

Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Sonoma

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	3
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	No	0
18.	State or Local Elected Public Official(s)	Yes	6
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

COC INVITATION: Applications for CoC membership are open year-round, including general & voting membership. Applications are provided in a transparent invitation process: information is located on the CoC website, members of the public are invited to join via CoC listserv (with approx. 1,000 registered emails), through local government/elected officials, peer-to-peer outreach, and the Lived Experience Advisory Planning Board (LEAP). The CoC currently has 55 active organizations that are listed as voting members of the CoC. Anyone interested in ending homelessness is welcome and invited to join. Although applications are open year-round, staff send electronic invitations twice a year to recruit new members. These invitations include targeted outreach from the CoC Coordinator to individuals and organizations not yet represented on the CoC.

The CoC formally invites new and existing members a min. 4x per year to attend Quarterly Membership meetings, where the CoC holds its trainings for local providers and provides updates on activities of the CoC. Invitations are sent out through the CoC Listserv and through special outreach to monthly community meetings across the CoC's geography, with a focus on rural and underserved communities. Invitations are provided in email communications, on the CoC's website, and members are notified during of all CoC's public Board and committee meetings. The CoC Coordinator works in partnership with local advocacy groups, outreach and healthcare providers, and LEAP to share information about all CoC meetings, encouraging people with lived experience to participate.

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

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

CoC engages over 55 member organizations & those w/ lived experience of homelessness (LEH) via quarterly membership meetings, monthly committee and CoC Board meetings to SOLICIT and CONSIDER OPINIONS. Some of these members include nonprofits, housing developers, workforce development, business community, philanthropy, local government, health care providers (behavioral health/substance use disorder), faith-based organizations, victim service providers and veteran serving organizations. Having a broad range of organizations involved in the CoC and its decision-making process broadens understanding of local community needs to end homelessness.

CoC meetings are open public meetings, feedback is encouraged via public comment. Specialized community staff and those with LEH are invited to CoC Board/committee meetings to inform local policy & decision-making. These meetings are held virtually to ensure participation across the CoC's geography, especially for those who would otherwise be unable to attend due to travel constraints. CoC Staff attend homeless advocacy, City Council, Board of Supervisors, and health meetings. Outreach is conducted to solicit feedback & invite new individuals/orgs/LEH interested in preventing and ending homelessness.

CoC staff maintain a public listserv (900+ members) and a website where all CoC open meetings are publicly noticed/posted. Website/listserv include meeting location/virtual login, materials, meeting minutes & opportunity to provide opinions/feedback (via verbal/written public comment). Information is presented in a jargon-free manner to support data driven decisions, including providing high-level executive summaries of complex/lengthy materials. Materials are published in a remediated format online & publicly noticed via listservs in accordance w/ Website Content Accessibility Guidelines. The CoC has "Contact the COC Board" website option, allowing public opinions to be sent directly to the board.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

CoC CA-504 encourages, accepts and considers proposals from all eligible new applicants within our jurisdiction. Information related to the upcoming NOFO is promoted at CoC Board meetings, through our Listserv, and targeted email lists of Agencies in our community. Staff meet directly with Agencies that express interest in applying for funding to discuss project eligibility, assess risks, and answer questions, before the Bidders Conference (BC), as well as after the BC and ongoing as needed throughout the process until scoring for projects begins. All applicants that submit proposal before the deadline are considered and scored by an impartial non-conflicted Board-appointed Evaluation Committee (EC). The EC uses staff developed, board-approved evaluation material to review and score each project's narrative responses to application questions and Staff provides all System-Performance Measure (SPM) data to determine a total score for each project. Project scores are then presented to the Board for discussion and approval.

The CoC used a transparent, public process to encourage and consider proposals from organizations that had not previously received CoC Program funding, including faith-based organizations. Public meetings and the 2026 Competition were advertised through the CoC's listserv of more than 800 community partners, and interested organizations were encouraged to contact CoC staff and attend the Board/Committee meeting (BC). To expand awareness of new project types and eligibility requirements, staff also conducted targeted outreach to agencies serving seniors, transition-aged youth (TAY), survivors of domestic violence, families, veterans, and individuals with substance use needs, as well as faith-based organizations. All interested agencies were offered individual meetings with staff and invited to participate in the BC process. Eight new agencies attended the BC, and four subsequently submitted applications. Applications included TAY services, transitional housing, and street outreach. Two organizations new to CoC funding were recommended for inclusion on the Priority List.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC has reduced homelessness by 23% over the past two years and over 50% over past decade, yet close to 2,000 people are still experiencing homelessness across the geographic area. Gaps in the system include a shortage of permanent and affordable housing as well as high numbers of chronically homeless single adults and transition age youth ages (TAY) 18-24. Stakeholders who have provided feedback include the CoC Board, the CoC Membership (over 40 organizations) via feedback provided at a quarterly membership meeting to review a gaps analysis, the Lived Experience Board comprised of individuals with lived experience of homelessness, the Coordinated Entry Advisory Committee, and the HMIS Advisory Committee. Feedback was provided in person and via public comment at CoC Board and Committee meetings. Strategies to address the three identified gaps include: 1) Targeted funding for TAY. 20% of State Homelessness Housing Assistance and Prevention (HHAP) funds is directed to rapid rehousing, permanent supportive housing, and emergency shelter for youth and local Measure O funds included close to \$1 million in funding for youth dedicated projects. 2.) Case Conferencing in Coordinated Entry and a revised vulnerability assessment for Coordinated Entry to ensure that the individuals experiencing chronic homelessness and seniors are prioritized for housing interventions. 3.) Shifting more funding to permanent housing interventions with State funding (HHAP) and local funding (Measure O), a revenue tax). As noted, HHAP and Measure O are the primary funding mechanisms for TAY and Chronically Homeless as well as federal CoC funding. The timeline for boosting permanent housing stock and addressing TAY and Chronic Homelessness is ongoing but slated for December 31, 2027 when the CoC's 5 Year Strategic Plan ends and is renewed. Quantifiable performance measures include both HUD System Performance Measures and California System Performance Measures (increases in exits to and retention of housing), annual Housing Inventory Chart (measuring number of permanent beds), and annual Homeless Count enumerating the number of TAY and Chronically Homeless. The CoC Board has final oversight of the plan with input from the Lived Experience Board, CoC Membership, and CoC Committees.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	38%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable- we are not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC Lead Agency is the Sonoma County Department of Health Services (DHS), in the Behavioral Health (BH) Division, providing a direct connection between the CoC and the County's continuum of mental health and substance use disorder (SUD) services. Several CoC-funded and non-CoC-funded service providers also employ licensed clinicians and Certified Alcohol and Drug Counselors who provide services directly on site as part of their programs. For providers that do not have these services embedded, participants have access to referral and linkage pathways to appropriate BH and community-based services. Providers are regularly trained on available BH resources and referral pathways through the CoC's Quarterly Membership Meetings. BH provides community-based outpatient mental health services, including assessment, case planning and management, crisis intervention, medication support, therapy, rehabilitation, referrals, and linkage to additional services. Multidisciplinary teams and Full Service Partnerships provide more intensive, field-based services for individuals with serious mental illness and co-occurring SUD. Services also include supportive housing and employment assistance in collaboration with community providers. The County's SUD continuum includes outpatient treatment, intensive outpatient and residential treatment, withdrawal management, medication-assisted treatment, individual and group counseling, family support, educational and life-skills services, relapse prevention, and ongoing recovery supports. BH contracts with community agencies to provide prevention, early intervention, treatment, and recovery services and provides oversight, training, quality assurance, and site monitoring. The CoC also connects participants to crisis and stabilization services. The County's Mobile Support Team provides 24/7 crisis response, including assessment, de-escalation, safety planning, coordination with providers, and follow-up to connect individuals to ongoing treatment and supports. Crisis residential programs provide an alternative to psychiatric hospitalization with 24-hour support, counseling, crisis intervention, skill-building, and therapeutic groups. Through these partnerships and referral pathways, individuals experiencing homelessness can access behavioral health services ranging from outpatient treatment and recovery supports to intensive community-based care, withdrawal management, crisis intervention, suicide prevention, and stabilization services.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The CoC Lead Agency is the Sonoma County Department of Health Services (DHS), in the Behavioral Health Division and partners to connect individuals experiencing homelessness to peer support and recovery navigation services. The DHS contracts with multiple peer-run self-help centers, including the Wellness and Advocacy Center, Interlink Self-Help Center, and Russian River Empowerment Center. Supported through Mental Health Services Act funding, these centers provide accessible, peer-led services focused on recovery, wellness, and community connection. Services include resource and recovery navigation, peer-led education and support groups, one-on-one peer support, community integration activities, and connections to basic needs and other community resources. Services are available through walk-in access, and a mental health warmline provides an additional point of connection for individuals seeking information or support. Local homeless service providers also employ individuals with lived experience of homelessness and recovery as peer support staff. These staff use their lived experience to build trust, provide encouragement and practical support, help individuals navigate services, and demonstrate pathways to recovery, employment, and community connection. The CoC also maintains a Lived Experience Advisory Planning (LEAP) Board, a self-governed group of individuals with lived experience of homelessness. LEAP members provide peer engagement at community events, connect with individuals experiencing homelessness, and inform local homeless system policies and planning. This creates a continuum of lived-experience involvement, from direct peer support and recovery navigation to participation in system planning and decision making. The CoC also partners with a model peer outreach project with CoC member West County Community Services. This peer outreach group provides direct outreach and support from individuals with lived experience of homelessness to individuals experiencing homelessness as well as individuals who have recently been placed into housing. Together, these partnerships and initiatives ensure that individuals experiencing homelessness have access to peer-led recovery supports, navigation, and meaningful connections with people who have lived experience of similar challenges.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

CoC Lead Agency is the Sonoma County Department of Health Services in the Behavioral Health Division (SCBH) and supports coordination between the homeless services and behavioral health (BH) systems. CoC-funded and non-CoC-funded homeless service providers are trained on BH resources and referral pathways, including the SCBH Access Team, a 24/7 entry point to request, assess, and connect individuals to mental health services. This pathway helps identify individuals experiencing Serious Mental Illness (SMI) and connect them with treatment and ongoing supports, including therapy, crisis intervention, older adult services, and youth programs. CoC connects individuals to intensive, community-based BH services through the Mobile Support Team (MST). Available 24/7, MST provides assertive crisis outreach throughout Sonoma County and is staffed by mental health clinicians, alcohol and other drug counselors, and senior client support specialists. Services include in-field BH assessment, de-escalation/intervention, 5150 assessment, safety planning, transportation, coordination, and follow-up with connections to ongoing treatment/support. MST works with community partners and law enforcement, responds independently when appropriate, helping individuals access care in the community and reducing reliance on law enforcement. CoC coordinates access to permanent supportive housing programs serving those with significant BH needs. Programs combine housing with intensive case management and ongoing SCBH services to support recovery, stability, and housing retention. Shelter/housing programs that do not provide BH services on site are connected through referral. necessary to promote recovery, stability, and housing retention. SCBH operates a BH Bridge Housing at Arrowood, a structured interim housing recovery facility for those experiencing homelessness with complex BH and substance abuse conditions for up to 2 years. Arrowood provides 80 beds, 24/7 medical/clinical support, treatment, and recovery services focused on stabilization and transition to permanent housing. CARE Court participants are prioritized for treatment, providing an additional pathway to substance use treatment, housing, and services for individuals with schizophrenia or other psychotic disorders. These systems provide multiple pathways to identify SMI and connect individuals with assertive outreach, crisis intervention, intensive care coordination, comprehensive treatment, and housing-based supports

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC partners with Sonoma County CARE Court, operated through the County of Sonoma Superior Court and Sonoma County Department of Health Services Behavioral Health Division (SCBH), which provides a court-based pathway to behavioral health treatment, substance use services, housing, and supports for eligible individuals with schizophrenia spectrum or other psychotic disorders. CoC providers receive information on CARE Court eligibility and referral pathways.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates with Sonoma County specialty and collaborative justice courts to connect individuals involved in the justice system with behavioral health (BH), substance use (SU) treatment, housing, and services. These include CARE Court, Mental Health Court, Drug Court, DUI Court, Mental Health Diversion, and Forensic Assertive Community Treatment (FACT). CARE Court and SCBH provide a structured civil court process for eligible individuals with schizophrenia spectrum/other psychotic disorders. Through a voluntary CARE Agreement or court-ordered CARE Plan, participants are connected to BH treatment, SU services, housing, and services. CoC providers have received presentations and information regarding CARE Court eligibility and referral pathways, supporting identification and connection of individuals experiencing homelessness or housing instability. The CoC also connects individuals to the County's FACT program through Mental Health Court. FACT provides community-based specialty mental health services, including assessment, rehabilitation, medication support, crisis intervention, SU treatment coordination, therapy, and money management. These intensive services help participants address BH and SU needs in the community. Drug Court provides another pathway for individuals with SU disorders through judicial supervision, intensive treatment, and recovery-focused services. CoC and community providers coordinate with treatment and court partners to address housing and supportive service needs while participants work toward recovery and successful community reintegration. Across these specialty court partnerships, the CoC's Coordinated Entry System, case conferencing, and regional By-Names-List meetings provide mechanisms to identify housing needs and coordinate connections to shelter, permanent housing, BH services, and other supports. Weekly case coordination allows providers to discuss individual barriers, identify appropriate resources, and support warm hand-offs rather than relying solely on referrals. Court structure and ongoing supervision can provide additional accountability and continuity for individuals who may have difficulty engaging voluntarily in services. By coordinating court requirements with treatment, recovery, housing, and case management resources, the CoC supports participants in maintaining housing, addressing underlying BH or SU needs, and progressing toward greater independence while remaining in the community.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC Lead Agency is housed within the County's Behavioral Health Division, providing direct services and/or coordination with the local crisis system of care. CoC providers are trained on/coordinate with 988 and local crisis contact centers, the 24/7 crisis Mobile Support Team (MST), and the 24/7 Crisis Stabilization Unit (CSU). Resources provide crisis assessment, mobile outreach, de-escalation, intervention, safety planning, stabilization, and connection to ongoing treatment.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
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You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.

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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?

Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a longstanding formal partnership with Santa Rosa Community Health (SRCH), a designated Community Mental Health Center (CMHC) and CoC voting member. SRCH has participated in CoC governance, committees, and planning for years and provides integrated behavioral health, substance use, and primary care services. Its Bridge Campus is co-located with Sonoma County Behavioral Health, supporting coordinated access to behavioral health services for people experiencing homelessness.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC funds a permanent supportive housing project, Stony Point Commons with Community Support Network, that operates under a recovery housing model and promotes a clean and sober living environment. Coordinated Entry referrals are offered to individuals seeking recovery from substance use. Applicants participate in an interview before placement and must express a commitment to maintaining sobriety and participate in recovery-focused case management as required by the program agreement.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

CoC uses established cross-system partnerships and coordinated referral processes to facilitate warm hand-offs to stable housing and prevent entry into homelessness. CoC-funded/non-CoC-funded service providers connect individuals to behavioral health, substance use, crisis, peer recovery, specialty court, and other supportive services through established referral pathways. Providers receive training and resource information through CoC Quarterly Membership Meetings, which provide opportunities for collaboration/direct connections among housing, behavioral health, and community service providers. The CoC Lead Agency maintains a resource-sharing listserv reaching more than 900 local providers and community members, providing ongoing information about available services, referral pathways, and community resources. This supports timely connections when individuals need services beyond those available through their homeless services program. Weekly Coordinated Entry case conferencing and regional By-Names-List meetings provide individualized coordination and warm hand-offs. Cases are reviewed countywide and across five regional groups, bringing together housing, shelter, behavioral health, law enforcement, first responders, and community providers to identify barriers, coordinate services, and connections to appropriate housing/resources. This process supports continued follow-up rather than relying on a referral. The County's Interdepartmental Multi-Disciplinary Team (IMDT) model further supports warm hand-offs by bringing County departments, agencies, and community service providers together to coordinate care for shared clients. Frontline staff, including clinicians, social workers, housing specialists, eligibility workers, probation officers, and other subject matter experts, collaboratively develop individualized goals and care plans. Providers who are not County staff participate, allowing housing-related needs to be connected directly with County resources. The IMDT meets weekly and is flexible and scalable based on the population and needs being served. These coordination mechanisms create multiple pathways for timely warm hand-offs from crisis response, treatment, recovery, shelter, stable housing and ongoing supports. By coordinating housing with behavioral health, substance use, health, social service, and other resources, the CoC helps address barriers before they result in homelessness or housing instability and supports continued housing stability.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,199,307
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$3,320,233
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	64%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$345,921
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	71%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	57.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The Department of Health Services (DHS) is the Lead Agency for the CoC and is the recipient of STATE ESG. The Lead Agency allocates ESG funding annually to eligible recipients via a local Notice of Fund Availability (NOFA) with final approval by the CoC Board. 40% of funds are required to be distributed to rapid rehousing with the remaining 60% allocated to emergency shelter. The CoC Board is also involved in planning for the distribution of funds and has final approval for the submission to the State of California. Lead Agency staff monitor the performance of local ESG subrecipients on a quarterly basis and also conduct on-site visits to ensure appropriate file documentation and expenditure of funds. Lead Agency staff also conduct trainings for ESG funded providers to ensure family members are not separated. The Lead Agency also ensures that uniform anti-discrimination policies are in place for subrecipients and worked with all ESG recipients (including Federal ESG recipients) are in compliance with regulations—and if not—are brought into compliance. The Sonoma County Community Development Commission (SCCDC) is the recipient of FEDERAL ESG funds. Lead Agency staff meet monthly with SCCDC staff to coordinate oversight of federal ESG funding and discuss any monitoring issues that arise, including eligible use of funds. SCCDC staff bring federal ESG funding recommendations and allocations to the CoC Board for consultation and input before awarding funds to ensure that the CoC is able to provide recommendations on funding and not duplicate services. The CoC Lead Agency also offers training and technical assistance to the Federal ESG recipient on an as-needed basis, including training to ensure that family members are not separated and uniform anti-discrimination policies are in place for federal ESG subrecipients. If subrecipients are not in compliance with regulations, the Lead Agency offers support to the Federal ESG recipient in bringing them into compliance. Finally, the Lead Agency seeks input from HUD and the State of California for technical assistance when any compliance issues arise with subrecipients.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

As required, all CoC-funded programs receive referrals through the local Coordinated Entry System (CES). The CoC coordinates with emergency shelter providers to ensure individuals and families are connected to CES and have the support needed to access CoC-funded assistance through the following strategies: CES Access: Emergency shelter providers serve as CES access points. Shelter case managers check CES enrollment and, when an individual or family is not enrolled, are trained to complete the CES enrollment process and connect them to available resources. Housing-Focused Case Management: Shelter providers receive training on housing-focused case management and work with participants to obtain the documentation needed to access housing, including identification, verification of homelessness, and other eligibility documentation. Providers assist with ensuring required documentation is uploaded to HMIS when applicable. CES Case Conferencing: Emergency shelter providers participate in CES case conferencing to identify appropriate referrals to CoC-funded programs and help facilitate connections to housing. Shelter staff can then communicate directly with participants about available assistance and next steps, supporting a warm handoff from shelter to housing. CES Outreach and Education: Emergency shelters display CES information in common areas, including materials explaining the purpose of CES and how individuals and families can access and connect to the system. Through these coordinated practices, emergency shelter providers serve as an important link between individuals and families experiencing homelessness and the CoC's coordinated housing resources.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Sonoma County's Continuum of Care (CoC) shares aggregate homelessness system data with state and local government partners to inform planning, resource allocation, and the ongoing development of the homelessness response system. This includes Point-in-Time (PIT), Housing Inventory Count (HIC), Longitudinal Systems Analysis (LSA), and System Performance Measure (SPM) reports. The CoC's HMIS Privacy Notice establishes protections for client information. Personal information in HMIS is not shared with organizations outside of HMIS unless authorized by the client and is not shared with other government agencies except as required by law. Clients may also refuse to provide personal information or opt out of having their information entered into and shared through HMIS. These protections guide the CoC's use and disclosure of HMIS information. The CoC's HMIS Security Plan establishes additional safeguards for confidential client information, including role-based access to client-level data, required security and privacy training, unique user accounts, secure workstations and networks, password protections, security audits, and procedures for reporting and responding to suspected security breaches. The Security Plan also requires Partner Agencies to protect client-identifying information contained in downloaded HMIS files and reports. The CoC's governance and HMIS policies require annual review of the HMIS Privacy and Security Plans, with updates considered through the HMIS Data Committee and approved by the CoC Board. Security or privacy concerns are elevated to the Sonoma County Department of Health Services Privacy and Security Officer and County Counsel, as appropriate. Aggregate, system-level reports, including PIT, HIC, LSA, and SPM data, are presented to the HMIS Data Committee and CoC Board. These are open public meetings, and reports are made available on the CoC's website and shared with local city government offices for planning and informational purposes. This approach allows government partners to use homelessness system data while maintaining the privacy and confidentiality of client-level HMIS information.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

CoC Lead Agency, the Department of Health Services (DHS), utilizes data from multiple systems alongside HMIS to support coordinated, person-centered care for people experiencing homelessness. A key resource is ACCESS Sonoma, the County's Integrated Data Hub and Watson Care Manager (WCM), which brings together authorized participant information across mental health, substance use, social services, housing, criminal justice, and other Safety Net systems. The Integrated Data Hub creates a unified client record, allowing authorized members of the Integrated Multi-Disciplinary Team (IMDT) to develop a more complete understanding of a participant's health, housing, economic, legal, and social needs. WCM provides access to relevant case information, care plans and supports treatment planning, goal setting, health assessments, coordinated communication, and follow-up. The information is used to identify needs, coordinate services, develop action plans, and connect participants with appropriate County/community resources. ACCESS Sonoma is supported through collaboration among Health Services, Human Services, Housing/Homelessness Services, Probation, the Courts, Sheriff's Office, Public Defender, Child Support Services, Adult and Aging, and other County partners. Partners meet regularly to address service coordination, discharge planning, policy development, and other issues affecting vulnerable residents. This cross-system approach helps identify participants who may need coordinated housing, behavioral health, health care, social services, or justice-related supports and helps reduce gaps between systems. DHS uses Enhanced Care Management (ECM) to coordinate physical, behavioral, oral health, and social service needs for eligible Medi-Cal members, including people experiencing/at risk of homelessness. ECM provides a lead care manager who coordinates services across providers and uses information to develop individualized care plans and support connections to needed services. Information sharing through ACCESS Sonoma is consent-based and follows applicable privacy and confidentiality requirements. Participants who do not consent to information sharing may still access services and are not denied assistance based on their decision not to participate. Together, these data-sharing and care-management approaches complement HMIS by providing additional information that can help providers better understand participant needs, coordinate care, and improve service delivery.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC Lead Agency and local homeless service providers maintain an established partnership with Sonoma County Job Link, California Department of Rehabilitation, Redwood Empire Goodwill, Rotary International, SonomaWorks, and other workforce development, community, and business partners through the Homeless Employment Working Group. The partnership connects people experiencing homelessness and those at risk of homelessness with employment opportunities, workforce resources, and supportive services. Approximately four years ago, Sonoma County Job Link, with support from the Continuum of Care (Homeless Coalition), launched the Annual Employment and Resource Fair to reduce barriers to employment for people experiencing homelessness and those at risk. The event has continued through strong collaboration among the CoC, County departments, homeless service providers, workforce agencies, businesses, and community organizations. The Homeless Employment Working Group helps coordinate the event and identify employment and supportive resources for participants.

The partnership demonstrated its continued commitment in 2025 when the Employment and Resource Fair returned following a period of uncertainty about funding. The event was coordinated through months of collaboration among the DHS Homelessness Division, Job Link, local providers, workforce partners, and community businesses and organizations. More than 300 participants were served, with employment and workforce resources available throughout the event. Participants also received services designed to address common barriers to employment, including approximately 70 haircuts, resume assistance, meals, gift cards, and other basic-needs supports.

Participating partners included Sonoma County Job Link, California Department of Rehabilitation, Redwood Empire Goodwill, SonomaWorks, Rotary International, Individual & Family Services Network, Community Support Network, Petaluma Family Resource Center, SHARE Sonoma County, and numerous local businesses and community providers. The partnership provides an ongoing mechanism for the CoC and workforce partners to coordinate employment resources rather than relying solely on referrals. The next Employment and Resource Fair is scheduled for October 2026, continuing this established annual partnership and providing another opportunity for people experiencing homelessness to connect directly with workforce agencies, employers, and vocational rehabilitation.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC has established strong working relationships with law enforcement (LE) and first responders (FR) to enhance coordination and support positive interactions with individuals experiencing homelessness. Through the CoC's subregional and By-Name List (BNL) structures, BNL Managers build partnerships with LE across each subregion and create clear pathways for information sharing that inform outreach engagement. A core responsibility of BNL Managers is to increase participation from public service agencies, with a particular emphasis on LE and FR involvement. LE and FR partners attend subregional BNL meetings where they share real-time information about encampment locations, recent service calls, and emerging concerns. This information directly guides street outreach (SO) deployment, allowing teams to rapidly connect with people who may be at risk or disengaged from services. To strengthen collaboration further, the CoC has taken several steps to expand data sharing between LE, FR, and the Department of Health Services (the CoC's lead agency). The CoC has implemented MOUs that allow for more comprehensive and timely sharing of client information. Additionally, the Department hosts weekly coordination meetings where LE, FR, and probation partners collaborate on individual cases, helping the CoC tailor services and reduce barriers to housing and engagement. County law enforcement agencies also conduct regular patrols of areas frequently used as encampments and share that information with SO teams to assist with targeted outreach efforts. In smaller cities, the Department of Health Services has embedded SO staff directly within local police departments and jail to facilitate warm handoffs, improve rapport-building, and increase immediate connections to housing and supportive services. Through these structured partnerships and data-driven practices, the CoC, first responders, and law enforcement work together to promote positive engagements, increase access to services, and strengthen pathways into the homelessness response system.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

oC supports family and support-network reunification through coordinated system partnerships, diversion practices, case management, and flexible assistance. CoC Lead Agency meets quarterly with Sonoma County Family, Youth and Children's Services (FY&C) to discuss the needs of youth & families experiencing homelessness, including housing barriers that may affect family stability and reunification. FY&C coordinates child welfare/family reunification services and connects eligible families to resources such as the Family Unification Program (FUP), administered by the Sonoma County Housing Authority. FUP provides housing vouchers for eligible families when inadequate housing is a primary factor in a child's placement in foster care or delays reunification. FY&C also funds the Bringing Families Home project (BFH) which funds 60 units for families experiencing homelessness with open child welfare cases to reunify families in rapid rehousing. Throughout the homelessness response system, Coordinated Entry (CE) assessors, street outreach staff, and shelter providers are trained in diversion and problem-solving practices. Staff explore whether an individual or family can safely reconnect with relatives, friends, or other supportive networks rather than entering/remaining in the homeless services system. This includes identifying potential support networks, facilitating communication, addressing barriers to reunification, and developing solutions to allow a household to safely exit homelessness. CoC-funded and other local homeless services providers also assist participants with reunification through case management and connections to community-based resources. When reunification requires travel to another geographic area, providers may utilize available flexible or privately funded resources, when accessible through their program, to help offset transportation costs, including bus passes and, when appropriate, airfare. CoC connects families to community-based supports that strengthen reunification efforts, including the Child Parent Institute's Parent Mentor Program, which provides peer support from parents who have successfully navigated the child welfare system and reunified with their children. Through these efforts, the CoC promotes safe and sustainable reunification with family and support networks as an alternative or pathway out of homelessness, while coordinating with child welfare, housing, and community partners to address barriers to family stability.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC's Policy on Cooperation with Law Enforcement (Attachment 4 in the CoC Consolidated Application) lists the specific initiatives in advancing public safety. A.) Clearing Tents and Encampments. The CoC's Lead Agency is the Sonoma County Department of Health Services (DHS), and DHS is the Lead County agency for addressing encampments in County jurisdiction and also partners with the 9 cities in Sonoma County and their law enforcement agencies to track and resolve encampments. The CoC follows the formal County encampment policy which includes law enforcement, regional parks, public infrastructure, and local outreach teams. As required by the State of California, the CoC will adopt the formal County policy in order to align resources and services and not impede local efforts. B.) Decreasing the Public Use of Illicit Drugs. The Continuum of Care adopted a local policy in July 2026, Statement of Prohibition of Illicit Drug Enablement, to decrease public use of illicit drugs. This Plan is the official policy of the CoC, and if a CoC-funded project is in violation of this policy, the CoC may require corrective action, impose conditions on continued participation in the CoC competition, or pursue other remedies available under the Homeless Coalition's governance documents and applicable HUD requirements, including consideration during future funding competitions. C.) Utilizing Standards to Address Danger to Self or Others. The CoC follows the protocols and policy of the Lead Agency, Department of Health Services, to ensure standards are followed for addressing danger to self or others. This includes involuntary commitment under the California LPS Act, referrals to CARE Court for involuntary commitment for individuals experiencing homelessness, and support for local mobile crisis services and the Crisis Stabilization Unit. D.) Sharing information in accordance with the Sex Offender Registry and Notification Act (SORNA). The CoC follows California Megan's Law protocols, which is the local system for complying with SORNA. This includes tracking HMIS data for individuals who identify as sex offenders in order to share information with providers and Coordinated Entry when making referrals for housing and for individuals seeking emergency shelter who are sex offenders.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Continuum of Care follows the County of Sonoma's adopted Local Encampment Policy which adheres to State of California guidelines and requirements for resolving encampments. The CoC follows this official plan as described as follows. The Operational Encampment Team (OET) is the primary body that addresses encampments. OET includes street outreach members from the Department of Health Services (CoC Lead Agency), Regional Parks, Sonoma County Sheriff's Department, and representatives from the Department of Public Infrastructure (public works). Encampments are defined as 5 or more individuals camping on public property in violation of applicable state or County Code. The County of Sonoma is committed to addressing homeless encampments in a manner that prioritizes outreach, engagement, and connection to housing and supportive services while protecting public health, public safety, and the environment. Encampments will be addressed through a coordinated, multi-departmental approach led by the OET and supported by the HEART. When encampments are identified, the OET works with law enforcement to prioritize outreach, case management, and service connections for individuals experiencing homelessness. Whenever feasible, outreach and engagement efforts are be conducted prior to any encampment closure actions to ensure that individuals have been offered meaningful access to available services and support. Encampment closures are coordinated through the OET in compliance with applicable federal, state, local laws, County policies, and relevant court orders or settlement agreements. Law Enforcement is closely involved and consulted with all encampment resolution efforts. All encampment response actions will include documentation of outreach activities, offers of services, and provision of legally compliant notice prior to, and after, encampment removal. All individuals are offered placement in shelter or housing prior to encampment closure. This standardized response ensures that public safety is prioritized and encampments are resolved before becoming large in scale. Additionally, all encampments are tracked by the CoC Lead Agency. This includes encampments in County jurisdiction and in the jurisdiction of the nine cities. As the Continuum of Care is not a legal entity, the CoC does not have authority over encampment resolution, but it follows the established County policy. Encampments have been reduced by 62% from 9/1/25-9/1/26.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The CoC Lead Agency, Department of Health Services, tracks all encampments in the County regardless of jurisdiction and addresses encampments in partnership with the 9 cities/jurisdictions in the County, Sonoma County Sheriff's Department, other local law enforcement agencies, Sonoma County Regional Parks, and the Sonoma County Department of Public Infrastructure. As of 9/126, there were approximately 19 active encampments with 46 people, defined as having at least 1 individual in the encampment, across the entire County. No encampment had more than 5 individuals inhabiting the physical space of the encampment. Each encampment is required to have either a housing or interim shelter solution attached to it per State of California policy. The majority of encampments are designated for interim shelter as a solution due to the shortage of permanent housing. However, there are 4 active encampment sites with permanent housing intervention as a target. These are encampment sites that are funded by State of California Encampment Resolution funds and have direct pathways from encampments to housing due to the volatile nature of these particular encampments. All 50 encampments are required to have a milestone date for outreach and a milestone date for a housing solution. Finally, each encampment has to have a key partner with the CoC and County, usually a nonprofit providing street outreach services. Law enforcement is involved with each encampment resolution. The majority of encampments have tents as the primary structures, but vehicle encampments are also tracked. Individuals in vehicles are offered referrals to Safe Parking with the City of Santa Rosa and with faith-based partners (local churches) that offer secure safe parking. Each encampment is tracked in a database by CoC Lead Agency staff, and is tracked by jurisdiction and physical location with a designated Lead Entity for addressing the encampment.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Continuum of Care is not a legal entity and thus does not have authority to oversee local law. However, the CoC works closely with law enforcement to address public drug use by individuals experiencing homelessness. The Continuum of Care adopted a local policy in July 2026, Statement of Prohibition of Illicit Drug Enablement, to decrease public use of illicit drugs. This Plan is the official policy of the CoC, and if a CoC-funded project is in violation of this policy, the CoC may require corrective action, impose conditions on continued participation in the CoC competition, or pursue other remedies available under the Homeless Coalition's governance documents and applicable HUD requirements, including consideration during future funding competitions. This plan leverages beneficial policies while overcoming harmful effects of restrictive ones by not prohibiting or discouraging providers from offering or referring program participants to substance use disorder treatment, recovery services, medication-assisted treatment, or other supportive services available within or outside the Homeless Coalition. Nothing in the policy is interpreted to require program participants to be sober as a condition of receiving assistance, require participation in treatment as a condition of receiving assistance, or require eviction or program termination for a violation of a drug-related program policy or lease requirement. Likewise, nothing in this plan restricts or prohibits CoC-funded housing projects from establishing sobriety or treatment participation requirements as a condition of assistance where permitted under 24 CFR 578. The Continuum of Care also works closely with law enforcement to address drug use in encampments and other "hot spots" that impact public safety and public health. As the CoC's Lead Agency is the Department of Health Services, the CoC has unique leverage and resources to support individuals experiencing substance abuse and offer pathways to treatment and addiction services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

On average, there are around 121 accidental overdose deaths in the CoC's geographic area and there are 476 emergency department visits for accidental drug overdose in the CoC's geographic area. As many as 1 in 4 people who are taking a prescription opioid long term obtained from their primary care provider struggle with physical or psychological dependence. Opioids account for roughly 76% of all overdose fatalities and roughly 90% of those opioid related deaths involve fentanyl. Men are roughly three times more likely to die from a drug overdose than women, and people experiencing homelessness account for about 10% of fatal overdoses. Finally, the Russian River area holds the county's highest local age-adjusted fatal overdose rate at 38.5 per 100,000 residents. This data includes public spaces. To address overdoses in public spaces, County and nonprofit outreach teams focus services directly on areas and community spaces where public and street level overdoses happen most frequently. Free wellness and Narcan distribution vending machines have been placed in accessible public and campus zones, such as the Santa Rosa Junior College and public health offices, to help curb public incidents. The Continuum of Care follows local County policy (Health Services and Law Enforcement). The current status of illicit drug use is tracked through wastewater tracking, public health intervention, and law enforcement campaigns. Sonoma County health officials operate a wastewater surveillance dashboard on the County's Real Time Trends Page to monitor community levels of fentanyl, methamphetamine, cocaine, and xylazine. The Sonoma County District Attorney's Office and local law enforcement run educational initiatives—such as the "One Pill Can Kill" outreach—to warn the public about counterfeit pills and contaminated street drugs.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC follows the local law and policy, the California Lanterman-Petris-Short (LPS) Act commonly known as a 5150 hold. This hold for 72 hours can be put in place when an individual shows probable cause to be a danger to self, others, or is gravely disabled and cannot provide for their basic needs like food, clothing, or shelter due to a mental disorder. The CoC's plan for leveraging beneficial policies while overcoming the harmful effects of restrictive ones includes close collaboration with local law enforcement, licensed mobile crisis teams, and designated professionals (specific medical and mental health staff within county hospitals and emergency departments appointed by the Sonoma County Board of Supervisors. This plan also includes close collaboration with four core resources: mobile crisis teams that include licensed clinicians, the crisis stabilization unit (CSU) that offers short term acute care (up to 23 hours), crisis residential services with voluntary community-based supportive services, and the INresponse Team, a team comprised of mental health professionals and peer staff who can provide rapid response to individuals in crisis. The CoC regularly has briefings from Lead Agency Staff at the Department of Health Services on these resources. The LPS law and the local CARE Court policy (involuntary commitment for individuals who are experiencing homelessness with mental illness) help the CoC, its members, and funded organizations in mitigating the effects of individuals at risk to themselves or others. Quantitative data includes both funding and services. \$29 million has been allocated for emergency psychiatric and crisis stabilization services, \$15.4 million has been dedicated to behavioral health infrastructure and facilities, \$5.2 million has been dedicated to behavioral health coordination and homeless services, and \$3.7 million has been allocated to outpatient substance use and mental health care. This has all been funded by Measure O, a local revenue tax, and the Continuum of Care consults with the County on funding decisions that address homelessness. Finally, over 100 permanent beds have been added to the CoC housing portfolio that are directly funded by Measure O and target individuals with mental illness.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Continuum of Care follows Sonoma County's official policy on sharing information with registered sex offenders (PC 290s). SORNA requirements are executed and enforced via California's localized version of the law, California Penal Code 290 and the Megan's Law database of registered sex offenders. All homeless service providers are required to track information on sex offender status in order to comply with Megan's Law. Homeless service providers are asked to enter an individual's sex offender status (yes or no) into the HMIS database as part of demographic information. Individuals are asked this in order to comply with Megan's Law, which stipulates that a registered sex offender cannot be within a quarter mile of a school which means that shelter and housing providers must track this information. This allows for information sharing with providers as well as the CoC Lead Agency and Collaborative Applicant. Case Conferencing with Coordinated Entry can also facilitate information sharing to find appropriate housing for registered sex offenders. The CoC's plan for leveraging beneficial policies while overcoming harmful effects of restrictive policies is centered around locating appropriate housing and shelter for registered sex offenders. CoC-funded projects are not allowed to reject referrals for permanent supportive housing for registered sex offenders (per HUD policy) unless it is within a quarter mile of a school per California policy. Additionally, CoC members and organizations can work directly with the Sonoma County Sheriff's Office for information on registered sex offenders. The CoC partners with the Lead Agency, Department of Health Services, and the Sonoma County Department of Probation, to locate appropriate resources for registered sex offenders. Approximately 24 transitional housing beds are set aside for registered sex offenders on probation and operated by a local housing provider with oversight provided by the Department of Probation Services. Megan's Law is helpful to the CoC in comprehensively sharing information on sex offenders and SORNA and that information is entered into the HMIS database which can then be utilized by the Coordinated Entry Operator in case conferencing for appropriate placement of housing for registered sex offenders. The CoC's data on registered sex offenders includes 22% of registered sex offenders categorized as experiencing homelessness (approximately 128 out of 585 individuals as of May 2026).

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC designed its street outreach (SO) approach to achieve full geographic coverage via a subregional model to eliminate duplication of services & to reach those who are LEAST LIKELY to REQUEST ASSISTANCE. SO teams are responsible for specific subregions of the county & carry caseloads w/ a twofold approach. A portion of the caseload is designed to get clients in the Coordinated Entry priority group ready for housing by collecting/uploading documents to HMIS; speeding up time from referral to lease up. By Names List (BNL) leads assign action step e/ a focus on getting housing. Once a client is housed, SO staff maintain the client on their caseload for 2 weeks ensuring a warm handoff to housing case management. Another portion of the caseload is to engage clients who have NOT YET received services/may have REJECTED services. The aim of this work is to explain services/progressive engagement as rapport is developed. SO can place unsheltered individuals into shelters in their subregion. SO Deployment is coordinated through subregional & county-wide BNL meetings. BNL meetings are MULTIDISCIPLINARY groups made up of providers, law enforcement/fire officials, representatives from local jurisdictions, healthcare, etc. BNL group composition changes depending on subregion/need. Anyone who has interactions w/ the unsheltered in the subregion can be included. BNL leads in rural areas are responsible for developing partnerships w/ non-traditional partners like parks staff, business owners & local residents.

These partners can contact BNL or SO to connect those LEAST LIKELY to request assistance with the system of care. SO/BNL has developed plans for addressing encampments, engaging clients refusing services, warming/cooling centers & the Point in Time count. The combination of the new SO approach & BNL coordination has resulted in more unsheltered individuals being identified, particularly in areas where there has historically been less access to services. The County also operates a homeless dedicated safety net multidisciplinary team, including behavioral health specialists, adult protective services, substance abuse counselors, probation, Child protective services, human services, community health partners (including a hospital liaison), etc. This team provides an array of services and can provide direct access to county services, such as Medi-Cal, General Assistance, Cal-Fresh (food stamps), which allows for streamlined service access/ensures benefits

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's written policies and procedures for informing individuals and families experiencing homelessness about eligibility for educational services are established through CoC-adopted written program standards and the CoC Governance Charter, originally adopted by the CoC Board in 2014. These written standards require CoC-funded providers serving families and unaccompanied youth to inform participants of their rights and eligibility for educational services and to assist them in accessing appropriate education-related resources. Providers are also required to coordinate with the appropriate local school district's McKinney-Vento Homeless Education Liaison to ensure families are informed of available educational rights and supports and that children remain connected to an appropriate educational setting. As part of this process, program staff and education coordinators coordinate directly with McKinney-Vento Homeless Liaisons and the Sonoma County Office of Education (SCOE) Foster Youth Liaison. Education coordinators with CoC/ESG-funded agencies may make referrals to the SCOE Foster Youth Liaison to help parents and unaccompanied youth understand and access available school-based resources and to facilitate communication between families, youth, and school staff. Providers serving families with children are expected to establish communication with the applicable school district's McKinney-Vento Liaison when a child is identified as experiencing homelessness. This coordination helps ensure that families are informed of their educational rights and that school districts are aware when a student may be eligible for McKinney-Vento protections or related supports, including transportation assistance and free or reduced-price meals. Through these written requirements and established coordination procedures, individuals and families who become homeless are informed of their educational rights and connected with the appropriate school district and educational liaisons.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC coordinates with foster care/child welfare services through formal partnerships, shared CoC membership, and dedicated housing and supportive services for youth transitioning from systems of care. The CoC has an MOU with the County Human Services Department's Family, Youth & Children (FYC) Division, and CoC Lead Agency staff participate in quarterly FYC meetings to address the needs of children/youth. FYC, the Sonoma County Housing Authority (SCHA), Community Support Network, and TLC Child & Family Services are active CoC members, supporting ongoing coordination between child welfare, housing, and services. County's Independent Living Program (ILP), coordinated through FYC, serves current and former foster youth ages 16–21 with referrals from social workers or probation officers and supports development of employment, financial management, and independent living skills. SCHA administers the Foster Youth to Independence (FYI) Initiative, providing rental assistance to eligible transitioning foster youth ages 18–24 who are at risk of homelessness. CoC has dedicated housing and support programs for youth with foster care histories. Community Support Network provides permanent supportive housing for youth ages 18–24, including former foster youth, with individualized case management, mentoring, transportation, health and wellness support, education, employment, and recovery services. VOICES operates a youth walk-in center serving many youth with foster care histories and uses a youth-engagement model that integrates services, peer leadership, and youth voice to address barriers faced by young people leaving systems of care. TLC Child & Family Services provides transitional housing, independent living skills training, behavioral health support, and mobile case management for youth and young adults through THPP-M and THPP-NMD programs, including non-minor dependents and former foster youth. TLC is also a licensed foster family and adoption agency. Hanna Center provides dedicated transitional housing and support for foster and transitional-age youth, including THPP and THPP-NMD programs. Services include supervised housing, independent living planning, career and education support, housing assistance, and trauma-informed mental health services. These partnerships provide coordinated pathways from foster care and other public systems of care to housing, independent living supports, and ongoing services for youth at risk of or experiencing homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

In Winter 2026, Catholic Charities of Northwest California (CCNWC) will open the Trione Youth Shelter at DeMeo House, a Runaway and Homeless Youth (RHY) Basic Center Program serving youth ages 14-17. The program will provide emergency shelter and crisis intervention services to approximately 70 youth annually, while its intensive street outreach component will engage an additional 30-40 youth who may be reunified with family or connected directly to community-based services. CCNWC coordinates closely with the Sonoma County Continuum of Care (CoC), the Sonoma County Homeless Coalition, to ensure youth experiencing homelessness are identified, referred, and connected to appropriate services. CCNWC is an active participant in the CoC, and the agency's CEO serves on the Coalition Board. Through participation in Coordinated Entry, case conferencing, and the countywide By-Name List, CCNWC collaborates with homeless service providers to coordinate care, prevent duplication of services, and support youth in accessing shelter, housing, behavioral health, education, and family reunification resources. The CoC's By-Name List enables providers across Sonoma County to share information, coordinate outreach efforts, and maintain continuity of care when youth move between programs or geographic areas. This collaborative approach ensures that youth do not fall through service gaps and that providers can build upon previous engagement efforts. CCNWC's Homeless Outreach Street Team (HOST) conducts street outreach for individuals, including youth, experiencing homelessness throughout Sonoma County in accordance with CoC Street Outreach Standards. Consistent with these standards, CCNWC utilizes warm handoffs to facilitate transitions between outreach, shelter, housing, and supportive service programs. With youth consent, outreach staff coordinate directly with receiving providers to communicate needs, strengthen engagement, and ensure continuity of care. Outreach staff remain involved as needed during transitions to support successful connections to shelter, housing, and other services. Through active participation in the CoC, Coordinated Entry, the By-Name List, and countywide outreach coordination, CCNWC ensures that RHY-funded services are fully integrated into Sonoma County's homeless response system and that youth receive coordinated, youth-centered support.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The CoC has one rapid rehousing project that exclusively serves families with children experiencing homelessness. The Bringing Families Home project with Individuals and Families Support Network (IFSN) provides 60 rapid rehousing units and 172 total beds to families experiencing homelessness, reunification for families with an open child welfare case, and families experiencing a housing crisis or instability.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Bringing Families Home (BFH) rapid rehousing project with Individuals and Families Services network (IFSN) is the primary CoC RRH project provides supportive services to improve income to pay rent. BFH provides housing focused case management with a full suite of services focused on housing placement and income growth. IFSN case managers provide housing navigation, location, and placement assistance that includes assistance with security deposits, utility payments, and moving costs. Supportive services for income growth utilize an Income Action Plan (IAP) that includes primary focus areas in childcare, work schedule, transportation, skill building, workforce development, and job training. Childcare support involves enrollment in local subsidized care projects. Work schedule support targets shift work that matches family availability with long term targets of aligning work schedules with school or care availability. Transportation support includes provision of transit passes or flexible RRH funds for vehicle repair. Families are connected to high yield certificate courses through WIOA to transition into sector specific career ladders. As funding flows from the Child Welfare Department with the Department of Human Services, case managers connect families with core support in the Human Services Workforce Development Section. Families have access to job training and registered apprenticeship opportunities through Job Link to improve income. Services (free of charge) designed to raise income through BFH include: career coaching and navigation, job search infrastructure services such as the active Job Board, computer and internet access, and printing. Additional support services leveraged through Job Link for BFH include basic transportation services, covering job-related needs such as training tuition, and bilingual services for Spanish speakers. Families also have access to Skillup Sonoma, a portal providing free access to over 5,000 online courses to add certificates to participants' resumes who are between jobs. Finally, BFH staff require monthly supportive services in order to meet income goals and reach self-sufficiency at the end of the assistance period. Wraparound case management services also include securing long-term public benefits and health insurance that also contribute to income growth and stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The Bringing Families Home (BFH) rapid rehousing project with Individuals and Families Services network (IFSN) the primary CoC RRH project in the County that leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF) and other programs such as the Family Unification Program and Mainstream Voucher Program. In California, TANF is administered as CalWORKS, and in the CoC's geographic area, this division is called SonomaWORKS with the Sonoma County Human Services Division. IFSN's BFH project has direct access and linkage to SonomaWORKS services with the Human Services Division. Core services include: monthly cash grants for families actively seeking employment services, job training and coaching, transportation services, and linkages to childcare services. The most robust financial services offered by SonomaWORKS are leveraged to families through the Housing Support Program (HSP). HSP provides rapid rehousing and financial assistance to families enrolled in SonomaWORKS and BFH and are experiencing or at risk of homelessness. This program combines immediate housing aid with long-term case management to promote housing stability and self-sufficiency. It also includes short-term motel/hotel vouchers and stays for families who are in shelter or unsheltered circumstances. Additional leveraged resources include direct financial aid in the form of back rent, security deposits, and utility payments. Housing navigation services are offered as well as ongoing budget counseling and financial literacy education to prevent future housing emergencies. Integrated and leveraged benefits include seamless coordination with other SonomaWORKS (TANF) benefits such as the monthly cash grants, Medi-Cal coverage, and childcare/transportation assistance for work related activities. Finally, families in the BFH RRH program are connected to other leveraged financial resources with the Sonoma County Housing Authority. These include the Mainstream Voucher Program for non-elderly families with at least one individual with a disability who are experiencing homelessness as well as the Family Unification Program (FUP) for families whose lack of housing is a primary factor in imminent placement of children in foster care.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Bringing Families Home (BFH) rapid rehousing project with Individuals and Families Services network (IFSN) the primary CoC RRH project in the County that combines housing assistance with childcare, parenting support, pregnancy related and child healthcare, and education. 1.) Childcare. BFH RRH participants are linked to the SonomaWORKS Program (primary integrated program for low-income families. This includes direct assistance to pay for childcare costs. The YWCA of Sonoma County, the CoC's primary victim services provider, also offers dedicated therapeutic childcare to eligible families. Additional resources are accessible through the Sonoma County Job Link Program. 2.) Parenting Support. SonomaWORKS also offers support for early parenting support through the SonomaWORKS Home Visiting Program for caregivers raising a child under 24 months. The YWCA offers parenting education to help families stabilize after trauma or transition. BFH RRH families are also referred to First 5 Sonoma County. First 5 offers a robust Parent Resource Guide, new parent emotional support groups, free playgroups, home visiting services, and a free College Savings Account program for kids aged 0 to 5 to jumpstart their education. 3.) Pregnancy Related Services and Child Healthcare. SonomaWORKS offers access to the CalLearn program for pregnant and parenting teens. BFH RRH participants are also referred to Sonoma County Maternal, Child, and Adolescent Health Program. This county-run dashboard matches pregnant women and new mothers with medical visits, breastfeeding guidance, WIC/CalFresh enrollment, and subsidized childcare connections. Finally, the Nurse-Family Partnership (NFP) program sends a public health directly to a first-time mother's home or living situation and walks BFH participants through pregnancy support and infant development care up until the child's 2nd birthday. 4.) Education. BFH RRH participants are referred to SonomaWORKS for support in education. This includes fully subsidized college classes, GED preparation, English as a Second Language (ESL) courses and other educational support. IFSN, the operator of the RRH project, also provides additional resources and support for educational services including linkage to Santa Rosa Junior College.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with the local branch of the Department of Veterans Affairs in tracking a By Names List of veterans experiencing homelessness and also in monitoring HUD VASH vouchers distributed by the Santa Rosa Housing Authority. The CoC Lead Agency also works closely with Nation's Finest, the local SSVF provider. The CoC also helps connect veterans with dishonorable discharges to CoC funded housing units.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC collaborates with YWCA Sonoma County and Verity, local victim service providers addressing domestic violence, dating violence, sexual assault, stalking, and human trafficking. YWCA operates a 24/7 domestic violence crisis line and confidential shelter, while Verity operates a 24/7 sexual assault and trafficking crisis line and provides survivor support. The CoC refers participants to both organizations for crisis intervention, counseling, advocacy, and other services.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC has three partnerships to prevent homelessness from people transitioning from prisons, jails, and court programs. Whole Person Care staff at the County jail provide screening, care coordination, and housing resources for individuals exiting jail. The Department of Probation partners with the CoC for individuals exiting jail with 50 transitional housing beds. Finally, the County established a Mental Health Diversion Program at the jail for individuals with severe mental health needs.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

CoC partners with In-Home Supportive Services to provide specialized services for homeless individuals with high-level medical needs. This partnership allows individuals in homeless dedicated housing to have a caretaker come visit them and help them with their day-to-day medical needs. The two largest shelter providers have health clinics on site to provide respite care. These services reduce the amount of ambulance calls/hospitalizations and allow care to be easily accessible.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

CoC partners with Sonoma County Adult and Aging Division's Adult Protective Services, provides annual trainings during membership meetings to providers for direct linkages to services and staff to address the needs of the aging and elderly experiencing homelessness. Two of the CoCs largest homeless services providers have medical respite beds, totaling 72 beds, for those experiencing homelessness. Referrals to the respites are made through local hospitals and Federally Qualified Health Centers.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Sonoma County CoC requires chronic homelessness to be an eligibility and prioritization requirement for all CoC-funded Permanent Supportive Housing (PSH) projects per HUD regulation. This includes Sonoma SCIL, Catholic Charities PSH Santa Rosa 2, Community Based PSH, Stony Point Commons, Elderberry Commons, SVDP Commons, CSN Sponsor-Based Rental Assistance, Renewal Rental Assistance—Persons with HIV/AIDS, and Mill Street Supportive Housing.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The CoC-funded Catholic Charities Permanent Supportive Housing (PSH) Santa Rosa 2 provides on-site behavioral healthcare to residents through a dedicated Mental Health Clinician employed directly by the organization. The clinician provides services to approximately 52 PSH residents annually and is integrated into the PSH program and case management team. The clinician provides trauma-informed, individualized mental health services, including counseling for residents experiencing chronic or episodic mental health conditions, substance use support using a person-centered approach, and assistance with coping skills, resiliency, grief, loss, and other traumatic experiences. The clinician is also available for mental health crisis intervention and support related to behavioral health needs that may affect housing stability. Behavioral healthcare is accessible on-site, reducing barriers to services for residents who may otherwise experience difficulty accessing community-based providers. When additional or specialized services are needed, the clinician provides warm referrals and coordinates with community behavioral health, substance use treatment, and other specialized providers. The clinician also facilitates group sessions to support resident well-being, strengthen community connections, and address or prevent conflicts within shared housing environments. In addition, the clinician works directly with Catholic Charities case management staff through consultation and case conferencing and provides staff training on behavioral health and substance use topics. These integrated behavioral health services support residents in maintaining safe, stable, permanent housing and addressing behavioral health needs that may otherwise create barriers to housing retention.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

CoC's Permanent Supportive Housing (PSH) projects assess participants' changing housing, health, functional, behavioral health (BH), and service needs and coordinate additional services or higher levels of care when appropriate. COTS Community Based PSH has developed a Participant Assessment and Transition Policy, currently in formation for adoption, providing a structured, person-centered framework for PSH programs.

Under the policy, COTS conducts a baseline assessment at enrollment, a comprehensive reassessment at 12 months, and reassessments every 6 months thereafter. Interim assessments may be initiated when significant changes occur, including hospitalization, changes in functional ability, escalating healthcare/service needs, or a participant's request.

Assessments examine housing stability, physical health and activities of daily living, BH and substance use support needs, independent living skills, social and community supports, goals and preferences. When needs may exceed current PSH supports, the case manager evaluates whether they can be addressed while maintaining housing. COTS first considers reasonable accommodations, services, in-home care, healthcare coordination, and BH treatment.

When needs exceed the provider's scope, COTS coordinates assessment by an appropriately qualified healthcare or BH professional. Based on professional recommendations and participant preferences, options may include enhanced in-home services, BH treatment, assisted living, residential treatment, skilled nursing, or other appropriate care. COTS prioritizes community supports that allow participants to remain housed when appropriate and feasible.

When a higher level of care is recommended, COTS coordinates professional assessments, referrals and eligibility determinations, benefits/authorizations, and transition plans addressing continuity of care, housing, transportation, belongings, and finances. Any proposed housing change is reviewed for compliance with HUD requirements, fair housing and disability protections, tenant protections, and reasonable accommodations. A higher-level-of-care recommendation does not, by itself, constitute grounds for terminating assistance.

The policy provides for supervisory review, documentation, participant notification, and an opportunity to provide additional information or request review. This framework ensures services respond to changing needs while promoting housing stability, participant choice, and access to care.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The CoC requires all CoC-funded Permanent Supportive Housing (PSH) projects to assess each participant's changing housing, health, behavioral health, functional, and service needs at least annually. Assessments determine the appropriate level of services and whether participants continue to need PSH or are ready to transition to other permanent housing with less or no assistance. This applies to Sonoma SCIL, Catholic Charities PSH Santa Rosa 2, Community Based PSH, Stony Point Commons, Elderberry Commons, SVDP Commons, CSN Sponsor-Based Rental Assistance, Renewal Rental Assistance—Persons with HIV/AIDS, and Mill Street Supportive Housing. Each project uses ongoing case management and annual service-needs assessments to identify changes in a participant's circumstances and readiness to transition to a less intensive housing intervention when appropriate. The CoC and its PSH providers have established partnerships with the Sonoma County Housing Authority (SCHA) and the City of Santa Rosa Housing Authority (SRHA) to support transitions to other permanent housing. SCHA's Move-On program provides a pathway for eligible participants who have successfully participated in PSH and are ready to transition from intensive supportive housing. The program was expanded in 2022 to include individuals transitioning from Rapid Rehousing. When Move-On opportunities are available, CoC-funded providers are notified and assess and screen eligible participants for referral. Several CoC PSH providers also have Project-Based Vouchers (PBV), providing additional pathways to long-term housing stability. If funding is available after 1 year, eligible PBV participants may have the opportunity to transition to a Housing Choice Voucher, allowing them to move to another eligible rental unit while retaining the rental assistance when they are ready to move on from PSH. Providers connect participants with employment and workforce resources through the CoC's employment partnership, including JobLink, the Department of Rehabilitation, and local employers. These resources can support increased income and employment readiness, helping participants transition from PSH when they no longer require intensive supportive services. Through annual assessments, individualized case management, housing authority partnerships, Move-On opportunities, and workforce resources, the CoC and its PSH providers maintain a structured process for identifying and supporting participants who are ready to move on

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Reallocation Process: The CoC uses a structured reallocation process coordinated by an impartial Evaluation Workgroup (EW), established prior to the NOFO and comprised of CoC Board members, persons with lived experience of homelessness, and community members. The EW actively reviews renewal project performance using objective criteria, including System Performance Measures (SPMs), project capacity, expenditure/spend-down, and APR data accuracy prior to the release of the annual NOFO. Projects scoring below the 80% Unconditional Threshold Requirement (UTR) meet with the EW to develop a Corrective Action Plan (CAP), receive technical assistance, and address performance concerns. Continued performance issues or reduced community need may result in a project being considered for reallocation, with or without a prior CAP. The EW reports its work to the CoC Board throughout the process and at the conclusion of the review period. For the 2026 competition, the CoC also reviewed HUD's new Tier 2 set-aside for new Transitional Housing (TH) and Supportive Services Only (SSO) projects and modified its reallocation process to allow for only new TH and SSO projects to compete for Tier 2 funding. 2. Through the 2026 evaluation process, we did not identify any projects that were performing low or had less of a need for the community. All renewal projects scored above the 80% UTR, with scores closely grouped, and no projects required a CAP. All renewal projects continue to address local needs, including Permanent Supportive Housing, HMIS, and Coordinated Entry, collectively supporting more than 200 individuals in permanent housing. 3. Reallocation of Low-Performing or Less-Needed Projects: The CoC did not reallocate any projects identified as low-performing or less needed through its performance review. The CoC did reallocate funding from four of the lowest-scoring renewal projects to support new TH and SSO projects in Tier 2; however, these projects were not identified as low-performing or less needed. Their reallocation was undertaken specifically to respond to HUD's new priorities and Tier 2 set-aside and support new TH/SSO project types consistent with the new funding structure. 4. The CoC did reallocate projects this year, therefore this question is not applicable.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bonterra LLC
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The 2026 PIT Count was held on 1/30/26. Not Applicable There were no methodolgy changes in the unsheltered PIT in 2026 and thus no affect on the PIT Count results.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Evaluation period: 9/1/25 - 9/1/26. The CoC reduced the number of encampments from 50 with 132 to 19 with 48 people, reductions of 62% and 58% respectively. The CoC works in partnership with the County of Sonoma and Lead Agency, Department of Health Services, along with other city jurisdictions to address encampment resolution. Actions Taken: 1.) The County has a robust, multi-pronged approach to resolving encampments which was developed in 2020 after the largest encampment in the County's history developed and was resolved. The Lead Agency's SOUL Team, an outreach team comprised of case managers and substance abuse counselors, is the lead for addressing an encampment with at least 5 individuals residing in it. The SOUL Team provides rapid, targeted outreach to encampments before they develop into larger encampments and work in tandem with the Sonoma County Sheriff's Department and other local law enforcement departments. 2.) This team is part of a larger Operational Encampment Team (OET) that meets biweekly to map encampments and set timelines for resolution. The OET also includes lead partners from the Sheriff's Department, Regional Parks, County Counsel, and the Department of Public Infrastructure. 3.) The CoC also endorsed large scale efforts to resolve the most problematic encampments by supporting applications for five (5) successful State of California Encampment Resolution Fund (ERF) grants. These grants, totaling nearly \$40 million in one-time funding, provided direct pathways into shared permanent housing, non-congregate shelter, and a designated safe parking site for individuals exiting encampments comprised of vehicles. Collectively, over 250 individuals were placed into shelter and housing after the encampments were cleared and were provided ongoing case management services. The cleared large encampment sites are monitored by outreach workers on a weekly basis to prevent individuals from returning and repopulating sites that are known to be "hot spots." 4.) The CoC Board includes 6 elected officials from the Board of Supervisors and 5 local City Councils. This representation connects the CoC to elected bodies ultimately responsible for addressing large encampments and creates a streamlined, unified approach to resolving encampments and addressing public safety while also engaging local law enforcement and health officials to support encampment resolution efforts.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	50
2. Enter the reduction in the number of encampments during your evaluation period.	31

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	132
2. Enter the reduction in the number of people in encampments during your evaluation period.	76

&nbsp;nbsp;

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable. There was a reduction in encampments in the CoC.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC reduced the number of individuals experiencing homelessness for the first time by 4% from 2024 to 2025 (1,730 to 1,715). In late 2024, the CoC endorsed and supported the first countywide full-scale homelessness prevention program, Keep People Housed (KPH). Prior to the launch of KPH, homelessness prevention programs were siloed and difficult to access for individuals and families at risk of becoming homeless and also under-resourced. To launch KPH, the County of Sonoma, City of Santa Rosa, and City of Petaluma (HUD entitlement jurisdictions), pooled \$1.3 million in public funding to support KPH led by the Lead Agency of the CoC. This funding was matched with \$1.3 million in philanthropic funds that was provided by All Home, a California homelessness technical assistance and strategic planning nonprofit. Together, this \$2.6 million in funding represented the largest effort to address first time homelessness in the CoC's geographic area history. The funding will continue past the 2-year pilot with additional public funding and philanthropic funding resourced by the KPH operator, Committee on the Shelterless. The program has 5 regional hubs and an online platform designed to target individuals and families who need one-time intervention and can maintain self-sufficiency after financial aid is rendered. To date, 489 households have been served with a total of 1,206 individuals served, including 686 adults and 521 families. The average amount of assistance is \$3,330 per household with a total of \$1,628,575 in funding disseminated. This remains the CoC's main plan to address first time homeless – targeted intervention to single adults and families in their specific subregion of the County. Finally, the CoC's Coordinated Entry Operator has a robust prevention and diversion screening tool that strives to divert individuals and families into other systems rather than falling into homelessness (such as identifying alternative housing and finding support from families/friends). The County's Whole Person Care team also works in discharge planning in jails and hospitals to support individuals exiting institutions with housing placement rather than entering homelessness.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The length of time homeless was essentially the same in 2025 as in 2024, 188.9 days in 2025 compared to 188.3 days in 2024. The PLAN to reduce length of time homeless includes several factors. 1.) In 2025, the CoC redesigned its Coordinated Entry Assessment Tool to make it more client friendly and efficient and eliminate disparities that made clients less likely to engage with assessors. The tool was also reduced from a roughly 40-minute interview to 15 minutes, which created efficiency and also minimized trauma for clients in having to repeat past traumatic experiences. 2.) The CoC adopted an innovative subregional street outreach model that focused outreach on 6 distinct subregions of the County with a designated outreach point of contact and team for each subregion rather than having a larger overall outreach system that was stretched thin trying to cover a large geographic area. This created trust with individuals experiencing homelessness in the subregions by having local staff in their area directly engage in outreach services and build rapport, fostering greater engagement and likeliness of enrolling in coordinated entry and creating a pathway to housing. 3.) The CoC fully adopted a Countywide By Names List (BNL) model in each subregion of the County based off of outreach efforts and then combined that into a unified Countywide By Names List. The BNL model supports local outreach workers and case managers in identifying all individuals experiencing homelessness within the County and its subregions and makes it much easier for workers to locate and communicate with individuals on the BNL. This streamlines services and creates a faster pathway to housing, particularly when a housing unit is identified; the individual can move into housing faster and on a quicker schedule. 4.) The CoC strengthened its housing location services with increased funding for rapid rehousing and permanent supportive housing, which has led to quicker placements into housing. In 2027, the CoC plans to select a single provider to provide housing location in all rapid rehousing, which will further bolster housing location services and make them more client friendly by having a single point of access.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

42.72%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The rate of successful exits to permanent housing from ES, SH, TH, and RRH was 48.97%, and increase from 42.96% in the previous year. This was calculated from Lead Agency staff analysis in HMIS and System Performance Measures. The CoC works directly with TH providers to support pathways to permanent housing (both RRH, PSH, and OPH). ES participants are identified by name and assessed in Coordinated Entry for faster exits to permanent housing and also provided income and employment support. RRH participants receive individualized services from the 7 primary RRH projects in the CoC's geography, including tailored case management and employment services, to maximize permanent housing exits. Lead Agency staff created a custom report to collect data on the number of exits from TH/RRH/PSH to unsubsidized housing. The reporting period was from 10/1/24-9/30/25. 42.72% of individuals exited in TH/RRH/PSH exited to unsubsidized housing destinations (stay or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing subsidy; owned by client, no ongoing subsidy). The universe of projects in the calculation included 44 RRH programs, 27 TH programs, and 56 PSH programs (127 programs total). The total number of exit destinations was divided by the total number of Permanent Exit Destinations without an ongoing subsidy, dated within the aforementioned 12-month range of 10/1/24-9/30/25. Data elements included HUD Data Element 3.12 (Exit destinations) as well as client location and project exit date.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/30/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	991	0	881	88.90%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	209	0	109	52.15%
4. Rapid Re-Housing (RRH) beds	394	0	394	100.00%
5. Permanent Supportive Housing (PSH) beds	1,135	0	649	57.18%
6. Other Permanent Housing (OPH) beds	473	0	9	1.90%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

The HMIS Coordinator/CoC Coordinator offer daily technical support/engagement to all providers in the CoC, resulting in bed coverage over 85% in ES and RRH beds. STEPS TO TAKE INCREASING bed coverage within the next 12 months include: A) The CoC HMIS Lead will offer remote and in-person training free of charge to encourage agencies to participate in HMIS for the PSH/TH/OPH providers that includes education and an opportunity to address concerns; B) Staff will offer enhanced support and education to the main faith-based organization, the Redwood Gospel Mission, which utilizes its own mission database to collaborate/share data w/ other missions & HMIS implementation would require them to enter data twice; C) ENGAGEMENT with VA and VASH provider to continue developing a process for HMIS data entry. These efforts are crucial to filling the gap in the number of permanent supportive housing beds in the HMIS. 2 The CoC as the HMIS Lead will IMPLEMENT STEPS described above to increase BED COVERAGE to at least 85% in PSH, OPH and TH by: A) Meeting with providers that are not currently utilizing HMIS with primary engagement from the CoC/HMIS Coordinators and CoC Board support if needed; B) Setting up meetings with organizations to address specific needs/possible solutions; C) The majority of PSH beds not participating in HMIS are HUD-VASH beds. The VA provides quarterly exports to the CoC HMIS Lead, but the uploads do not confirm with current HMIS upload templates. This technical limitation means that manual data entry is the only way to get VASH data into HMIS, and neither the HMIS Lead nor the local VASH provider have the staff capacity to do this work currently. The HMIS Lead will engage w/ HUD and request TA to hopefully find a solution to this. HMIS Lead will also continue to work on automating data formatting to ensure the VASH data is captured within HMIS. CoC hopes to have this work completed in HMIS during calendar year 2027; D) TH: These are mostly with faith-based providers who have limited capacity to enter data directly into HMIS. The HMIS Lead and the provider have a goal of entering HMIS data within the next 12 months & E) The HMIS Coordinator engage all providers at least once annually to explore solutions with them to increase coverage rates in all project types. 6) OPH: it appears there was a staff error on the HDX submission as the total bed coverage reported in the last NOFO in 2024 for OPH was 94% HMIS Coverage, the 2026 report shows only 1.9%.

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

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

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. Treatment a...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f Treatment a...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Protecting...	09/27/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/27/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2026 CoC Competit...	09/21/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1. HUD-2996 Ce...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/28/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability

Attachment Details

Document Description: 1C-1f Treatment and Recovery Services - Chronic Substance use

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tools (by project type)

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2026 CoC Competition Report

Attachment Details

Document Description: 3A-1. HUD-2996 Certification for Opportunity
Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to
Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

1C-1. Treatment and Recovery Services— On-site Substance Use Treatment Availability.

List of TH/RRH/PSH Projects and Treatment Providers with On-Site
Substance Use Treatment.

1. Catholic Charities of Northwest California – Catholic Charities
Permanent Supportive Housing Santa Rosa 2
2. Committee on the Shelterless – Mill Street Transitional
Housing Program
3. Committee on the Shelterless- Community Based Permanent
Supportive Housing

Projects Total: 3 out of 8

Percentage: **37.5%**

1C-1f Treatment and Recovery Services - Chronic Substance use

1. List of CoC Program Projects and number of units that require Substance Abuse Treatment. **(Not Applicable)**

1C-3 Participation Requirements for Supportive Services

1. Catholic Charities CCNWC Transitional Housing Program Agreement (pgs. 2-9)
2. Committee on the Shelterless COTS Mill Street Transitional Housing Program Agreement (pg. 10)
3. TLC Child and Family Services Transition-Age Youth Transitional Housing Participation Agreement (pgs. 11-12)
4. Committee on the Shelterless Community Based Permanent Supportive Housing Program Agreement (pg.13)

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	<u>4 out of 7 projects or 57%</u>
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Note: Calculation excludes the RRH Restricted Domestic Violence Project consistent with 24 CFR 5.2005(b)(1).



PROGRAM AGREEMENT FOR TRANSITIONAL RESIDENT PROGRAM
301 6th Street Suite 108

Participant Name: _____

Phone #: _____ Email _____ Entry Date: _____

Transitional Resident Program (TRP) is a 2-year supportive shelter program with the primary aim to help individuals experiencing homelessness acquire vocational, educational, financial, and life skills necessary for transitioning from homelessness to permanent and affordable housing. The program is managed by the Program Manager, Homeless Services and the Director of Outreach and Engagement.

In line with our dedication to fostering a supportive community, participants must contribute at least 24 hours per week of volunteer time at the Drop-In Center. This commitment is integral to the success of our programs, fosters a sense of community among participants, and provides valuable chances for skill development and networking.

The Transitional Resident Program is an extension of emergency shelter services. Staying in this accommodation does not grant permanent housing status, and there are no associated tenancy rights.

Participants are provided temporary lodging and support as part of our commitment to addressing immediate housing needs. Our goal is to assist individuals in stabilizing their housing situations and connecting them with appropriate long-term housing solutions. Therefore, individuals in our housing programs should be prepared for the transitional nature of their stay and actively engage in case management services to work towards securing permanent housing.

The Transitional Resident Program is crafted to nurture, support, and guide individuals toward self-sufficiency, confidence, and securing permanent housing. Success in this program hinges on participants challenging their previous ways of thinking, embracing guidance from Catholic Charities' staff, and forging new ideas and goals for their future. This program empowers our clients to take charge of their own development by creating and accomplishing action plans aimed at personal growth and self-responsibility.

PROGRAM PARTICIPATION: Program participation is a vital component to the Transitional Resident Program and is an essential requirement for success. An Outreach Worker from HOST will be assigned to work with participants during their time in the program to provide Case management services, which will assist in accessing resources and services to help make the necessary changes to transform their lives. In addition, participants will gain the confidence that comes with self-sufficiency and personal success.

The Participants' progress is evaluated every 30 days using the Goals for TRP Participants checklist. The participants who demonstrate significant progress toward Individual Opportunity Plans (IOP) and have been compliant with all program rules and requirements will remain in the program. If the participant has not made significant progress towards goals or has violated this program agreement, rules or requirements, the participant will be placed on a corrective action plan that if not satisfied will lead to dismissal from the program.

Participant's initials on the lines to the left of the items in this Program Agreement indicate Participant has read, understood, and agreed to each item. Each participant is required to initial each statement, sign and date the agreement to indicate understanding and acceptance.

_____ I agree to volunteer 24 hours a week at the Drop-in center as a condition for participation in the Transitional Housing Program.

_____ I agree to meet with my HOST Outreach worker/ Case manager assigned to me at least twice per month or at the discretion of my Case Manager. The purpose of these appointments is to create an Individual Opportunity Plan (IOP), complete a monthly budget, and establish a savings goal, which are in the best interests of the participant's personal growth and progress.

_____ I understand my enrollment date is _____ and will continue on a month-to-month basis for a maximum of 24 months. Participation will be reviewed for any non-compliance and terminated at any time.

_____ I understand a recertification process at the 6-month point of my move-in date to the Transitional Resident Program will occur. The review will include verification of all income sources, HMIS updates, a summation of progress to date, and an updated plan for self-sufficiency and/or for any extension of the program.

_____ I understand extensions may be granted on a case-by-case basis and that extensions of participation must be requested and approved by the Program Manager, Homeless Services and the Director of Outreach and Engagement.

_____ I understand my participation in the Transitional Resident Program will continue on a month-to-month basis until terminated by either myself or Catholic Charities' staff.

_____ I understand if I need to cancel a meeting with my Case Manager, I will provide at least 24 hours' notice.

_____ I agree to actively participate in planning my program requirements and goal setting, which are designed for future success.

_____ I agree to follow the steps outlined in weekly or monthly Individual Opportunity Plans (IOP), to work towards achieving short and long-term goals.

_____ I agree to treat others, including Catholic Charities' staff members, other participants in the Transitional Resident Program, all clients, and myself with respect.

_____ I understand harassment of any kind, including the use of profanity, spreading rumors, gossiping, or other acts of hostility towards other participants, children, volunteers, or staff will not be tolerated.

_____ I agree to communicate directly with the Program Manager Homeless Services and/or my Case Manager if I witness another participant doing anything that would be considered harmful or unhealthy, including, by not limited to, witnessing another participant or any client engaging in illegal activity, using drugs, consuming alcohol, vandalizing, or damaging any of Catholic Charities property.

_____ I agree to use Catholic Charities' grievance procedure if I have specific issues with another participant.

_____ I understand that my participation in monthly house meetings and other house meetings that may be held is mandatory. I will notify my Program Manager, Homeless Services in advance if I am unable to attend.

_____ I agree to attend any community educational classes deemed appropriate by Case Manager.

_____ I agree to notify the Program Manager, Homeless Services and/or Case Manager of problems that could jeopardize my housing before such problems become too difficult to resolve.

_____ I agree to notify staff immediately of any physical injury to anyone that may occur on the premises, and of any weapon, alcohol, illegal substances, or activities brought onto the property.

_____ I agree to familiarize myself with all appliances in the kitchen and use them as directed. I agree to clean the microwave, toaster, and coffee maker to ensure that there is not excessive buildup that would be a potential fire hazard.

_____ I agree not to leave the stove or any other cooking appliance unattended while in use. I agree to use the overhead fan on the stove when cooking as well as opening the kitchen windows when appropriate. I will use caution when cooking with ingredients that will potentially cause smoke such as BBQs sauce, and other condiments.

_____ I agree to not prop any external gates or doors open for any reason. I will not compromise the integrity of the safety of the building or its residents.

_____ I agree not to remove any of Catholic Charities' property from the unit at any time, without the permission of the Program Manager, Homeless Services.

MONEY MANAGEMENT:

Participants without a stable income will be expected to create a plan to become financially self-sufficient. This may include continued education, vocational training, job search activities, and benefit applications. All applicants will be required to follow a stringent monthly budget and savings goal.

_____ I agree to provide verification of all income sources monthly, or as requested by the Case Manager.

_____ I agree to show receipts for all paid bills monthly.

_____ I agree to follow a monthly budget, agreed upon with my Case Manager.

_____ I agree to follow a monthly savings plan, agreed upon with a Case Manager.

_____ I agree to provide verification of my savings deposits monthly.

_____ I agree to take appropriate steps to improve my credit history.

_____ I agree to pursue any child support or alimony that is legally due to me or that I may owe.

_____ I understand that if I am disabled, I agree to work with medical providers, community resources and advocates to obtain disability benefits.

_____ I agree that if I am able work, I will pursue employment, attend school, vocational training, and/or job search activities.

DRUG & ALCOHOL ABUSE POLICY:

The health and safety of all is of Transitional Resident Program participants is of enormous importance to Catholic Charities. We understand that if a substance addiction is not being properly treated, permanent housing success will be unattainable for our participants. Because of this understanding, we require and will support an active recovery program (if applicable) while in the Transitional Resident Program.

_____ I agree not to possess or use alcohol, illegal drugs, drug paraphernalia, or abuse prescription drugs while on the premises of the Caritas Center.

_____ I agree to never allow visitors or family members to: possess or use alcohol or illegal drugs; possess drug paraphernalia, or abuse prescription drugs while a guest on Caritas Center property. If I am in recovery from substance or alcohol abuse, I agree to attend all recovery services as agreed upon with a Case Manager.

CARITAS CENTER RULES:

Participants are expected to treat Catholic Charities' properties with respect. Our Caritas shelter Transitional Resident Program unit is an enormous asset to our program and Catholic Charities' staff has entrusted program participants with its care and maintenance.

_____ I understand that there will be no visitors allowed on the property and in the unit located at 301 6th Street Suite 108 Santa Rosa, Ca. 95401. Any violation of this rule can result in an immediate exit.

_____ I understand violence of any kind will not be tolerated. Anyone participating in physical, verbal abuse or threats of violence may be asked to leave the program. I will not commit a nuisance on the property, or engage in any behavior, including acts of violence, which adversely affects the health or safety of any person, participant, volunteer, clients, Catholic Charities' staff, or neighbor.

_____ I understand weapons are not allowed anywhere on the property including, but not limited to, knives, swords, or guns of any kind.

_____ I understand nudity is prohibited, always, in all the communal living areas.

_____ I understand smoking is strictly prohibited on all Catholic Charities' properties, this includes both inside and outside all buildings. Smoking is allowed only in the smoking section located in the Drop In yard.

_____ I understand burning candles and or incense is prohibited in all Catholic Charities' properties.

_____ I understand unauthorized heaters are prohibited in all Catholic Charities properties.

_____ I understand anything that can cause a fire is prohibited in the building including candles, incense, hotplates, halogen lamps, coffee makers, unauthorized heaters, or flames of any kind.

_____ I agree to keep my personal living areas free from trash, clutter, food, and general disorder.

_____ I agree to keep clothing and personal items to a minimum so as not to unduly clutter the unit.

_____ I understand at no time is food permitted outside of the kitchen and/or dining area. Exceptions to this include water and baby bottles, which are allowed in bedrooms and communal living areas.

_____ I agree to not leave food unattended while cooking.

_____ I agree to wash, dry, and put away all cookware after use.

_____ I agree to do chores daily. Chores are on a rotating basis and are posted weekly.

_____ I agree to make every effort to keep the unit free from damage. This includes, but is not limited

to, all equipment, appliances, furniture, fixtures, and furnishings.

_____ I agree to leave the thermostat setting to a temperature no higher than 68 degrees Fahrenheit at all times.

_____ I agree to immediately notify the Program Manager, Homeless Services or a Case Manager if any member of law enforcement comes to the property or unit, for any reason.

_____ I agree to not store any other individuals' personal items in my unit or on the property. This includes storing and/or locking up bikes on the bike rack in the back courtyard used for CSP volunteers and Nightingale residents only.

_____ I agree to report any damage to any Catholic Charities' property, including its furnishings, to the Program Manager, Homeless Services or a Case Worker within 24-hours of the damage occurring.

_____ I understand repairing or working on automobiles on the property is prohibited.

_____ I understand all my vehicles must be properly registered and insured. Non-operational vehicles, parking or storing campers/RVs or boats are not allowed on the property.

_____ I understand no pets or animals of any kind, are allowed in the unit or anywhere on the property or other enclosure. This includes my own animals as well as "visiting" animals and anything in a cage or jar. An exception to this is properly trained and certified service animals for those individuals whose disabilities require such a service. If a request is received for a service animal to be on the property, verification of training and certification will be required, and a separate agreement will be drafted to document this reasonable accommodation.

_____ I agree not to have garage or yard sales on the property.

_____ I agree to use the property as, and only as, my primary place of residence.

_____ I understand residents are only allowed two overnights away from the property each month. **All** requests must be in writing and receive approval from the Program Manager, Homeless Services or my Case Manager. Written requests must be submitted at least 48 hours before the overnight is to take place.

_____ I understand by signing this agreement, I agree to subject my space to inspection for cleanliness and damages on any day during normal business hours of 8 a.m. to 5 p.m. without prior notice, for the duration of my program stay. I agree to allow program staff to enter the Transitional Resident Program shelter unit, including the bedroom, for purposes of observing the condition of the space as well as any violations to this agreement. All deficiencies in cleanliness will be noted. If the deficiencies are not immediately remedied, or if the offense occurs a second time, depending on the infraction, disciplinary actions will be implemented.

SHARED SPACE SHELTER RULES:

Participants in the Transitional Resident Program may be placed in a unit with other people. Participants are expected to understand these communal situations are designed to encourage cooperation and foster a sense of community. It is our desire for each participant to derive motivation and support from their community and other program members.

_____ I agree to not steal or “borrow” food from other participants.

_____ I agree to use my own personal hygiene products and to return them to my room when finished using them.

_____ I agree to never enter another participant’s area, without their permission.

Disability Accommodation Policy

If you wish to request accommodations to the policy, Transitional Resident Program practice or requirements because of a disability or perceived disability, please inform Program Manager, Homeless Services and/or the assigned Host Outreach Worker of your request. All reasonable accommodations will be made to ensure your safety and success while a participant in the Transitional Resident Program.

Megan’s Law Notice

Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender’s criminal history, this information will include either the address at which the offender resides or the community of residence and the ZIP code in which he or she resides.

TERMINATION:

It is never Catholic Charities’ intent to terminate a participant’s access to our services; however, unfortunately, issues do occasionally arise where an exit from the program and its supportive services is necessary.

_____ I understand this is a 2-year program.

_____ I understand violation of any of the statements within this agreement will result in corrective action, up to, and including termination from the Transitional Resident Program and its supportive services.

_____ I understand a second violation in any one particular area of this agreement, I will be placed on a behavior contract.

_____ I understand that if a third violation in any one particular area of this agreement, I will be dismissed from the Transitional Resident Program. For example, the participant will be exited if three written warnings are received because meetings were missed.

_____ I understand that if five written warnings and/or behavioral contracts are received within anyone-year period, my participation in the Transitional Resident Program and its supportive services will be terminated.

_____ I understand that if I move out of the property, but leave personal belongings behind, all reasonable attempts will be made to contact me to make arrangements to retrieve the belongings. If I do not make arrangements to retrieve the items within 5 days of vacancy, the belongings will be considered abandoned and will be donated to the Salvation Army.

_____ I understand that unless the participant has been permanently expelled from the Transitional Resident Program an application for re-admittance can be completed after a 6-month waiting period.

_____ I understand I have the right to appeal a decision regarding my exit. Further, I agree to follow Catholic Charities' Appeal Process.

Confidentiality:

_____ I understand that as a condition of becoming a participant in Catholic Charities' Caritas Shelter Program I agree not to divulge any information (address, telephone number or whereabouts) about the other participants, children who live in any Catholic Charities' Caritas Shelter Program and/or any Catholic Charities staff member without their consent. I will not reveal the location of the property to anyone who has harmed or intended to harm me. I understand that failure to comply with this agreement may result in termination of my participation in the Transitional Resident Program and its supportive services.

As a participant in Catholic Charities' Transitional Resident Program, I understand this can be up to a two-year program, and by my signature, I agree to the conditions outlined above. I also realize and agree that if I do not comply with this agreement, I will my participation in the Transitional Resident Program and its supportive services will be terminated.

Participant Name

Participant Signature

Date

Program Manager, Homeless Services

Date

COTS Transitional Housing Program Participation Agreement

COTS provides trauma-informed, housing-focused services designed to help participants stabilize, improve well-being, increase income, exit to permanent housing, and maintain long-term housing stability. By participating in COTS Mill Street Transitional Housing, participants commit to engaging in services that promote safety, recovery, personal progress, and community well-being.

By entering COTS Mill Street Transitional Housing, clients agree to follow all program commitments below as well as participate in customized and individual supportive services. COTS offers 20 hours weekly of supportive services designed to foster long-term stability and self-sufficiency. These services include

- Employment assistance and job training
- Mental health services
- Substance abuse treatment services
- Life skills training
- Case management
- Volunteer opportunities

COTS Transitional Housing Participant Commitments

- Maintain safety and wellness to the best of my ability;
- Participate in developing and following my Individual Service Plan (ISP);
- Attend scheduled appointments with my Case Manager and other supportive service staff;
- Attend scheduled appointments with my substance use disorder counselor;
- Collaborate in weekly/monthly check-ins to track progress toward housing, income, and stability goals;
- Engage in available services including employment support, benefits enrollment, behavioral health referrals, life-skills classes, and housing search assistance;
- Communicate respectfully with staff, volunteers, and other program participants;
- Participate in keeping shared community areas clean and safe;
- Report any safety concerns, incidents, or maintenance issues promptly;
- Follow all COTS program policies, including guest, storage, safety, and behavioral guidelines;
- Collaborate with COTS staff and community providers to reduce barriers to permanent housing.

Participant Name: _____ Date: _____

Signature: _____



Transitional Housing Supportive Services Participation Agreement

Program: TLC Child & Family Services Transition-Age Youth Transitional Housing

Participant Name: _____

Date: _____

Purpose

Welcome to TLC's Transition-Age Youth (TAY) Transitional Housing Program. Our goal is to provide safe, stable housing while partnering with you to achieve your personal goals and increase long-term housing stability. As a participant in this program, you will have access to supportive services designed to help you succeed.

Participant Agreement

I understand that supportive services are an important part of the TLC's TAY Transitional Housing Program. By signing this agreement, I agree to actively participate in services that support my housing stability and personal goals.

As a program participant, I agree to:

- Meet regularly with my assigned case manager, as scheduled or as mutually agreed upon.
- Work with my case manager to develop and update an individualized housing and service plan.
- Participate in supportive services that are appropriate to my goals and needs, which may include:
 - Housing search and housing stability planning
 - Employment services
 - Education services
 - Life skills development
 - Physical or behavioral health care coordination
 - Mental health or substance use treatment referrals, when appropriate
 - Public benefits enrollment and resource navigation
 - Other supportive services identified in my service plan
- Communicate with program staff if I need to reschedule appointments or experience barriers to participation.
- Treat staff, other participants, and community members with respect.

Acknowledgment

I understand that participation in supportive services is a required component of this program. I have had the opportunity to ask questions about this agreement and understand what is expected of me. I understand that if I experience barriers to participation, I should communicate

with my case manager so we can work together to identify solutions. Failure to participate in services may result in my removal from the program.

Participant Name: _____

Participant Signature: _____ Date: _____

Case Manager Name: _____

Case Manager Signature: _____ Date: _____

COTS Community Based Permanent Supportive Housing Program Participation Agreement

COTS provides trauma-informed, housing-focused services designed to help participants stabilize, improve well-being, increase income and maintain long-term housing stability. By participating in COTS Community Based Permanent Supportive Housing (PSH) program, participants are required to engage in supportive services that promote safety, personal progress, and community well-being.

By entering COTS PSH, clients agree to follow all program commitments below as well as participate in customized and individual supportive services. COTS offers 20 hours weekly of supportive services designed to foster long-term stability and self-sufficiency. These services include

- Employment assistance and job training
- Mental health services
- Substance abuse treatment services
- Life skills training
- Case management

COTS Community Based PSH Participant Commitments

- Maintain safety and wellness to the best of my ability;
- Participate in developing and following my Individual Service Plan (ISP);
- Attend scheduled appointments with my Case Manager and other supportive service staff;
- Collaborate in weekly/monthly check-ins to track progress toward housing, income, and stability goals;
- Engage in available services including employment support, benefits enrollment, behavioral health referrals, life-skills classes, and housing search assistance;
- Communicate respectfully with staff, volunteers, and other program participants;
- Participate in keeping shared community areas clean and safe;
- Report any safety concerns, incidents, or maintenance issues promptly;
- Follow all COTS program policies, including guest, storage, safety, and behavioral guidelines;
- Collaborate with COTS staff and community providers to reduce barriers to permanent housing.

Participant Name: _____ Date: _____

Signature: _____

1C-10 Protecting Public Safety

Cooperation with Law Enforcement

1. Evidence of Collaboration with law enforcement (pg. 2-4)
2. Encampment Enforcement Policy (pg. 5-10)



CA-504 Evidence of Protecting Public Safety – Cooperation with Law Enforcement

The Sonoma County Homeless Coalition (CA-504) cooperates with law enforcement in the following ways:

- Encampment resolution
- Decreasing public drug use
- Collaborating with the Lead Agency (Department of Health Services) for involuntary commitment services
- Utilizing the Megan's Law database to share information on registered sex offenders in accordance with the Sex Offender Registry and Notification Act (SORNA).

Encampment Resolution

The Continuum of Care follows the County of Sonoma's adopted Encampment Policy which adheres to State of California guidelines and requirements for resolving encampments. The Encampment Policy is included in this attachment. The Operational Encampment Team (OET) is the primary body that addresses encampments. OET includes street outreach members from the Department of Health Services (CoC Lead Agency), Regional Parks, Sonoma County Sheriff's Department, and representatives from the Department of Public Infrastructure (public works). Encampments are defined as 5 or more individuals camping on public property in violation of applicable state or County Code. The County of Sonoma is committed to addressing homeless encampments in a manner that prioritizes outreach, engagement, and connection to housing and supportive services while protecting public health, public safety, and the environment. Encampments will be addressed through a coordinated, multi-departmental approach led by the OET and supported by the HEART.

When encampments are identified, the OET works with law enforcement to prioritize outreach, case management, and service connections for individuals experiencing homelessness. Whenever feasible, outreach and engagement efforts are conducted prior to any encampment closure actions to ensure that individuals have been offered meaningful access to available services and support.



Encampment closures are coordinated through the OET in compliance with applicable federal, state, local laws, County policies, and relevant court orders or settlement agreements. Law Enforcement is closely involved and consulted with all encampment resolution efforts. All encampment response actions will include documentation of outreach activities, offers of services, and provision of legally compliant notice prior to, and after, encampment removal.

This standardized response ensures that public safety is prioritized and encampments are resolved before becoming large in scale. Additionally, all encampments are tracked by the CoC Lead Agency. This includes encampments in County jurisdiction and in the jurisdiction of the nine cities. As the Continuum of Care is not a legal entity, the CoC does not have authority over encampment resolution, but it follows the established County policy.

Decreasing Public Drug Use

The Continuum of Care is not a legal entity and thus does not have authority to oversee local law. However, the CoC works closely with law enforcement to address public drug use by individuals experiencing homelessness. The Continuum of Care adopted a local policy in July 2026, Statement of Prohibition of Illicit Drug Enablement, to decrease public use of illicit drugs. This Plan is the official policy of the CoC, and if a CoC-funded project is in violation of this policy, the CoC may require corrective action, impose conditions on continued participation in the CoC competition, or pursue other remedies available under the Homeless Coalition's governance documents and applicable HUD requirements, including consideration during future funding competitions.

Utilizing Standards to Address Danger to Self Or Others

The CoC works closely with its Lead Agency, Sonoma County Department of Health Services, to ensure standards are aligned to address danger to self or others. The CoC follows Sonoma County's official policy, which is California's Lanterman-Petris-Short (LPS) Act, commonly known as 5150. Additional resources include the Mobile Crisis Team, Crisis Stabilization Unit (CSU), and Crisis Residential Treatment.

Sharing Information in Accordance with Sex Offender Registry and Notification Act (SORNA)

The Continuum of Care follows Sonoma County's official policy on sharing information with registered sex offenders (PC 290s). SORNA requirements are executed and enforced via



California's localized version of the law, California Penal Code 290 and the Megan's Law database of registered sex offenders. Homeless service providers are asked to enter an individual's sex offender status (yes or no) into the HMIS database as part of demographic information. Individuals are asked this in order to comply with Megan's Law, which stipulates that a registered sex offender cannot be within a quarter mile of a school which means that shelter and housing providers must track this information.



9.2.5 HOMELESS ENCAMPMENT RESOLUTION AND OUTREACH POLICY

Issue Date: **Pending Approval**

Revision History: 12/10/2025

References: Not Applicable

Policy Owner: **(Division/Program/Unit, and Position Title of the P&P owner.)**

Director Signature: **(FOR DIRECTOR USE ONLY – DO NOT ENTER ANYTHING HERE)**

I. Policy Statement

The purpose of this policy is to define the circumstances and procedures for activating the Operational Encampment Team (OET) to coordinate County resources in response to encampments. The OET serves as the County's centralized mechanism for managing cross-departmental operational planning, resource deployment, and coordination.

When appropriate, the OET activates the Outreach and Care Coordination Team—also known as the Homeless Encampment Assistance and Resource Team (HEART)—to conduct in-the-field outreach and provide case management services. HEART's role is to engage individuals living in encampments and connect them with homelessness response services, behavioral health supports, social services, and medical care. This coordinated structure ensures consistent and effective outreach, case management, housing placement, and environmental and public health remediation.

II. Scope

This policy applies to workforce members and partner departments involved in identifying, reporting, coordinating, and resolving encampments located on County property.

The following departments and operational partners constitute the core membership of the Operational Encampment Team (OET):

- A. Department of Health Services (DHS)
- B. Sonoma County Regional Parks
- C. Sonoma County Public Infrastructure
- D. Sonoma County Sheriff's Office
- E. Sonoma County Counsel
- F. The Homeless Encampment Assistance and Resource Team (HEART)

Additional departments, divisions, or partner agencies may be added to the OET on a permanent basis or on a case-by-case basis, as operational needs arise.

The rest of this policy governs the processes for reporting encampments; conducting outreach and case management for individuals experiencing homelessness; coordinating cross-departmental response activities; and carrying out encampment closure and remediation activities when necessary.

III. Definitions

- A. Encampment: An encampment subject to this policy is defined as five or more individuals camping on County property in violation of applicable state or County Code. For ease of identification and referral, situations in which individuals are living on County property without authorization and using tents, vehicles, makeshift shelters, or other personal belongings may be referred to the Operational Encampment Team (OET) for consideration as encampments under this policy. The OET may be activated to respond to smaller encampments or individual situations when operationally appropriate or when directed by the Director of Health Services, and in such cases this policy would apply.

IV. Policy

The County of Sonoma is committed to addressing homeless encampments in a manner that prioritizes outreach, engagement, and connection to housing and supportive services while protecting public health, public safety, and the environment. Encampments will be addressed through a coordinated, multi-departmental approach led by the OET and supported by the HEART.

When encampments are identified, the County will prioritize outreach, case management, and service connections for individuals experiencing homelessness. Whenever feasible, outreach and engagement efforts will be conducted prior to any encampment closure actions to ensure that individuals have been offered meaningful access to available services and support.

Encampment closures will be coordinated through the OET in compliance with applicable federal, state, local laws, County policies, and relevant court orders or settlement agreements. All encampment response actions will include documentation of outreach activities, offers of services, and provision of legally compliant notice prior to, and after, encampment removal.

A. Background

In December 2019, the County faced a significant public health, safety, and environmental challenge with the Joe Rodota Trail (JRT) encampment, which grew to 258 occupants—the largest in County history. In response, the Board declared a local emergency and allocated \$12 million to expand the homeless system of care; establish new shelter capacity; acquire housing for permanent supportive use; create a dedicated Care Coordination Team; and expand access to behavioral health, substance use treatment, and medical services.

The Board directed that the JRT be cleared and activated the County's Emergency Operations Center (EOC) to coordinate a cross-departmental and cross-jurisdictional response. The JRT was cleared by January 31, 2020 without arrests or major incidents, and approximately 107 individuals were placed into housing, shelter, and treatment settings.

The experience of the JRT response demonstrated the need for a formal, standardized structure to coordinate County resources during encampment operations. As a result, the County established the OET to ensure a consistent, organized, and timely approach to encampments that pose environmental hazards or public health and safety risks.

V. **Procedures**

A. Identification and Reporting of Encampments

1. Reporting Encampments

Encampments may be reported to the Operational Encampment Team (OET) by community members, County staff, law enforcement, or property managers of County facilities.

2. Situational Report Preparation

Upon receipt of a report, OET staff will evaluate whether the encampment falls within the scope of this policy. If so, OET staff shall prepare a situational report containing:

- a. who reported the encampment;

- b. location or address of the County property where the encampment is located;
- c. number of occupants in an encampment;
- d. the applicable law enforcement jurisdiction; and
- e. identified environmental, public health or public safety risks that may assist the OET Command Lead in prioritizing response.

3. Activation of HEART

Issuance of the situational report constitutes formal activation of HEART to begin outreach and engagement in case management services for individuals living in encampment.

B. HEART Outreach and Engagement

1. Outreach Objectives

HEART shall conduct outreach to provide assessments, case management, and referrals to shelter, housing, behavioral health services, social services, medical care, and offering storage for personal belongings for individuals.

2. Initiation of Outreach

Upon receipt of the situational report, OET shall notify HEART to initiate outreach and engagement at the encampment.

3. Outreach Process and Completion

HEART shall make efforts to contact, assess, and offer services to all individuals residing in the encampment. Efforts may occur over several days to establish rapport, identify earlier contacts, and develop exit strategies. Upon completion, HEART shall notify the OET.

C. OET COORDINATION RESPONSIBILITIES

1. Command Lead Responsibilities

The Homelessness Services Deputy Division Director or designee shall serve as OET Command Lead and coordinate departmental participation in the encampment response.

2. OET Meetings

OET shall convene bi-weekly to review Situational Reports and determine response strategies. If the OET Command Lead identifies a situational report as a priority, then OET will meet on an ad hoc basis.

3. Development of Implementation Plan

When OET determines that an encampment requires closure, OET shall develop a written implementation plan outlining required actions, operational sequencing, and timelines.

4. Legal Review

County Counsel shall review the implementation plan for compliance with applicable federal, state, and local laws, as well as court orders or settlement agreements.

5. Interagency Coordination

OET shall coordinate operational activities among HEART, law enforcement, contractors, and other County departments.

D. Encampment Closure and Cleanup

1. Confirmation of Outreach Completion

HEART shall notify OET once all outreach, assessments, and service offers have been completed.

2. Notice Procedure

OET shall ensure all legally required pre and post removal notices have been issued prior to encampment closure.

3. Vacate Requirement

Individuals who decline services and remain onsite shall be required to vacate the encampment location upon expiration of the posted notice period.

4. Personal Property Handling

Personal property belonging to individuals experiencing homelessness shall be collected, cataloged, stored, and made available for retrieval in accordance with DHS Policy ##, "Property and Personal Storage of Belongings for Persons Experiencing Homelessness."

5. Encampment Clearance

Applicable law enforcement shall clear the encampment once all outreach, notice, and property handling procedures have been completed.

E. Disability Access and Reasonable Accommodations

The County complies with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Government Code 11135. This includes providing reasonable accommodations and reasonable modifications to ensure people with disabilities have meaningful access to all County programs, services, and activities related to homelessness. A reasonable accommodation is a change to a policy, procedure, or practice that allows a person with a disability to have meaningful access to County programs or services. Any request for an accommodation or modification under this policy will be reviewed and processed in accordance with DHS Policy ##, "Offering Reasonable Accommodation through the Americans with Disabilities Act (ADA)."

VI. **Forms**

A. Encampment Situational Report

VII. **Attachments**

Attachment #1: Butterfly v. County of Sonoma: Settlement Between Plaintiff and County Defendants

1D-1. Local Competition Scoring Tool

1. 2026 New Project Scoring Tool_ DV RRH (pg. 2-4)
2. 2026 New Project Scoring Tool_ SSO (pg. 5-8)
3. 2026 New Project Scoring Tool_ TH (pg. 9-12)
4. 2026 PSH Renewal Scoring Tool (pg.13-16)



Sonoma County 2026 Continuum of Care Competition DV RRH Project Scoring Tool

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7b1. Successful Housing Placement	Proposed percentage of clients served in the project will exit to a permanent destination. HUD expectation is 50%. Scoring: $\geq 50\%$ = 7 pts., 49-35% = 5 pts., 34-20% = 3 pts., $<20\%$ = 0 pts.	7
2. SPM 4. Increase in Earned Income	Proposed percentage of clients served in the project that increase income from employment from entry to exit. HUD's target is 50%. Scoring: $100-50\%$ = 7 pts., 49-30% = 5 pts., 29-10% = 3 pts., $<9\%$ = 0 pts.	7
3. SPM 4. Increase in Non-Employment Income	Proposed percentage of clients served in project to meet this outcome Scoring: $100-50\%$ = 5 pts., 49-30% = 3 pts., 29-10% = 1 pt., $<9\%$ = 0 pts.	7
4. SPM 2a. Returns to Homelessness	Proposed percentage of clients served after the first two years of project start date that exited to permanent housing and returned to homelessness is: Scoring: $<7\%$ in 12 months = 5 pts., 8-11% in 12 months = 2.5 pts., $>12\%$ in 12 months = 0 pts.	7
B. Other Objective Criteria		
5. Successful Exits from Assistance	At least 20% Proposed clients served in the project will exit to permanent housing destinations without an ongoing subsidy. Scoring: Yes = 6 pts. No = 0 pts.	6
6. Maximizing the use of Mainstream resources	Proposed percentage of clients served in the project that will receive non-cash benefits such as mainstream health, social, and employment programs. Scoring: $100-95\%$ = 6 pts., 94-85% = 4 pts., 84-75% = 2 pts., $<74\%$ = 0 pts.	6
7. Supportive Service Requirements	Project plans to implement supportive services requirements. Scoring: Yes & documentation provided = 6 pts. Yes & no documentation provided = 3 pts. No, Provider is a Victim Services Provider or only serving the DV population = 6 pts. No = 0 pts.	6
8. Self- Sufficiency	The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. Scoring: Answered yes = 6 pts.	6



Sonoma County 2026 Continuum of Care Competition DV RRH Project Scoring Tool

	Answered no = 0 pts.	
9. Prior Experience	Applicant has experience operating other RRH housing projects. Scoring: Yes= 5 pts. No= 0 pts.	6
10. Availability of Treatment and Recovery Services	Proposed project provides Substance Use Disorder Services (SUDS) either through the proposal as staffing or through collaboration with other providers. Scoring: SUDS is available for project participants with attached agreement attached = 6 pts. SUDS available to all but no commitment letter attached = 3 pts. No SUDS= 0 pts.	6
C. Agency Capacity and Financial Capacity Assessment		
11. Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards	Providers new to CoC: Demonstrated ability to manage CoC awards or other federal or state funding with experience in leveraging funds. Scoring: Demonstrated capacity managing state or federal awards and experience leveraging funds= 8 pts. No experience with State/federal funding or leveraging funds= 0 pts. CoC Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions. Scoring: Top 5 past 3 years= 8 pts. Not meeting this criteria= 0 pts.	8
12. Financial Audit	Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings. Staff scored. Scoring: 8 pts. = Submitted a completed independent third-party financial audit conducted within the past two (2) years with no material findings and completed in a timely manner. 2.5 pts.= Submitted audited financial statements demonstrating a debt-to-asset ratio below 40%, or submitted an independent financial audit that included findings.	8



Sonoma County 2026 Continuum of Care Competition DV RRH Project Scoring Tool

	0 pts.= Did not submit an independent financial audit or audited financial statements completed within the past two (2) years.	
D. Local and Other HUD Priorities		
13. HMIS Data Quality, Timeliness	Existing HMIS Providers will be scored based on all HMIS projects. High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Personally Identifiable Information (Name, DOB, Race & Ethnicity) are at least 95% complete 2) Universal Data Elements & Income and Housing Data Quality are at least 95% complete 3) Timeliness Scoring: Meeting all 3 criteria= 6 pts., Meeting 2/3= 3 pts., Meeting 1 or none= 0 pts. If you are not using HMIS data, project will score half points.	6
14. Additional Local/HUD Priorities	2 points for each goal this is in the proposer either currently does or plans to incorporate: a. Provider will collaborate with corrections partners/law enforcement b. Staff will be trained on and will screen for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) c. Project will promote/support volunteering, community engagement, and employment services d. Does your project have the ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	8
15. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: 2 pts. per question answered yes	6
16. Priority Sub-populations	Proposed project serves one of the following priority sub-populations: Families, Seniors, or Transition-aged youth. (2 Bonus points)	+2
Total Points:		100



Sonoma County 2026 Continuum of Care Competition Supportive Service Only (Including Street Outreach) New Project Scoring Tool

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7. Successful Placement or Referral (exits to temporary or permanent housing)	Measures the project's proposed effectiveness in connecting people contacted through outreach or day services to shelter, transitional housing, or permanent housing pathways in the first contract term. Scoring: ≥ 50%= 7 pts., 49-35%= 5 pts., 34-20%= 3 pts., <20%= 0 pts.	7
2. SPM 1. Length of Time Persons Remain Homeless	Proposed Median number of days from engagement to Shelter or housing referral (Outreach), Housing assessment or referral (Day Center), Exit to PH or positive housing (Emergency Shelter). Scoring: ≤ 15 days= 7 pts., 30 days= 5 pts., 60 days= 3 pts., > 90 days= 0 pts.	7
3. SPM 4. Increase in Earned Income from employment	Proposed percentage of clients served in the project to meet this outcome. Scoring: 100-50%= 7 pts., 49-30%= 5 pts., 29-10%= 3 pts., <9% = 0 pts.	7
4. SPM 4. Increase in Non-Employment Income	Proposed percentage of clients served in project to meet this outcome Scoring: 100-50%= 5 pts., 49-30%= 3 pts., 29-10%= 1 pts., <9% = 0 pts.	5
B. Other Objective Criteria		
5. Maximizing the use of Mainstream resources	Proposed percentage of clients served in the project that will receive non-cash benefits such as mainstream health, social, and employment programs. Scoring: 100–75% = 5 pts., 74–60% = 3 pts., 59–45% = 1 pt., <45% = 0 pts.	5
6. Supportive Service Requirements	Project plans to implement supportive services requirements. Scoring: Yes & documentation provided = 6 pts. Yes & no documentation provided = 3 pts. No, Provider is a Victim Services Provider and is exempt = 6 pts. No= 0 pts.	6
7. Coordination with Law Enforcement and First Responders	Demonstrate that the project either has established partnerships or has a clear plan to establish partnerships with first responders and law enforcement to engage people living in places not meant for human habitation and connect them to emergency shelter, treatment programs, family reunification, transitional housing, or independent living. The applicant must show that the project will cooperate, assist, and not interfere or impede law enforcement in enforcing local laws such as public camping and public drug use laws. This information must be clearly described in the e-snaps	6



Sonoma County 2026 Continuum of Care Competition Supportive Service Only (Including Street Outreach) New Project Scoring Tool

	project application, within the project description section. Scoring: Detailed evidence of existing partnerships and/or well-defined plan= 6 pts. Shows some current collaboration or a general plan= 3 pts. Little or no evidence of existing or planned partnerships= 0 pts.	
8. Self- Sufficiency	The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. Scoring: Narrative includes a plan of steps taken to provide self-sufficiency = 5 pts. Proposal does not include a plan = 0 pts.	5
9. Coordination with Shelter, Transitional Housing and Housing Partners	The project proposal must demonstrate established coordination with Shelter, Transitional Housing, and Housing Partners by listing the specific partners to whom participants will be referred for placement (e-snaps project description). Scoring: 5 pts.= The proposal includes all required partner types (Shelter, Transitional Housing, and Housing Partners). 2.5 pts. = The proposal includes some, but not all of the required partner types. 0 pts.= The proposal does not include all required partner types.	5
10. Availability of Treatment and Recovery Services	Proposed project provides Substance Use Disorder Services (SUDS) either through the proposal as staffing or through collaboration with other providers. Scoring: SUDS is available for project participants with attached agreement attached = 6 pts. SUDS available to all but no commitment letter attached = 3 pts. No SUDS= 0 pts.	6
C. Project and Financial Assessment		
11. Budget	5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line-item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated. Staff will calculate.	5



Sonoma County 2026 Continuum of Care Competition Supportive Service Only (Including Street Outreach) New Project Scoring Tool

12. Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards	Providers new to CoC: Demonstrated ability to manage CoC awards or other federal or state funding with experience in leveraging funds. Scoring: Demonstrated capacity managing state or federal awards and experience leveraging funds= 7 pts. No experience with State/federal funding or leveraging funds= 0 pts. CoC Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions. Scoring: Top 5 past 3 years= 7 pts. Not meeting this criteria= 0 pts.	7
13. Project Readiness	Plan for opening services is understandable, realistic, and timely (e.g., open within 90 days of contract execution-2027/2028 term). Meeting all requirements= 5 pts. Not meeting all= 0 pts.	5
14. Financial Audit	Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings. Staff scored. Scoring: 5 pts. = Submitted a completed independent third-party financial audit conducted within the past two (2) years with no material findings and completed in a timely manner. 2.5 pts.= Submitted audited financial statements demonstrating a debt-to-asset ratio below 40%, or submitted an independent financial audit that included findings. 0 pts.= Did not submit an independent financial audit or audited financial statements completed within the past two (2) years.	5
D. Local and Other HUD Priorities		
15. HMIS Data Quality, Timeliness	Existing HMIS Providers will be scored based on all HMIS projects. High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Personally Identifiable Information (Name, DOB, Race & Ethnicity) are at least 95% complete 2) Universal Data Elements & Income and Housing Data Quality are at least 95% complete 3) Timeliness Scoring: Meeting all 3 criteria= 3 pts., Meeting 2/3= 1.5 pts., Meeting 1 or none= 0 pts.	3



Sonoma County 2026 Continuum of Care Competition Supportive Service Only (Including Street Outreach) New Project Scoring Tool

	If you are not using HMIS data, project will score half points.	
16. Additional Local/ HUD Priorities	1 point for each goal this is in the proposer either currently does or plans to incorporate: a. Provider will collaborate with corrections partners/law enforcement b. Staff will be trained on and will screen for mainstream resources (e.g. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance) c. Project will promote/support volunteering, community engagement, and employment services d. Does your project have the ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	4
17. Project Narrative/Design	Narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible. Staff will score. Meeting all requirements above= 6 pts. Meeting all but one requirement above= 3 pts. Narrative was clear, but no measurable outcomes were included= 1 pts. Narrative was not clear and no measurable outcomes were included= 0 pts.	6
18. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: 2 pts. per question answered yes	6
19. Priority Sub-populations	Proposed project serves one of the following priority sub-populations: Families, Seniors, or Transition-aged youth. (2 Bonus points)	+2
Total Points:		100



Sonoma County 2026 Continuum of Care Competition Transitional Housing New Project Scoring Tool

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7b1. Successful Housing Placement	Proposed percentage of clients served in the project will exit to a permanent destination. HUD expectation is 50%. Scoring: $\geq 50\%$ = 7 pts., 49-35% = 5 pts., 34-20% = 3 pts., $<20\%$ = 0 pts.	7
2. SPM 4. Increase in Earned Income	Proposed percentage of clients served in the project that increase income from employment from entry to exit. HUD's target is 50%. Scoring: $100-50\%$ = 7 pts., 49-30% = 5 pts., 29-10% = 3 pts., $<9\%$ = 0 pts.	7
3. SPM 4. Increase in Non-Employment Income	Proposed percentage of clients served in project to meet this outcome Scoring: $100-50\%$ = 5 pts., 49-30% = 3 pts., 29-10% = 1 pt., $<9\%$ = 0 pts.	7
4. SPM 2a. Returns to Homelessness	Proposed percentage of clients served after the first two years of project start date that exited to permanent housing and returned to homelessness is: Scoring: $<7\%$ in 12 months = 5 pts., 8-11% in 12 months = 2.5 pts., $>12\%$ in 12 months = 0 pts.	7
B. Other Objective Criteria		
5. Successful Exits from Assistance	At least 20% Proposed clients served in the project will exit to permanent housing destinations without an ongoing subsidy. Scoring: Yes = 5 pts. No = 0 pts.	5
6. Maximizing the use of Mainstream resources	Proposed percentage of clients served in the project that will receive non-cash benefits such as mainstream health, social, and employment programs. Scoring: $100-95\%$ = 5 pts., 94-85% = 3 pts., 84-75% = 1 pts., $<74\%$ = 0 pts.	5
7. Supportive Service Requirements	Project plans to implement supportive services requirements. Scoring: Yes & documentation provided = 5 pts. Yes & no documentation provided = 2.5 pts. No, Provider is a Victim Services Provider and is exempt = 5 pts. No = 0 pts.	5
8. Self- Sufficiency	The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and	5



Sonoma County 2026 Continuum of Care Competition Transitional Housing New Project Scoring Tool

	increasing self-sufficiency. Scoring: Narrative includes a plan of steps taken to provide self-sufficiency = 5 pts. Proposal does not include a plan = 0 pts.	
9. Prior Experience	Applicant has experience operating other transitional housing projects. Scoring: Yes= 5 pts. No= 0 pts.	5
10. Availability of Treatment and Recovery Services	Proposed project provides Substance Use Disorder Services (SUDS) either through the proposal as staffing or through collaboration with other providers. Scoring: SUDS is available for project participants with attached agreement attached = 6 pts. SUDS available to all but no commitment letter attached = 3 pts. No SUDS= 0 pts.	6
C. Agency Capacity and Financial Capacity Assessment		
11. Budget	Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line-item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated. Staff will calculate.	5
12. Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards	Providers new to CoC: Demonstrated ability to manage CoC awards or other federal or state funding with experience in leveraging funds. Scoring: Demonstrated capacity managing state or federal awards and experience leveraging funds= 7 pts. No experience with State/federal funding or leveraging funds= 0 pts. CoC Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions. Scoring: Top 5 past 3 years= 7 pts. Not meeting this criteria= 0 pts.	7



Sonoma County 2026 Continuum of Care Competition Transitional Housing New Project Scoring Tool

13. Project Readiness	Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2027/2028 term). Meeting all requirements= 5 pts. Not meeting all= 0 pts.	5
14. Financial Audit	Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings. Staff scored. Scoring: 5 pts. = Submitted a completed independent third-party financial audit conducted within the past two (2) years with no material findings and completed in a timely manner. 2.5 pts.= Submitted audited financial statements demonstrating a debt-to-asset ratio below 40%, or submitted an independent financial audit that included findings. 0 pts.= Did not submit an independent financial audit or audited financial statements completed within the past two (2) years.	5
D. Local and Other HUD Priorities		
15. HMIS Data Quality, Timeliness	Existing HMIS Providers will be scored based on all HMIS projects. High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Personally Identifiable Information (Name, DOB, Race & Ethnicity) are at least 95% complete 2) Universal Data Elements & Income and Housing Data Quality are at least 95% complete 3) Timeliness Scoring: Meeting all 3 criteria= 3 pts., Meeting 2/3= 1.5 pts., Meeting 1 or none= 0 pts. If you are not using HMIS data, project will score half points.	3
16. Additional Local/HUD Priorities	1 point for each goal this is in the proposer either currently does or plans to incorporate: a. Provider will collaborate with corrections partners/law enforcement b. Staff will be trained on and will screen for mainstream resources (e.g. Medi-cal, Calfresh,	4



Sonoma County 2026 Continuum of Care Competition Transitional Housing New Project Scoring Tool

	TANF, substance abuse programs, employment assistance) c. Project will promote/support volunteering, community engagement, and employment services d. Does your project have the ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	
17. Project Narrative/Design	Narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible. Staff will score. Meeting all requirements above= 6 pts. Meeting all but one requirement above= 3 pts. Narrative was clear, but no measurable outcomes were included= 1 pts. Narrative was not clear and no measurable outcomes were included= 0 pts.	6
18. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: 2 pts. per question answered yes	6
19. Bonus Points: Existing Provider with Transition Grant	Provider is currently operating a PSH project within the CoC and is applying to transition their current award to a TH project.	+10
20. Priority Sub-populations	Proposed project serves one of the following priority sub-populations: Families, Seniors, or Transition-aged youth. (2 Bonus points)	+2
Total Points:		100



Sonoma County 2026 Continuum of Care Competition Permanent Supportive Housing Renewal Project Scoring Tool

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7b. Successful PH Exits: Retention of PH	PSH Housing Outcome: % of living leavers + stayers stably housed at contract year end. From APR: $(Q5a. \text{ total number of clients} - (Q23a + Q23b \text{ subtotal temporary} + \text{institutional} + \text{Other destinations})) \div Q5a., \text{ total number of clients.}$ - Staff scored Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
2. SPM 7b. Successful Exits to PH: exiting to a permanent destination	Percentage of clients served in the project to meet this outcome. Highest rate of proposed exits to permanent housing destinations earns full points. Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
3. SPM 4. Increase in Earned Income	Percentage of clients that increased income from employment from program entry to exit. From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
4. SPM 4. Increase in Non-Employment Income	Percentage of clients that increased income from sources other than employment. From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
5. SPM 2a. Returns to Homelessness	Staff scored. Percentage of clients served in the project in the last 24 months (from 11/1/2023-11/1/2025) who exited to permanent housing and returned to homelessness is: Scoring: <7% in 12 months = 5 pts., 8-11% in 12 months = 2.5 pts., >12% in 12 months = 0 pts.	5
B. Other Objective Criteria		
6. Maximizing the use of Mainstream resources	Percentage of clients served in the project receiving non-cash benefits such as mainstream health, mental health care, social, and employment programs. From APR: $(1 - (Q20b. \text{ Number of Non-Cash Benefit Sources, Adults with No sources}) \div Q5a., \text{ total number of adults.})$ - Staff scored Scoring: 100-95%= 5 pts., 94-85%= 3 pts., 84-75%= 1 pts., <74% = 0 pts.	5
7. Bed Utilization	Year-end Utilization APR Q2 & 5a stayers/total beds. - Staff scored	5



Sonoma County 2026 Continuum of Care Competition Permanent Supportive Housing Renewal Project Scoring Tool

	Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	
8. Chronic Homeless Beds	Percentage of Chronically Homeless Served From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Staff scored Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	5
9. Coordinated Entry Participation	Percentage referrals from Coordinated Entry with corresponding enrollments. Enrollments found outside of CES will required agencies to be placed on Corrective Action (unless approved emergency transfer) - Reporting Period- 7/1/2024-6/30/2025. Staff scored. Scoring: 100% = 4 pts., 99-91% = 2 pts., >90%= 0 pts.	4
10. HMIS Data Quality, and Timeliness	High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 3) Timeliness Scoring: Meeting all 3 criteria= 5 pts., Meeting 2/3= 2.5 pts., Meeting 1 or none= 0 pts.	5
C. Project and Capacity Assessment		
11. Data-informed program research	Use of HMIS & other local data to guide program development & delivery. Scoring: yes, clear examples provided = 5 pts. yes, but examples provided were vague= 2.5 pts. No= 0 pts.	5
12. Supportive Service Requirements	Project will implement supportive services requirements. Scoring: Yes & clear plan provided = 5 pts. Yes, but implementation plan not addressed/vague = 2.5 pts. No= 0 pts.	5
13. Budget & Spenddown	Spend down of funds/match on latest APR submission. Staff scored. 100% = 6 pts., 99-95% = 5 pts., 94-90% = 4 pts., 89-85% = 3 pts., 84-80% = 2 pts., 79-70% = 1 pt., <70% = 0 pts.	6
14. Demonstrated Capacity to Manage CoC Reporting	CoC APR Review – accuracy and timeliness of reporting. Staff scored. Scoring: 5 pts.= timely submission & no inaccuracy of reporting, 2.5 pts. = Timely submission and errors 0 pts. = late submission	5



Sonoma County 2026 Continuum of Care Competition Permanent Supportive Housing Renewal Project Scoring Tool

15. Demonstrated Capacity to Preform Competitively in the CoC Competition	The project has been ranked in tier 1 and has not had a corrective action plan from the CoC Lead Agency in the last three competitions. Staff scored. Yes= 3 pts. No= 0	3
16. Capacity for CoC Awards & Contract Administration	The agency demonstrates clear accountability for APR submission and accuracy, strong internal grant management practices, and effective systems to maintain compliance and institutional knowledge across staff and Board leadership. Scoring: Up to 1 point for each question. yes, clear examples provided = full points yes, but examples provided were vague= half points No= 0 pts.	3
D. Local and Other HUD Priorities		
17. Disability Access	1 point per question for clear and complete responses demonstrating compliance with disability rights laws and accessible participant processes yes, clear examples provided = full points yes, but examples provided were vague= half points No= 0 pts.	3
18. Alignment with Local /HUD Priorities	2 points for each goal this is in the project: a. Evidence of Project's collaborations with corrections partners/law enforcement b. Staff training/screening for mainstream resources (e.g. Medical, Calfresh, TANF, substance abuse programs, mental health programs, & employment assistance) c. Promotion of/supporting volunteering, community engagement, and employment services d. Ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	8
19. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: 2 pts per question answered yes	6
20. Availability of Treatment and Recovery Services	Implementation of access to certified treatment and recovery services for program participants. Scoring: Project will provide treatment/recovery services to all participants = 5pts Project will provide treatment for some participants if participants want it = 2.5 pts. Project does not plan to implement treatment and recovery	5



**Sonoma County 2026 Continuum of Care Competition
Permanent Supportive Housing
Renewal Project Scoring Tool**

	services = 0 pts.	
Total Points:		100

1D-2c Local Competition Selection Results

1. Local Competition Selection Results (pg. 2)

2026 Sonoma County CoC Program Priority Listing

Project Name	Status	Score	Rank	Requested Funding Amount	Reallocated Funds
Coordinated Intake Expansion Project	Accepted/Reduced	n/a	1	\$585,617.00	-\$38,118.00
HMS Expansion	Accepted	n/a	2	\$371,463.00	\$0.00
Sponsor Based Rental Assistance	Accepted	78	3	\$402,072.00	\$0.00
Catholic Charities Permanent Supportive Housing Santa Rosa 2	Accepted	77.75	4	\$938,902.00	\$0.00
Community Based PSH	Accepted	75.5	5	\$397,532.00	
Rental Assistance HIV/Aids	Accepted/Reduced	74.5	6	\$399,882.40	-\$496,623.60
Domestic Violence Rapid Rehousing	Accepted	75.5	7	\$311,201.00	
TAY Transitional Housing	Accepted	95.5	8	\$347,649.28	\$0.00
COTS Behavioral Health Substance Use Disorder Treatment Project	Accepted	94	9	\$405,739.00	\$0.00
TAY Supportive Services Resource Center	Accepted	90	10	\$287,532.08	\$0.00
CCNWC Transitional Housing	Accepted	80.5	11	\$1,058,594.00	\$0.00
COTS Mill Street Transitional Housing	Accepted	80.5	12	\$274,466.00	\$0.00
Petaluma Street Outreach	Accepted/Reduced	79.5	13	\$151,873.24	-\$282,961.71
Stony Point Commons	Fully Reallocated	70.5	Not ranked	\$0.00	-\$77,528.00
Mill Street Supportive Housing	Fully Reallocated	69.5	Not ranked	\$0.00	-\$131,922.00
Elderberry Commons	Fully Reallocated	73.5	Not ranked	\$0.00	-\$329,138.00
St. Vincent DePaul Commons	Fully Reallocated	71	Not ranked	\$0.00	-\$363,621.00
Supportive Services Emergency Shelter	Rejected	87	Not ranked	\$0.00	
IFSN SSO Project	Rejected	84.5	Not ranked	\$0.00	
H4H Housing Navigation & Self Sufficiency Services Program	Rejected	70.5	Not ranked	\$0.00	
Transitional Age Youth Street outreach Project	Rejected	68	Not ranked	\$0.00	
CoC Planning Project Application FY2026	Accepted	NA	Not ranked	\$244,405.00	

Attachment

3A-1. HUD-2996 Certification for Opportunity Zone Preference Points

- 1.** Catholic Charities of Northwest California, Catholic Charities Permanent Supportive Housing 2 HUD 2996 Form (pgs. 2-3)
- 2.** Catholic Charities of Northwest California, CCNWC Transitional Housing HUD 2996 Form (pgs. 4-5)

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Catholic Charities of Northwest California

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267; Continuum of Care Homeless Assistance Competition

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

06097151405

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Catholic Charities' Permanent Supportive Housing Santa Rosa 2 project (PSH 2) is a permanent supportive housing project with three sites: the Palms Inn (44 units, 44 beds), South A Street (2 units, 2 beds), and Mill Court (2 units, 6 beds). Catholic Charities (CCNWC) provides individualized case management to the 48 total PSH units supported by this HUD CoC grant contract. Wrap-around supportive services are designed to bolster housing retention and community building while enabling residents to retain/increase income, pursue their health and housing goals, and live in community. This is the CoCs largest PSH project, with 44 units included at the site in the eligible opportunity zone 3345 Santa Rosa Avenue, Santa Rosa, Ca 95407, approximately 84% are used for this site.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☐ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Catholic Charities of Northwest California

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267; Continuum of Care Homeless Assistance Competition

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

06097153302

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☐ 51% - 75%
- ☒ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Catholic Charities Northwest California is bring recommended for funding for two Transitional Housing projects including one within eligible an opportunity zone that provides individualized, housing-focused support that helps participants address the complex barriers that threaten long-term housing stability and self-sufficiency. The project is not currently in operation, but the site has been secured if the recommendation for award is approved by HUD. The particular site in the opportunity zone will provide 11 beds of transitional housing. The site secured for the project is 2602 Giffen Ave., Santa Rosa 95401.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☐ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

Attachement

3A-DP. Your CoC's Policy or Statement to Advance Recovery

1. Sonoma County Homeless Coalition Policy on Prohibition of Illicit Drug Enablement (pg. 2)



Sonoma County Homeless Coalition Policy on Prohibition of Illicit Drug Enablement

Statement of Prohibition of Illicit Drug Enablement

As a condition of receiving Housing and Urban Development (HUD) Continuum of Care (CoC) funds, all applicants should not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction."

Corrective Action

If the Sonoma County Homeless Coalition determines that a CoC-funded project is in violation of this policy, the CoC may require corrective action, impose conditions on continued participation in the CoC competition, or pursue other remedies available under the Homeless Coalition's governance documents and applicable HUD requirements, including consideration during future funding competitions.

Nothing in this policy prohibits or discourages providers from offering or referring program participants to substance use disorder treatment, recovery services, medication-assisted treatment, or other supportive services available within or outside the Homeless Coalition.

Nothing in this policy shall be interpreted to require program participants to be sober as a condition of receiving assistance, require participation in treatment as a condition of receiving assistance, or require eviction or program termination for a violation of a drug-related program policy or lease requirement. Likewise, nothing in this policy restricts or prohibits CoC-funded housing projects from establishing sobriety or treatment participation requirements as a condition of assistance where permitted under 24 CFR 578.