all and any bilingual staff around to provide translation ○ Make some positions bilingual required
<ul style="list-style-type: none"> • 2) How does the provision of bilingual services (e.g. translation, interpretation, offering services in client’s native language, other) impact your workload? Provide examples. <ul style="list-style-type: none"> ○ <i>*Time management- it impacts documentation time, and it’s an extra role on top of your job description; such as being pulled away to interpret for receptionist, nurse, etc. Productivity is not reflected. You can’t bill for interpretation services!</i> ○ <i>*Multiplies responsibilities. There is often a longer period of building rapport to combat client expectation that their cultural needs will be honored. Also, things take longer generally because typically families are larger and there are more needs to address.</i> ○ CFSP [primarily] serves monolingual parents and their children and it’s imperative to use Spanish, thus the caseload and work requirements are multiplied in order to fulfill the needs of all the clients on top of the additional requirements of progress notes, etc. ○ <i>*Providing Bilingual services can negatively impact a caseload quickly due to time delays. For example; Interpreting also indicates accurate note taking. Simultaneous interpretation, clarity info with requestor, providing cultural awareness/values and familiarity requestor with methods (setting up dynamics) of interpretation. Policy of inter/ trans is outdated, therefore, interpretation/ trans request are not being rotated though bilingual certified staff to reduce over using certain Certified Bilingual Employees.</i> ○ <i>*When a client is identified as needing a bilingual provider, the program are so impacted and there are not enough bilingual staff to provide the services therefore bilingual clients are waiting longer to access services. Thus bilingual staff has more cases/ caseload and no downtime to do notes.</i>
<ul style="list-style-type: none"> • 3) Can you identify any vital documents in your Division/HHSA that need to be translated? Please list them. <ul style="list-style-type: none"> ○ <i>*WRP, WRP Signature Page, assessment, medication documents, conservatorship docs. WRPs- It is incredibly important that we have these forms translated into Spanish if we as clinicians are expecting clients to sign an agreement. Same with assessments when they are given to the client.</i> ○ <i>* Mental Health Division brochures</i> ○ <i>* Anasazi forms</i> ○ Affidavits ○ <i>*Medi-cal documents</i> ○ Medi-Cal records release request forms, *SBIRT Screening Tool ○ Community resources
<ul style="list-style-type: none"> • 4) Can you identify differences in the types of resources/services that are offered to the monolingual Spanish-Speaking population at HHSA? If so, how does that affect their progress and your work? <ul style="list-style-type: none"> ○ Provide availability of all resources/services so that Spanish Speaking people have the same opportunity to receive help.

- Resources are mostly limited due to legal status. More time is taken to obtain needed resources.
- **Very limited Bilingual staff in contracted agencies and within County Mental Health (such as Progress Place, People Empowering People, lack of multiple Spanish therapy groups due to lack of Bilingual Clinicians and lack of sufficient ERT Spanish Speaking Staff during day and night shift). Recovery takes longer when services are not available and Latinos are not being served or refrain from using due to lack of bilingual services!*
- **Things move slower for many reasons, (rapport and cultural considerations vary greatly) and “progress” must be measured differently. Supervisory expectations need to be adjusted in these cases.*
- We need a more welcoming environment such as posters, brochures and magazines in Spanish
- **There is an inequality of service to the Spanish speaking population. Not enough therapeutic care management services are in place (group therapy, individual therapy and case management) when compared to the English speaking population. For example; AFSP adult therapy unit have more staff to meet the demands of the English speaking population as well as the Adult Therapy Unit. There is no bilingual bicultural receptionist in building D for the medication unit. NO bilingual staff representing nurses or medical office assistants.*
- **We- Napa County are contributing to health disparities with this population by not expanding programs, prioritizing funding to hire more bilingual staff that also includes emergent languages such as Tagalog. Optimization of delivery of services to the Latino/ Spanish speaking population needs more prioritization.*
- Therapies/ intervention are not translated in Spanish therefore affecting the fidelity of the model/ intervention.
- Staff [...] are mostly licensed clinician (LMFT, CCSW) but those who serve the bilingual population are not all licensed clinicians with the exception of a few bilingual clinicians most are MHW and these cases are high risk level clients. Again, the services need to be equitable

- 5) Please provide any recommendations or concerns you would like to include as part of this focus group.
 - **Thank you for your support and we hope for change, Very much appreciate the opportunity for this dialogue!, I just want to thank you for your support in letting people know about the importance of having CBEs*
 - **Please take action on some of the recommendations we discussed*
 - Pay and compensation should be looked at since we are at a lower pay than most of the surrounding counties!
 - **Please train supervisors & managers to be more culturally aware, competent and REALLY be supportive of their workers. The population in need of services & must be served in their primary language and supervisors need to embrace this*
 - **Hire additional Case Managers for Adult Mental Health Division and Mental Health Workers I and II.*
 - Provide more therapy groups in Spanish for Mental Health
 - Need a Spanish speaker at the Front Desk reception for the medication unit
 - Keep this going

Self Sufficiency

- 1) What does your division do to support culturally and linguistically appropriate services to meet the demands of non-English Speaking clients?
 - **Increased more bilingual staff*
 - In our division more than 80% of the employees are bilingual; we don't really have problems with this.
 - **We utilize the AT&T language line, however, unaware if the customer is actually receiving correct information.*
 - A flyer with the translation language.
 - **We have Spanish forms and brochures, although some need to be translated better.*
 - Supervisors are bilingual.
 - I don't feel that SSD, support the staff to provide good interpreting services, but it will be a good idea to provide a training of this concerns
 - **Translation team to translate forms*
 - They hire bilingual (Spanish) EW's and OA's.
 - Assign Spanish- speaking clients to a Spanish worker

- 2) How does the provision of bilingual services (e.g. translation, interpretation, offering services in client's native language, other) impact your workload? Provide examples.
 - **The cultural differences are not being acknowledged, meaning the time and standards are not the same as non-Spanish speaking staff.*
 - **Obtaining more bilingual support staff decreases the amount of times that bilingual staff are pulled away from their regular work to interpret/translate.*
 - **Time consuming, really hard to put your work away and to focus on your translating, don't know if we are using correct vocabulary words.*
 - **We do take additional time to help consumers who need interpretation, often times, we have to provide so much clarification and explanation of forms, program rules, etc.,*
 - Lack of phone availability in reception area consumes time/energy in searching for a place to interpret.
 - It can feel overwhelming due to time management. It takes twice as long to explain what is needed to a monolingual customer, not only because of the language but the customer may not understand why certain verifications are needed or why they would have to provide them. Also, they will begin to ask you about other services that may be available and then disclose information which will cause need for referral to the HUB, in which another form needs to be completed.
 - It takes longer to case journal and document because I have to translate back to English a discussion had in Spanish. I have to look up or ask or explain terms that do not translate word for word for example; Affordable care
 - increase the amount of time to process cases
 - Different cultural needs → **narrative answers are typically larger families**
 - Little to no assistance/ guidance/ feedback in the process

- 3) Can you identify any vital documents in your Division/HHSA that need to be translated? Please list them.
 - Division specific forms; which division staff and analysts work on.
 - *G.A (General Assistance) application, Season of Sharing Documents, SAR 90
 - **State/federal forms have misspelled or inappropriate grammar- when we bring this up nothing is said or done about it.*
 - **TPL, MC210, 3rd party agency*
 - Program specific forms
 - *Oriform (third party liability form)
 - Expedia credit report form for PII incidents
 - Grievance policy.
 - Child support questionnaires

- 4) Can you identify differences in the types of resources/services that are offered to the monolingual Spanish-Speaking population at HHSA? If so, how does that affect their progress and your work?
 - This population requires a lot of guidance. Up to 2x more than English speaking consumers
 - Some bilingual staff don't understand the Latino culture; I have noticed that clients sometimes don't notice an incorrect translation and this can affect the services provided.
 - If we have our Resource Guide in English and Spanish we could help our clients but it needs to be updated.
 - OCAT → assessment tool
 - Learning Disability Screening/ Evaluation
 - Spanish brochures for referrals/ community resources are not updated
 - It affects the process of making a referral/ translating resources and providing a warm-hand off

- 5) Please provide any recommendations or concerns you would like to include as part of this focus group.
 - Giving bilingual workers training on bilingual services and time management skills (how to feel less overwhelmed by time constraints)
 - Increase pay to bilingual staff
 - Decrease their work load, since translation takes more time
 - When providing bilingual services have a protocol on how to interpret for clients

Comprehensive Services for Older Adults (CSOA)

- 1) What does your division do to support culturally and linguistically appropriate services to meet the demands of non-English Speaking clients?
 - I am fairly new to this division so previously @SSSD. They have hired more bilingual staff because they have noticed the demand for bilingual services have increased.
 - We now have two bilingual staff at reception, everyone is always ready to help monolingual clients
- 2) How does the provision of bilingual services (e.g. translation, interpretation, offering services in client's native language, other) impact your workload? Provide examples.
 - It does impact workloads greatly because we are not only dealing with just services provided to non-English speakers, there are cultural barriers that have to be addressed and understood.
 - Cultural differences- It takes a long time to explain to an individual who's not acculturated well or is a recent immigrant why paperwork or other processes are necessary.
- 3) Can you identify any vital documents in your Division/HHSA that need to be translated? Please list them.
 - Brochures, GA Forms, Eligibility forms, Update Resource Guide (If written documents in other language is not available, it seems like we can be subject to Civil Rights violation).
 - Eligibility forms need to be updated. We don't have Spanish brochures for every program at CSOA
- 4) Can you identify differences in the types of resources/services that are offered to the monolingual Spanish-Speaking population at HHSA? If so, how does that affect their progress and your work?
 - Starting from square one, especially with the older population. Lots of explanation is needed, even when worker speaks fluent Spanish.
 - There is a growing need for Tagalog in the IHSS dept., which makes us unique and could eventually create a need for new resources in this language.
- 5) Please provide any recommendations or concerns you would like to include as part of this focus group.
 - To come up with a global idea, understanding, create awareness about the importance of being bilingual to better serve our clients.

Public Health

- 1) What does your division do to support culturally and linguistically appropriate services to meet the demands of non-English Speaking clients?
 - Not much. Managers don't know how to support bilingual staff.
 - Provide bilingual staff
- 2) How does the provision of bilingual services (e.g. translation, interpretation, offering services in client's native language, other) impact your workload? Provide examples.
 - Takes more time.
 - It takes more time, it's more risk for liability issues
- 3) Can you identify any vital documents in your Division/HHSA that need to be translated? Please list them.
 - Everything that is handed out to clients' needs to be translated.
 - Update release of information and materials
 - Some materials not offered in more languages such as Thai/French
- 4) Can you identify differences in the types of resources/services that are offered to the monolingual Spanish-Speaking population at HHSA? If so, how does that affect their progress and your work?
 - Most of the time documents are poorly translated.
 - Lack of appropriate materials
- 5) Please provide any recommendations or concerns you would like to include as part of this focus group.
 - Please keep employees updated.
 - Provide Training

ADS

- 1) What does your division do to support culturally and linguistically appropriate services to meet the demands of non-English Speaking clients?
 - Provide counselors, groups and on that we're able to help them in their language
- 2) How does the provision of bilingual services (e.g. translation, interpretation, offering services in client's native language, other) impact your workload? Provide examples.
 - It doesn't
- 3) Can you identify any vital documents in your Division/HHSA that need to be translated? Please list them.
 - No, because we already translate them
- 4) Can you identify differences in the types of resources/services that are offered to the monolingual Spanish-Speaking population at HHSA? If so, how does that affect their progress and your work?
 - No response
- 5) Please provide any recommendations or concerns you would like to include as part of this focus group.
 - No response

Administration, QM, Operations and ESD

- Work with Divisions to ensure there is consistency in language that is being used.
- Offer support when there are disagreements about terminology.
- Make the appropriate technology available for use when the language line is needed.
- Purchase resources and materials to include in a "lending library."
- Maintain and publish the list of certified level I/II staff in a central location for staff to easily access.
- All: Support staff in providing quality services to our community.

Non-Certified Employee Focus Group Notes (Session 1) 8/2015

- ❖ What resources do you think HHSA/Divisions need to offer quality culturally and linguistically appropriate services? (What information do you have that supports your answer?)
 - The need for additional bilingual staff (C.W. – Children’s Welfare))
 - Cultural competent services (M.H – Mental Health)
 - Understanding of culture (M.H.)
 - More bilingual licensed staff in all units (M.H.)
 - Formal training for individuals who interpret (M.H.)
 - Bilingual plans for clients (M.H.)
 - Training for providers who use interpreters (M.H.)
 - More welcoming environment colors on buildings and inside decorations (M.H.)

- ❖ If you have used the AT&T language line, how do you think it impacts service delivery? (e.g. Does the client appear to understand the interpretation?) (Would a post survey be useful for the client to fill out in their language to share their experience?)

- ❖ Do you know how to access interpretation/translation services? What has worked well? What can work better?
 - Not good quality (M.H.)
 - Yes; supervisors are not very responsive when I send out request for assistance translating documents into Spanish(M.H.)

- ❖ Can you provide recommendations on how the current HHSA/Division-specific interpretation and translation policies might be improved?
 - I think all written translations should be contracted to a professional service (M.H.)

- ❖ If you are a supervisor, what type support/tools would you like to see from upper management to provide appropriate support and supervision to certified bilingual staff?
 - More bilingual supervisors need to be hired (M.H.)
 - Greater allowance for line staff to talk to bilingual clients (M.H.)
 - Lower caseloads for bilingual staff (M.H.)

- ❖ Describe your understanding of why HHSA provides services in the person’s preferred language? (Examples: Title VI of the 1964 Civil Rights Act and CLAS and Federal/State funding).
 - Mandate by state/ federal regulations (M.H.)

- ❖ Are there any other comments or suggestions you'd like to include as a part of this focus group?
 - Cultural Competency from upper management (M.H.)
 - I don’t qualify to be certified (M.H.)
 - Increase bilingual pay differential for all certified staff (M.H.)

- ❖ What resources do you think HHSA/Divisions need to offer quality culturally and linguistically appropriate services? (What information do you have that supports your answer?)
 - All HHSA Staff should go through training for providers/interpreters (mental health example) to gain understanding of clients we serve and the quality of services we provide.
 - Interpretation (especially ASL) services are not always easily accessible or it's not clear who to contact for support on this issue. The language line is not always appropriate, especially with ASL.
 - The focus needs to be on hiring bilingual staff. We have been under employed compared to the no. of clients who receive services in Spanish. We need to hire more individuals that speak Spanish, but also emerging languages like Tagalog as well.
 - It can be time consuming when working with interpreters. You don't always know if the person is interpreting correctly especially when the nature of the conversation is technical/medical or very sensitive. It is also challenging when we have to put interpreters through difficult conversations when they are not ready to talk about the types of conversations that sometimes need to be had (CWS, MH for example).
 - Have a hard time holding on to people who are bilingual, why is that?
 - I prefer to have someone offer bilingual services versus interpretation for sensitive topics.
 - Not all bilingual staff are a cultural match for the client (especially when it comes to cultural beliefs around mental health issues, different cultures understand mental health differently and it's important to be aware especially when certain experiences or symptoms are described)
 - It's important to not only have knowledge of the language, but of the culture as well.
 - HR needs to make improvements to the hiring process. Difficult to say "bilingual required" because the applications some depts. Receive are very limited.
 - Like CWS, HHSA should help current staff grow/develop so that they can fill some of the hard to fill/retain positions (nurses, therapists, etc.)
 - HHSA should offer some loan repayment support.
 - Bilingual/bi/culture staff to serve the clients; literature in the client's primary language; tools in the client's primary language (i.e. games/books for visitation); documentation in the client's primary language (i.e. court reports, petitions, etc.) It would be helpful to our bilingual staff to have designated staff who can translate case plans, letters, documents, etc. into the client's primary language. Bilingual staff often times are doing duplicative work to ensure that the services are being offered in a client centered manner but must be done in English for our court system.
 - I think we need more documents translated for clients. I think that it would be good to have a bilingual screener for the ER unit in the future.
- ❖ If you have used the language line, how do you think it impacts service delivery? (e.g. Does the client appear to understand the interpretation?) (Would a post survey be useful for the client to fill out in their language to share their experience?)
 - Better than nothing. Almost any language is available through the language line.
 - Sometimes some issues/topics can be missed.
 - Difficult when it's not in person (especially when the interpreter doesn't have the full context)
 - Would be difficult to do any in depth work

- Have been here 20+ years and haven't used it. Would try anything else first.
 - Need something accessible for staff on how to access the language line and other services like ASL – need for improved marketing of these resources
 - Sometimes it can be hard to know what language the client is speaking and even more difficult when they don't read/write.
 - Level of translation/interpretation needs to be appropriate to the level of the individual.
 - The staff on the language line do their best; however they are not familiar with the CWS services/ work flow/language and therefore it creates difficulty/delay when having to explain what things are (i.e. petition) to the interpreter so they can translate into the client's primary language. Additionally, it is incredibly sterile/impersonal.
 - The language line takes away from the personal nuances of the conversation and they are not able to provide suggestions on how to approach the situation or interpret what factors are culturally related because it is a literal service.
- ❖ Do you know how to access interpretation/translation services? What has worked well? What can work better?
- I ask front desk staff to help. Staff knows that this is part of their job which is great because you aren't pulling other staff from their duties.
 - Call around to see who speaks other languages such as Portuguese or specific dialects
 - Some individuals don't read or write so this adds another level of complexity.
 - It would be helpful to have an updated link/sheet/resource on how to access specific translation/interpretation services across HHS and for specific divisions including updated posters of languages.
 - Important to recognize that word usage varies between people from Mexico, Central and S. America.
 - Hiring of people should be reflective of the community we serve and somehow there should be a list of all of the bilingual staff along with their country of origin and/or where they learned Spanish to be able to match an individual to an appropriate interpreter
 - Hire trained and certified interpreters to solely focus on providing these services as it can be stressful for staff who are not professionally trained to offer these services, particularly when the nature of the interpretation is not a topic that they are very knowledgeable about or the terms are technical.
 - HHS does not pay well for what we are asking staff to do and at the level that we are requesting it.
 - Yes. The staff that have accompanied me on home visits are familiar with CWS and CWS processes-that has been incredibly helpful as they can translate the intent of my statements if, in fact, the words do not translate directly. It would be incredibly helpful if we had more bilingual staff as, at times, having non-social workers serve as interpreters is difficult because they are not trained in social work concepts or assessments.
 - Additionally, for the current bilingual staff it has created an added workload when attempting to assist their monolingual colleagues.
 - I know how to access translation services. It is difficult without a process for who is available in person. It is also difficult to find translation services for languages other than English. There is a need for ASL.
- ❖ Can you provide recommendations on how the current HHS/Division-specific interpretation and translation policies might be improved?
- The County needs to fund better interpretation/translation services
 - List of contracts of liaisons is outdated

- Be conscious of who is chosen as the liaison
- Children’s MH has very few forms that are translated into Spanish. Staff is discouraged from translating documents into Spanish such as letters or correspondence to parents.
- It is unclear that we are supposed to do translations internally
- It would be better if we could outsource translation/interpretation services rather than do it internally.
- Should designate someone who is credentialed as an authority on translation/interpretation
- Current policy is a huge liability for internal staff
- Should contract with another agency to do these services
- Those who aren’t getting paid for it should not be interpreting/translating (extra-help)
- Make a list of internal county employees so that everyone is aware of who to contact for interpretation/translation
- Balance caseloads for Spanish-speaking line workers
- Re-evaluate best practice for line workers (is it best practice to carry a full-Spanish caseload vs. have a mix?)
- CWS - We do not have Division specific P& Ps regarding interpretation and translation. That may be helpful to draft Division specific P&Ps.
- Having clear processes for translating documents in an easy manner. Having a schedule available for onsite translators so people know who can translate and what languages can they translate.

❖ Describe your understanding of why HHS provides services in the person’s preferred language? (Examples: Title VI of the 1964 Civil Rights Act and CLAS and Federal/State funding).

- Have heard negative comments about County hiring – I can’t apply because “I don’t speak Spanish”
- Historically staff doesn’t represent clients we serve
- Have heard some people find it offensive if people are speaking Spanish in the break room
- There are certain etiquettes that should be used
- What is our culture within HHS and perspective Divisions if people are offended by other languages?
- Have heard that CBO’s aren’t offering services in Spanish. How do we as a large county social service provider deal with this?
- How far is Tagalog from becoming a threshold language? We should have services in this language.
- Because it is best practice and creates the opportunity for the client to fully participate in the planning and execution of what services they are accessing. It creates greater opportunity for the client to have success if they have understanding of what is going on, what they are doing and what is being asked of them. Because we are mandated by our regulations and laws that govern CWS work.
- People need to understand and comprehend information and their primary language is the best way to accomplish this. In addition offering effective and readily available translation services demonstrates to clients that they are important.

❖ Anything else you’d like to include?

- TED Talk “Power of a Single Story” is a great intro video for all staff to review (think this is already part of Diversity training, but not sure)
- It’s important to dispel some stereotypes (such as N.A.P.A) that affect our staff, community and ability to understand the individual struggle/narrative. We need to be more aware about the contextual background of the people we serve.
 - Not just Latinos, but African-Americans as well as other races/ethnicities/cultures as well.
- Training in basic conversational Tagalog would be helpful.