

## 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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- 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).

## **1A. Continuum of Care (CoC) Identification**

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** CA-507 - Marin County CoC

**1A-2. Collaborative Applicant Name:** County of Marin

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** County of Marin

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Electeds; FQHCs; Employment Orgs; Ethnic enclaves	Yes	Yes	Yes
34.				

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1. TO INVITE NEW MEMBERS TO JOIN THE COC, the Marin CoC calls for public invitations/nominations through multiple public & transparent methods: A) homelessness-related e-mail list distributed to 160+ orgs – quarterly invitation & open to the public, B) CoC website – posted on website year-round & C) special outreach – monthly. In 2021, as a result of the open invitation process, the CoC added a new representative of persons experiencing homelessness to the second Consumer Representative seat on the CoC Board.

2. ALL COMMUNICATIONS ARE POSTED IN AN ACCESSIBLE PDF FORMAT. Materials advertise that accommodations are available upon request, including physical/auditory/visual. Invitations are sent out in plain text to be easily machine readable and posted on website which is reviewed against Website Content Accessibility Guidelines (WCAG). Meetings held on Zoom have captioning.

3. MARIN CONDUCTS SPECIAL OUTREACH through in-person meetings, CoC members, or a mutual connection when possible. The CoC Board reserves



two seats for persons with lived homeless experience. If a seat becomes empty, CoC orgs reach out to clients to recruit new Board members. Both seats have been consistently filled for 6+ years. CoC creates new opportunities for people with lived experience to engage CoC leadership – e.g., new compensated LIVED EXPERIENCE ADVISORY BOARD (LEAB) and Family Speak Out event.

4. CoC INVITES ORGS SERVING CULTURALLY SPECIFIC COMMUNITIES TO ADDRESS RACIAL EQUITY: On Oct. 6, 2021, CoC held an info session for service providers in Marin City, an African American ethnic enclave of Marin County, to assist with connecting to CoC. Providers shared info re: resources they can contribute & step-by-step guidance for how Marin City homeless may access services. Marin City providers were also invited to join the CoC & participate in the Marin RACIAL EQUITY ACTION LAB (REAL) Team, which meets weekly, to collaborate on strategies for promoting racial equity across the CoC.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1. COC SOLICITS & CONSIDERS opinions through public quarterly CoC meetings, which are attended by reps from a BROAD ARRAY OF ORGS, including community development agencies, consumer reps, faith-based orgs, law enforcement, school districts, and more. In addition, info and requests for feedback are publicized via website, outreach by CoC Coordinator, CoC cmte/subcmte meetings, and the CoC listerv, which consists of 160+ recipients. At each meeting, the CoC chair encourages public comment from attendees and proposals for agenda items. In 2021, the CoC added topics for discussion including strategies to better serve persons living in RVs (requested by a consumer rep) and strategies to better serve aging adults at risk of homelessness (requested by advocates for aging adults).

2. COC COMMUNICATES INFORMATION both orally & in written meeting materials during public CoC meetings & Coordinated Entry (CE) Cmte meetings. CoC also holds special meetings outside of the quarterly schedule to communicate additional information, as necessary. Written meeting materials are sent out to attendees on listserv a week in advance. Public & CoC orgs can use Listserv to share information.

3. COC CONSIDERS information in public meetings to improve current program inefficiencies & develop innovative approaches to address issues affecting subpopulations of persons experiencing homelessness in Marin (e.g., BIPOC, families, unsheltered, aging adults, TAY, etc.). CoC's public CE cmte is tasked

with integrating public feedback to refine the CE process, including developing communications materials, drafting policies & considerations for CE evaluation process. The CoC coordinator communicates public feedback received at public meetings, or directly, to relevant CoC cmtes/subcmtes & public comment/feedback is captured in each meeting's minutes. In 2021, CoC used information from public meetings to determine funding priorities for state homelessness funding, creating a new Family PSH program.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1. COC COMMUNICATED LOCAL COMPETITION PROCESS INFORMATION AND DEADLINES in the public solicitation sent to members of the CoC listserv/posted on the website on August 24, 2021.

2. SPECIAL INVITATION TO NON-COC FUNDED PROVIDERS was included in the public solicitation and invitation to the Technical Assistance (TA) Workshop, conducted virtually via Zoom September 8, 2021. The invitation to the TA Workshop was posted on social media – Marin HHS Facebook & Twitter – to attract organizations that have not previously received CoC Program funding in the Marin CoC geographic region. TA Workshop was attended by 10 organizations - 3 of which have never received CoC funding in Marin.

3. COC COMMUNICATED DETAILED INFORMATION ABOUT APPLICATION SUBMISSION PROCESS at TA Workshop held via Zoom on September 8. Attendees received in-depth information regarding the 2021 CoC NOFO, including local funding available (ARD, CoC Bonus, DV Bonus); eligible new project types; information and deadlines for submitting renewal and new projects to compete in the local competition; information and deadlines for submitting project applications in e-snaps, and; resources such as a new project budget template.

4. COC POSTED PROJECT APPLICATION SELECTION PROCESS TO WEBSITE & EXPLAINED LOCAL REVIEW AND RANK PROCESS AT TA WORKSHOP, which covered the Local Competition Handbook (distributed to all attendees), Review and Rank policies with CoC local priorities, Local Application materials and local process deadlines, and Renewal and New Project Scoring Tool criteria to be used by the impartial Review and Rank panel to generate the Priority Listing.

5. ALL COMMUNICATIONS ARE POSTED IN AN ACCESSIBLE PDF FORMAT. Materials advertise that accommodations are available upon request, including physical/auditory/visual. TA Workshop held on Zoom made closed captions available to attendees.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	The regional data coordination group, All Home	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1. CONSULTATION WITH ESG PROGRAM RECIPIENTS: CoC Board IDs priorities for ESG- & ESG-CV funded projects annually & when funds available. There are 3 Marin agencies funded with annual ESG dollars. In 2020, CoC received ESG-CV funding through state allocation, administered by 7 Marin agencies (4 that have not received ESG funding before) to provide intensive Street Outreach, Emergency Shelter & Rapid Rehousing. 2 of the 7 agencies are also CoC-funded, 5 are members of the CoC Board & all support planning. Non-conflicted CoC Board members develop scoring factors used to review & score ESG apps, in accordance with local priorities & identified gaps. CoC Board convenes to ensure the activities being applied for under the ESG program fill current resource gaps within the CoC. As part of the ALLOCATION process, CoC annually reviews ESG proposals & provides feedback to ESG applicants, who revise apps to align w/ priorities.

2. EVALUATION & REPORTING: CoC staff & HMIS Lead work with ESG grantees to MAINTAIN & REPORT DATA necessary to support state-level ESG funding applications. This data includes PIT, HIC, project-specific HMIS, & ESG subrecipient data. CoC uses APR data to EVALUATE projects, MONITOR ongoing performance, & DEVELOP additional performance standards during the ESG Review & Rank Process. Outcomes/data are reported out to CoC before CoC approves ESG list.

3. CoC provides PIT & HIC data to the Consolidated Plan jurisdictions within its geographic area.

4. CoC staff regularly communicates with the County Development Agency (CDA) to ensure local homelessness info is communicated & addressed in county's Consolidated Plan updates; e.g., CoC staff drafts homelessness sections and provides aggregated HMIS & PIT Data annually. In 2019, CDA conducted meetings to solicit Con Plan feedback, and CoC members participated. CoC also participates in state's annual Con Plan process by responding to the annual state survey and providing all requested homelessness information.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1. Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2. Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3. Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	
Training for CoC/ESG providers on CoC Fam Separation Policy 10/21/2021, recording shared w/ staff. ESG recipients did not ID issues w/ compliance.	Yes

1C-4. CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
NOFO Section VII.B.1.d.	

Describe in the field below:
1. how your CoC collaborates with youth education providers;
2. your CoC's formal partnerships with youth education providers;
3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4. your CoC's formal partnerships with SEAs and LEAs;
5. how your CoC collaborates with school districts; and
6. your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1. COC COLLABORATES W/ED. PROVIDERS: The CoC COORDINATOR & COC BOARD MEMBERS collaborate in frequent school district planning meetings to ensure the interests of homeless families & students are represented.

2. FORMAL PARTNERSHIPS W/ED. PROVIDERS: CoC has data-sharing agreement with CoC Board members & HMIS participants Head Start/Community Action Marin and Side by Side, a youth education provider that administers residential & treatment programs to youth in need & holds the YOUTH ADVOCATE Board seat.

3. COC COLLABORATES W/LEA/SEA: CoC- & ESG-funded providers maintain close contact with McKinney-Vento Educational Liaisons to ensure program participants are fully cognizant of their McKinney-Vento rights & have access to educational opportunities. CoC works with McKinney-Vento liaisons to conduct youth PIT count & track homeless youth data.

4. FORMAL PARTNERSHIPS W/LEA/SEA: The Marin Written Standards require all CoC- & ESG-funded providers to coordinate with Dept. of Social Services, County Office of Ed, McKinney-Vento Coordinator & Educational

Liaisons & other mainstream providers.

5. COC COLLABORATES W/SCHOOL DISTRICTS: CoC works w/ local school districts to advocate to local jurisdictional leadership for expanded resources for homeless students, as underfunded school districts are unable to devote resources needed to fully implement a joint process to ID families that may be experiencing homelessness. CoC recently coordinated w/ Office of Ed & ID'd a gap in data collection that school districts are working to correct to ensure data systems are up to date & complete. Marin County Office of Ed & several school districts participate in unsheltered PIT Count to ID families that may have been homeless on night of the PIT & verify their living situation.

6. FORMAL PARTNERSHIPS W/SCHOOL DISTRICTS: CoC Board includes Marin County Office of Education rep, who coordinates ALL MCKINNEY-VENTO LIAISONS & SCHOOL DISTRICTS in Marin. The rep is a CoC VOTING MEMBER.

1C-4a.	CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

The Marin CoC Written Standards of Service include the following education policies that all CoC- & ESG-funded services providers must abide by, and must adopt in their own agency policies, consistent with the CoC Program Interim Rule 24 CFR §578.23. All CoC & ESG programs assisting families with children or unaccompanied youth must: A) Take the educational needs of children into account when placing families in housing & will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. B) Inform families with children & unaccompanied youth of their educational rights, including providing written materials, help with enrollment, & linkage to McKinney-Vento Liaisons as part of intake procedures. C) Not require children & unaccompanied youth to enroll in a new school as a condition of receiving services. D) Allow parents or the youth (if unaccompanied) to make decisions about school placement. E) Not require children & unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school. F) Post notices of student's rights at each program site that serves homeless children & families in appropriate languages. G) Designate staff that will be responsible for: ensuring that homeless children & youth in their programs are in school & are receiving all educational services they are entitled to & coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney-Vento Coordinator, the McKinney Vento Educational Liaisons, & other mainstream providers as needed. To ensure compliance, the CoC provides training on these issues annually.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Community Action Marin Home Visiting Program; Children & Family Services Early Head Start Family Child Care Program; Preschool & School Age Programs	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. COC COORDINATES WITH ITS VICTIM SERVICE PROVIDER, CENTER FOR DOMESTIC PEACE (C4DP), TO PROVIDE ANNUAL training to area projects to ensure staff & participating agencies are trained in best practices for working with DV survivors. This is documented in the Coordinated Entry Policy & Procedures (CE P&Ps). Training on October 21, 2021 covered CoC Written Standards & CE P&Ps DOMESTIC VIOLENCE EMERGENCY TRANSFER PLAN (ETP) PROTOCOLS & guidance to ensure coordination & implementation across all programs. Training was recorded and shared with provider agency leadership & staff.

C4DP circulates DV-focused training opportunities on CoC Listserv, including webinars & training events focused on crisis intervention, victim safety & batterer accountability, etc. C4DP also provides on-site trainings to ensure there are no barriers to agencies accessing these services. CoC members are invited to attend all trainings.



CoC also works with C4DP to provide training to local police depts. to organize & host trainings that are focused on best practices in serving survivors of DV, dating violence, sexual assault, & stalking. These trainings are conducted through a client-centered, trauma-informed approach, whereby police officers are educated on how to better recognize & respond to the needs & fears of DV survivors.

2. COC PROVIDES ANNUAL TRAINING TO CE PROVIDER STAFF & COC PROVIDERS THAT SERVE AS CE ACCESS POINTS who administer vulnerability assessments. Annual training materials include modules that address safety & best practices, in accordance with new policy both in vulnerability assessment trainings, & in other provider forums. These trainings primarily emphasize how to respond to survivors of DV with significant lethality, as ID'd using the DV risk assessment tool. Individuals assessed as high risk are connected to C4DP hotline to do safety planning, and assessors are trained in best practices to address DV members, especially if client risk is high.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

DATA USED TO ASSESS NEED: The main DV provider in the Marin CoC, Center for Domestic Peace (C4DP), uses Salesforce to record data for clients experiencing DV per HMIS Data Standards requirements. C4DP reviews data annually, including number of households served in ES, TH, & TH-RRH, utilization rates, numbers of requests for assistance & the number of households turned-away because of lack of availability.

C4DP tracks length of stay, rate of housing placement, rate of housing retention, & housing status on exit from ES/TH. C4DP also tracks client use of legal advocacy programs, client attendance at support groups, & client participation in batterer intervention programs. All info is tracked in C4DP's HMIS-comparable Salesforce database. C4DP shares de-identified, aggregate data to inform future CoC planning. The CoC's HMIS system also can help track DV data through HUD DV data elements, which further aids CoC in assessing the scope of need. As part of the Coordinated Entry evaluation process, the CoC compares DV housing placements & outcomes to those of other programs/providers.

HOW COC USES DATA: The CoC uses C4DP's data along with systems level HMIS data to assess the community needs related to domestic violence, dating violence, sexual assault, & stalking. After analysis of DV data, the CoC implemented additional safety & confidentiality training policies & protocols, because data showed that DV survivors were frequently presenting at non-DV specific entry points (because of limited availability of DV resources). The data reflected a need for housing with DV services, so the CoC conducted outreach for new DV applications in the FY2019 AND FY2021 NOFO competitions in an

effort to better meet the DV need in Marin. Furthermore, in the creation of FY2021 scoring tools, joint TH-RRH (C4DP DV-Bonus project type) projects are again awarded more points than RRH, CE, & HMIS projects.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1. CE PROTOCOLS MAXIMIZE CLIENT CHOICE WHILE ENSURING SAFETY: A) If the client identifies as DV survivor, client is given choice to be linked to DV provider CD4P or to non-DV access points (safety trainings conducted for all CE access points); B) A client's known preference is always considered when generating referrals; C) If a prospective tenant rejects a referral, case manager works with client to ascertain reason & help facilitate another SAFE referral. C4DP advocates empower victims by helping them make informed choices about legal matters, housing resources, employment opportunities & more. C4DP hosts weekly peer support groups that follow a victim-centered, trauma-informed approach. These groups provide education, emotional support, & referrals which further maximize informed, client choice.

2. CE PROTOCOLS INCLUDE EMERGENCY TRANSFER PLAN: The CoC Written Standards of Service & Coordinated Entry Policies & Procedures (CE P&Ps) include EMERGENCY TRANSFER PLAN (ETP) PROTOCOLS that prioritize safety, are trauma informed, & victim-centered. The ETP makes clear that DV survivors who request & qualify for emergency transfer receive priority over anyone awaiting CoC- or ESG-funded housing assistance, facilitated through case conferencing.

3. CE PROTOCOLS ENSURE CONFIDENTIALITY: Additional safeguards for DV Survivors include A) "When the Coordinated Entry program receives referrals from Victim Services Providers, the client's VI-SPDAT must be entered in HMIS pseudonymously; B) The CE provider shall maintain a separate, secure, offline list to match each client's pseudonym with the information needed to identify & contact them if they are recommended for a housing placement"; C) Providers are all given DV training to help understand unique needs of DV victims, including client privacy; and D) using the VI-SPDAT, a trauma-informed tool developed with trauma experts. Protocols are created in tandem with Marin's DV provider, CD4P, who IS A COC VOTING MEMBER.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Marin Housing Authority	26%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

1. MARIN HOUSING AUTHORITY HAS HOMELESS ADMISSION PREFERENCE. Marin Housing Authority (MHA) is the only PHA in the CoC's geographic area & administers the HCV program in Marin County. It has had a general homeless admission preference that prioritizes vouchers for individuals & families experiencing homelessness since 1998. MARIN COC TOOK THE FOLLOWING STEPS TO CREATE AN ADDITIONAL PREFERENCE FOR CHRONICALLY HOMELESS individuals and families in 2016: A) CoC worked with MHA to create preference and use preference to establish a set-aside of up to 50 vouchers each year to serve chronically homeless individuals and families referred to the HCV list through the Marin Coordinated Entry system; B) Through a partnership with Marin's state-funded Whole Person Care pilot, these 50 vouchers are paired with supportive services, including housing search assistance & ongoing intensive case management; C) CoC created standards for case management to ensure that clients referred to the 50 set-aside vouchers would have sufficient housing based case management to be stable;

D) CoC uses Coordinated Entry as the mechanism for referral; and E) CoC Housing Navigators worked with landlords to successfully house chronically homeless people in Section 8 housing and evaluate results. During this process, there were multiple conversations to determine which subpopulation to prioritize for the 50 set-aside units to ensure it ultimately aligned to community priorities. MHA has also established priorities that favor individuals & families experiencing homelessness such as priorities for people with disabilities & those fleeing domestic violence.

## 2. COC HAS WORKED WITH PHA (MHA) TO ADOPT HOMELESS ADMISSION PREFERENCE.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1. Marin Housing Authority (MHA) uses Coordinated Entry (CE) to distribute 117 AMERICAN RESCUE PLAN ACT EMERGENCY HOUSING VOUCHERS (EHVs), 177 Sec. 811 MAINSTREAM vouchers, up to 50 HOUSING CHOICE VOUCHERS (HCVs)/year through a CE set-aside, up to 25 HCVs/year through the Moving On program, and 77 HUD-VASH vouchers. Most vouchers are

paired with supportive services to create PSH and prioritized for those at the top of the CE priority list; the County (collaborative applicant (CA) and CoC voting member) has created more than 150 new units of case management since 2017 to pair with vouchers to create new PSH, as well as using existing behavioral health case management. Some 811 and EHV's are matched through CE for several populations that do not require long-term support to ensure they can be distributed quickly. These populations include: PEOPLE FLEEING DOMESTIC VIOLENCE (ID'd by local Victim Service Provider); VETERANS (ID'd through Veteran case conferencing meeting); HOMELESS FAMILIES W/CHILDREN (ID'd through Family CE; many float between couch surfing and living in their vehicles, and are not eligible for CoC-funded PH); CHRONICALLY HOMELESS & ELIGIBLE FOR RRH (who do not require permanent support services, but require a long-term rental subsidy); PEOPLE EXITING PROJECT ROOMKEY (aka non-congregate COVID shelter initiative whose clients were prioritized based on vulnerability).

2. COC HAS MOU WITH MHA FOR EHV's & Collaborative Applicant has MOU with MHA for 50 HCV set-aside, including requirement that they go through Coordinated Entry.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1. In 2020, the Collaborative Applicant, Marin HHS, and the Marin Housing Authority applied jointly for 75 more Mainstream Housing Vouchers, which include a preference for persons experiencing homelessness at entry.

2. This application was approved.

3. The Marin CoC and families experiencing homelessness benefit greatly when additional Mainstream Vouchers are available to non-elderly disabled households in the CoC geographic region. As evidenced by the recent Family Speak Out held at the Marin Alliance to Solve Homelessness in July 2021 (attended by 30+ CoC-participating provider leadership and staff, community partners, and persons experiencing homelessness), additional resources are needed in Marin County to respond to the growing numbers of families

experiencing homelessness, whose head of household is younger than 62 years of age. These vouchers are important for providing a broad spectrum of housing resources to the Marin CoC to respond to the need of various subpopulations of persons experiencing homelessness, and allow for prioritization of other resources that have much more flexible eligibility criteria.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
	Not Scored—For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Marin Housing Aut...

## 1C-7e.1. List of PHAs with MOUs

**Name of PHA:** Marin Housing Authority

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	12
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

CoC conducts annual CoC-wide Housing First self-evaluation and monitoring of all CoC- and ESG-funded projects. CoC Local Competition Renewal & New Project Scoring Tools also prioritize projects that check all “Housing First” boxes in the e-snaps project application & award points to projects demonstrating high



rates of stability & no returns to non-permanent housing destinations. CoC requires applicants to provide an explanation itemizing the number of participants who left to each type of non-permanent housing destination & an explanation of the efforts taken by project staff to continue to engage participants who leave the project to non-permanent destinations. If project staff did not continue to engage a participant, further explanation is required. CoC Review and Rank panel reviews this information provided by Renewal project applicants & asks follow up questions to determine: 1) whether projects that commit to the Housing First approach are prioritizing rapid placement and stabilization in permanent housing and 2) are NOT requiring service participation or preconditions of program participants. In 2021, all Renewal applicants were awarded full points for compliance with Housing First.

The CoC also conducts ANNUAL COORDINATED ENTRY (CE) EVALUATION of all CE-participating projects, including analysis of SPMs & data metrics regarding ACCESS TO CE (Race/Ethnicity/Gender/Age and Household Composition of persons completing VI-SPDATs); ASSESSMENT (VI-SPDAT score for all CE programs and by agency); and REFERRAL, MATCH, & PLACEMENT (number of participants with referral/enrollment in CE, length of participation in CE, number of persons with subsequent referral to/enrollment in PH, number of placements/move-ins to PH). The CoC plans to have the LIVED EXPERIENCE ADVISORY BOARD (LEAB) take the lead in evaluating perceptions of CE to determine if persons experiencing homelessness are hesitant to access services because they perceive there are preconditions.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1. OUTREACH EFFORTS: Variety of outreach to meet needs of different populations. A) CARE Teams are PEER OUTREACH providers. B) Marin CoC Homeless Outreach Team (HOT) developed in response to a persistent & growing number of unsheltered people who were also resistant to engaging in services. HOT’s dedicated outreach case managers work on engaging service-resistant clients. C) CoC includes two veteran outreach workers, including one funded by Kaiser. D) New ESG-CV-funded outreach team includes funding for

boat rental to work with service-resistant boat dwellers offshore on Richardson Bay. CoC has launched case conferencing among all outreach providers (including mental health, crim justice, veteran & employment-focused teams) to better distribute outreach resources & target outreach to persons most in need. In addition, there is a by-name list for all people experiencing homelessness & special outreach BNL for ppl who do not engage w/ other services.

2. 100% COVERAGE: Through new coordination efforts in 2019, the CoC's various street outreach teams cover 100% of the CoC's geographic area. This coverage includes libraries, public showers, encampments, parks, riverbeds, & bays/marinas to target anchor-outs.

3. HOW OFTEN: Outreach teams operate DAILY, Mon – Sat.

4. TAILORED ASSISTANCE: Outreach teams work w/ providers who know where to locate homeless persons in hidden encampments & utilize peer outreach workers to encourage engagement of those persons that are often distrustful of the system. HOT uses best practices such as trauma-informed care and Motivational Interviewing to build ongoing relationships with unsheltered persons, focused on individualized housing focused engagement. Outreach teams work with law enforcement & residents of encampments targeted for closure or other enforcement action to ensure safety and access to services and CE. Outreach teams include bilingual/bicultural and ASL speakers.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Provided information on the Boise homelessness case as well as best practices for law enforcement engagement to local police departments. Additionally, conducted case conferencing meetings regarding encampments with members of law enforcement to collaborate on productive solutions outside of the criminal legal system. Engaged local business leaders through "Opening Doors" collaborative to encourage focus on Housing First solutions to homelessness.	Yes

1C-12.	<b>Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC--only enter bed data for projects that have an inventory type of "Current."	48	82

1C-13.	<b>Mainstream Benefits and Other Assistance—Healthcare—Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	<b>Mainstream Benefits and Other Assistance—Information and Training.</b>	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1. PROGRAM STAFF UP TO DATE: a) CoC updates program staff including outreach and drop-in centers through CoC listserv, as well as bi-weekly case manager meetings, CE meetings, & CoC meetings. b) CoC disseminates information through providers, e.g. Community Action Marin, which uses website, social media & email to disseminate information about community resources. c) County HHS developed a county-wide resource guide available in hard copy & online which includes information about resources in Marin. d) Marin Advocates Network also has an email list that connects numerous case managers.

2. County Mainstream Benefits divisions works w/ CoC Coordinator to coordinate homeless efforts, focus on mainstream resources for homeless people & disseminate info to the CoC. State-funded Whole Person Care's (WPC) bi-directional info sharing & care coordination approach provides forum for discussing mainstream resources & disseminating new info. Individuals can drop-in or make appts to discuss challenges & get referrals for GA, CalFresh, etc.

3. CoC works w/ WPC, Transition to Wellness, & local hospitals/FQHCs. WPC

team includes a dedicated FTE in Public Assistance who monitors Medicaid status for people who are homeless to track redetermination date and info needed for redetermination. This info is entered into shared client management platform & notifies case managers w/ a due date, significantly streamlining the process. CoC-funded provider Ritter Center (an FQHC) employs Enrollment Counselor to assist clients in applying for health insurance & ensure that clients are enrolled in Medicare/Medicaid. In 2021, 93% OF CLIENTS SERVED IN COC PSH HAD MEDICAL INSURANCE.

4. CoC providers seek out and serve homeless/formerly homeless people w/ Medicaid. Providers are easily accessible because of their location/public transit. Ritter braids Medicaid services w/ other homeless services & has a Street Medicine van that enrolls clients in Medicaid as well as providing medical services.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1. 15+ access points are distributed throughout the County, making CE accessible to 100% OF GEOGRAPHIC AREA. CE access points are accessible by public transit & were chosen to maximize access. To supplement provider sites, a phone line is available daily from 9:00 am to 5:00 pm, in 4 different languages. Info line staff make referrals to the CE Provider or a Provider Site as appropriate. Coordinated By Name List/outreach teams focus on specific regions & underserved areas to ensure full geographic coverage. Mobile shower program offers VI-SPDATs and connects clients to Coordinated Entry.

2. Homeless Outreach Teams (HOT) work w/ providers who know locations of hidden encampments to reach people who are LEAST LIKELY TO SEEK assistance. HOT Teams prioritize individuals who have resisted engagement and connect them to CES. Persons least likely to seek assistance include: individuals with SMI, youth, and non-English speaking persons. To support individuals with SMI, mental health specialists connect service-resistant clients with SMI services. For youth, peer specialists are available at drop-in centers. Marin CoC more than doubled its number of bilingual outreach workers & peer specialists to serve areas where non-English speaking individuals live.

3. CoC uses the VI-SPDAT assessment tool to assess individuals, families and youth. It uses these scores in combination with length of time homeless & vulnerability when prioritizing for housing & service interventions. In 2020, CoC IMPLEMENTED COVID-19 VULNERABILITY PRIORITIZATION POLICIES (in alignment with CDC guidance).

4. Individuals in need can get assessed any day of the week. Per local policy,

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after assessment a person is in HMIS for inclusion on the By Name List within 48 hours. Case Conferencing to refer units happens weekly. When presenting for assessments, clients are referred to local resources to assist with their immediate needs (e.g. food, counseling, mainstream benefits, healthcare).

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	Marin Racial Equity Action Lab (REAL) Team	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

COC IS IN THE PROCESS OF A RACIAL EQUITY-CENTERED REDESIGN OF THE MARIN HOMELESS SYSTEM OF CARE. Starting in April 2021, Marin HHS (Collaborative Applicant) launched two Coordinated Entry (CE) Redesign Committees that meet bi-weekly, one devoted to enhancing EQUITY AND ACCESS for persons entering the system of care, and one devoted to improving assessments to better prioritize persons at risk of and experiencing homelessness on the basis of VULNERABILITY. CE Redesign committee members include leadership and staff from both CoC- & ESG-funded and non-CoC & ESG-funded providers, including those with lived experience of homelessness, and who are representative of the races/ethnicities of persons served.

The CE Redesign Committee on Equity and Access regularly collaborates with the Marin RACIAL EQUITY ACTION LAB (REAL) team, which meets weekly. In September 2021, CE Redesign and the REAL Team solicited feedback from persons experiencing homelessness from different races and ethnicities who had long periods of homelessness AND who had not previously accessed the Marin CE System, to determine how to better provide these populations with access to Marin homelessness resources. Based on feedback, CE Redesign is conducting system mapping of organizations and groups (e.g., hospitals/clinics, places of worship, community leaders, etc.) that are trusted sources of assistance in communities with greater BIPOC representation. The CoC will conduct outreach to these organizations and groups to coordinate resources and provide support, to better serve BIPOC experiencing homelessness in Marin.

In September 2021, CE Redesign and the Marin REAL Team also invited persons experiencing homelessness from different races and ethnicities to join a LIVED EXPERIENCE ADVISORY BOARD (LEAB). The Marin LEAB will provide regular feedback to the Marin CoC Board, including recommendations for prioritizing new funding for homeless housing and services.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	150	150
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	3
3.	Participate on CoC committees, subcommittees, or workgroups.	3	3
4.	Included in the decisionmaking processes related to addressing homelessness.	3	3
5.	Included in the development or revision of your CoC's local competition rating factors.	3	3

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	CoC providers assist enrolling persons experiencing homelessness in tech field internships (Annie Cannons); education (e.g., College of Marin, Tamalpais Adult Education) and; new partnership with JobTrain.org, which offers free career training in high-demand fields.	Yes

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
NOFO Section VII.B.1.q.		
Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:		
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. COC ADDRESSED IMMEDIATE SAFETY NEEDS OF UNSHELTERED PERSONS & PERSONS LIVING IN ENCAMPMENTS by engaging w/ local Emergency Operations Center, Dept. of Public Health (DPH) & local healthcare providers to disseminate guidance to outreach, law enforcement & healthcare staff. CoC & partners: distributed PPE, food, hygiene items & medication; coordinated showers, bathrooms & handwashing stations to limit spread; developed protocols for encampment cleaning schedule, symptom reporting & medical care coordination for symptomatic individuals, to support resident health & reduce risk of infection. Outreach received safety training, PPE & sanitizer & workers encouraged persons in encampments to set up sleeping quarters 12 ft. apart to limit COVID spread.

2. COC ADDRESSED IMMEDIATE SAFETY NEEDS OF PERSONS IN CONGREGATE EMERGENCY SHELTERS (ES) by developing COVID-19 screening tool & implementing shelter sanitation protocols in alignment w/ HUD/CDC/FEMA guidance, including: Establishing telehealth option to connect w/ medical provider re: shelter participants' symptoms; directing shelter participants req. medical attention to healthcare provider; if shelter participant tested COVID+, immediate deployment of DPH & medical staff to shelter to provide masks & conduct temperature checks; moving participants off-site to isolation for observation if direct contact w/ person who tested COVID+, or were 60+ w/ health conditions; arranging for "deep clean" of ES if participant tested positive. Despite ES remaining open throughout pandemic, Marin had NO known COVID spread within congregate ES.



3. COC ADDRESSED IMMEDIATE SAFETY NEEDS OF PERSONS IN TRANSITIONAL HOUSING & other supportive housing by developing protocols to: provide remote case mgmt in coordination w/ health, mental health, recovery & wellness & conduct wellness checks & assess if tenant was high risk (e.g., due to health, lack of support system, etc.) to ID for a home visit, following CDC precautions.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

COC HAS FRAMEWORK FOR RESPONDING TO PUBLIC HEALTH EMERGENCIES TO ENHANCE SAFETY IN THE HOMELESS RESPONSE SYSTEM. During the COVID-19 pandemic, the Collaborative Applicant, Marin HHS, strengthened partnership with local Emergency Operations Center & partners at Dept. of Public Health to incorporate evolving public health guidance around best practices for: preventing & reducing disease transmission in settings like congregate shelter & encampments; maintaining essential services (e.g., outreach to unsheltered populations); deploying targeted COVID testing; ensuring availability/proper use of PPE; quickly establishing & placing persons experiencing homelessness into non-congregate shelter; accelerating rehousing processes (especially for persons at high-risk); & keeping people housed/off the streets/out of the shelter system through prevention & diversion. This framework promotes permanent housing as the safest environment for persons experiencing homelessness, especially during public health emergencies. Marin HHS developed & sustained close coordination with the local Dept. of Public Health & health care providers that will enable CoC to quickly pull together resources, disseminate key information & guidance, & to quickly develop new protocols to address future public health emergencies.

Beginning in March 2020, Marin HHS staff participated in Bay Area Regional COVID-19 Calls with leadership from the 8 other Bay Area CoCs to discuss issues related to responding to COVID-19 impacting Bay Area communities. This resulted in increased REGIONAL COLLABORATION, problem solving (e.g., purchasing PPE) & implementation of best practices across the Bay Area region in responding to public health emergencies. Additionally, CoC has established more frequent cross-departmental meetings, including WEEKLY meetings of the Marin Alliance to Solve Homelessness (MASH), CE Redesign & Racial Equity Action Lab (REAL) Team.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;

3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

COC COORDINATES w/ COMMUNITY PARTNERS TO DISTRIBUTE & ADMINISTER ESG-CV FUNDS. CoC was awarded \$5.7M in ESG-CV funding (State Allocation) from recipient CA Housing & Community Development. Marin ESG-CV supports Intensive Street Outreach, Emergency Shelter & Rapid Rehousing to prevent, prepare for & respond to COVID-19.

1. Marin HHS (CoC Admin. Entity) subcontracted w/ providers to deliver Intensive Outreach to enhance health & safety of those unsheltered & in encampments in response to COVID-19. ESG-CV Outreach engages approx. 25 encampments across the county WEEKLY, distributes hygiene items, PPE, medication & encourages social distancing to enhance safety. ESG-CV funded ES services & operations at Homekey sites (state project funding motel/property acquisition to create NCS & PSH).

2. Marin HHS subcontracted w/ providers to administer ESG-CV RRH, providing rental assistance, case mgmt & Landlord Incentives to move homeless individuals (including EHV recipients) quickly into housing. New RRH project moved people from Project Roomkey (FEMA-reimbursement-eligible NCS) into PH.

3. CoC MEMBER Legal Aid of Marin & partners led implementation of residential eviction moratorium (adopted by Marin County BoS, in effect 4/1/20 - 9/30/21) for those unable to pay rent due to COVID-19. CoC & ESG-CV funded providers connect persons at risk of eviction to Emergency Rental Assistance Program (ERAP). Marin Community Dev. Agency (COC VOTING MEMBER) posted website links to ERAP & resources in English, Spanish & Vietnamese for those at risk of eviction.

4. CoC & partners coordinated w/ ESG-CV-funded providers to purchase cleaning equipment, PPE, thermometers, glass partitions, etc. for outreach staff & Roomkey NCS & provided PPE to RRH case managers.

5. CoC coordinated w/ESG-CV providers to designate 10 handwashing stations & portable bathrooms in 8 high-traffic locations across the county. Outreach provides mobile showers/portable bathrooms serving 6 rotating locations daily.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

COC PARTNERS WITH PUBLIC HEALTH, HOSPITALS, FQHCs, AND COMMUNITY CLINICS TO DECREASE THE SPREAD OF COVID AND

## ENSURE SAFETY MEASURES ARE IMPLEMENTED.

1. In alignment with HUD and CDC guidance, CoC Collaborative Applicant, Marin Health and Human Services (HHS), partnered with Department of Public Health (DPH) and hospitals to provide Isolation and Quarantine (I&Q) units for people experiencing homelessness who tested positive for COVID-19 and persons under investigation (PUIs), to decrease the spread of the virus. CoC and Marin County HHS pooled together CA state Emergency COVID-19 funding allocations and partnered with mainstream health to increase shelter and isolation capacity, and coordinated 14 RVs for single-unit isolation at the Marin Center (staffed with medical, behavioral health, and substance use disorder specialists, on-site), which were later transitioned to motel rooms. To prevent and contain any possible COVID-19 outbreak in the homeless community, Marin HHS conducts regular testing at encampments and shelter, and provides referrals and transportation for persons experiencing homelessness who are symptomatic but do not need medical attention to I&Q. Mobile health came to encampments and congregate shelters to do testing.

2. CoC coordinated with DPH to conduct congregate shelter and non-congregate shelter (NCS) site visits to monitor for safety protocol implementation, e.g., to verify social distancing in congregate shelters, to confirm regular waste removal, that hand sanitizer and PPE were fully stocked and available, and that staff are following daily/weekly cleaning schedules and staff/shift assignments for kitchens. CoC, DPH, and healthcare providers coordinated to conduct trainings for program staff on compliance with safety protocols, and distributed materials to shelter staff and outreach.

1D-5.	Communicating Information to Homeless Service Providers.	
NOFO Section VII.B.1.q.		
Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:		
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

**(limit 2,000 characters)**

1. Collaborative Applicant, Marin HHS, coordinates messaging on SAFETY MEASURES with Marin Dept. of Public Health (DPH) & healthcare providers to ensure communications align with current guidance. During pandemic, Marin HHS communicated regular updates on changing guidance about safety measures to prevent, prepare for & respond to COVID-19 through meetings with homeless service provider leadership held multiple times per week; emails to providers/CoC listserv; HHS website posts & CoC quarterly meetings.

2. Marin HHS coordinates closely with DPH to communicate CHANGING LOCAL RESTRICTIONS related to COVID-19, in alignment w/state & CDC guidance. Information for homeless service providers on changing local restrictions is communicated via weekly meetings, regular emails to providers/CoC listerv, HHS website posts & at CoC quarterly meetings. CoC staff work directly with Deputy Public Health Director to provide guidance/clarification to homeless service providers as needed.

3. Marin DPH joined forces w/homeless services providers to DELIVER COVID-19 VACCINES TO UNDERSERVED COMMUNITIES IN MARIN using a vaccine allocation from the Health Resources & Services Administration. Vaccination was targeted to persons experiencing homelessness & other vulnerable populations (residents of public or low-income housing/migratory or agricultural workers/ persons with LEP/community clinic care recipients). Mobile vaccine clinics served unsheltered/encampment residents that met eligibility criteria & provided education/outreach to combat vaccine hesitancy. Marin HHS shares information about vaccine availability/protocols & resources/ materials with homeless service providers through weekly meetings, regular emails to providers/CoC listserv, HHS & other county website posts & CoC quarterly meetings.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

COC AND HOMELESS HOUSING AND SERVICES PROVIDERS FOLLOWED ALL STATE AND LOCAL GUIDELINES WHEN DEVELOPING AND IMPLEMENTING PROTOCOLS TO IDENTIFY ELIGIBLE INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS FOR COVID-19 VACCINATION. Protocols prioritize those who are at high risk of exposure, transmission, and severe illness (including those living in congregate settings). CoC convened homeless services providers, Public Health partners, persons with lived experience, and health care providers to design an effective vaccine campaign and roll out strategy for identifying/prioritizing persons experiencing homelessness for COVID-19 vaccination. The HMIS Administrator (Marin HHS) ran reports from HMIS to assist in identifying persons served through the Marin Coordinated Entry System, using participant age and risk factors (based on VI-SPDAT score and case conferencing information), to identify and prioritize residents of housing and shelters for outreach by homeless provider staff. CoC engaged diverse partners who are known and trusted healthcare providers of BIPOC and LGBTQ communities of persons experiencing homelessness (e.g., Marin City Health and Wellness Center), to identify additional risk factors that may affect access to vaccines for certain communities across the Marin CoC geographic region based on race and ethnicity, to ensure equitable distribution of COVID-19 vaccine resources. Outreach workers and mobile clinics providing information and access to vaccines for unsheltered and persons staying in encampments complied with vaccine protocols for identifying/prioritizing persons experiencing homeless for vaccination, participated in cultural competency/cultural humility training, and employed best practices (e.g., peer engagement) when reaching out to BIPOC experiencing homelessness who have historically been mistreated by the medical establishment.

1D-7.	Addressing Possible Increases in Domestic Violence.	
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NOFO Section VII.B.1.e.

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

During the COVID-19 pandemic (FY19/20-FY20/21), Marin County's sole Domestic Violence Service Provider, Center for Domestic Peace (C4DP), experienced a 21% increase in DV hotline calls over the 5-year average (& A 32% INCREASE IN FY19/20 over the previous year), as well as 2,160 requests for housing. Additionally, C4DP observed that the assistance needed from those who called the hotline increased in complexity & severity of violence (more callers were at risk of lethal violence). To respond to DV Survivor increased needs during the COVID pandemic, C4DP increased referrals to orgs w/ emergency stipends; e.g., C4DP participated in the Emergency Rental Assistance Program (ERAP) coordinated by Marin Community Foundation & Marin HHS (CoC Collaborative Applicant), donating \$25k to 50 DV Survivors. C4DP also helped survivors increase their technology capacity, as this was essential to navigate various systems (including legal) during COVID. This included helping individuals set up accounts online to manage their finances, working closely w/ law enforcement & the court system to ensure that victims could obtain protection orders virtually while the courts were closed & helping survivors prepare to attend virtual court hearings.

In response to the increased calls for assistance from DV Survivors, the CoC also included persons fleeing domestic violence as a priority for new homeless housing resources, including Emergency Housing Vouchers (EHVs), administered by the Marin Housing Authority. Case management for persons fleeing domestic violence are provided by either C4DP or Marin Housing Authority & households are referred by C4DP to Coordinated Entry, through which all households are required to be prioritized before they are matched w/ EHVs & additional housing & service resources. The CoC is also submitting a new project application for additional DV Survivor-dedicated TH-RRH housing through Marin CoC DV Bonus funds in 2021.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

In May 2020, CoC and providers collaborated to make adjustments to the Marin coordinated assessment system by implementing the MARIN COVID-19 COORDINATED ENTRY PRIORITIZATION POLICY, to account for rapid changes related to the onset and continuation of the COVID-19 pandemic. This policy highlights special considerations and prioritization factors for persons experiencing homelessness who have been impacted by COVID-19 and associated risks, based on HUD guidance and CDC guidance about who is

most vulnerable to COVID-19. These considerations provided the basis for a temporary prioritization protocol that superseded the existing prioritization criteria that governs CE housing and case management opportunities. The purpose of this temporary prioritization was to take account of single adults or families at high risk of developing severe COVID-19 symptoms and whose risk of dying is higher while COVID-19 is currently present and active in the community. CE leadership regularly reviewed the plan to determine if it should continue and what adjustments should be made. The Marin Alliance to Solve Homelessness (formerly the Marin Coordinated Entry Steering Committee) regularly reviewed the policy with an equity lens, to ensure it did not negatively impact persons of color, who are disproportionately impacted by housing barriers. As community transmission in Marin remained low, and deaths due to non-COVID factors such as overdose increased, CE leadership made the decision to return to the original prioritization policy in mid-2021. Should that situation change, CE leadership will determine if another change is warranted. Also, additional resources such as EHV's and non-congregate shelter remained available for those at highest risk of death from COVID-19.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/24/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/16/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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**NOFO Section VII.B.2.d.**

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

1. COC IDENTIFIED THE SPECIFIC NEEDS & VULNERABILITIES OF CLIENTS WITHIN THE COC. During Review and Rank, CoC considers clients' experience with domestic violence, Chronic Homeless status, income status, or client ability to secure income & other benefits based on physical/mental health conditions/current or past substance abuse, & otherwise.

2. COC CONSIDERS THESE NEEDS & VULNERABILITIES by using a scoring tool that ensures projects with hardest-to-serve populations are not unreasonably impacted. Many Renewal Project Scoring Factors have alternative opportunities to earn points. EXAMPLES INCLUDE:

Factor 2, Housing Retention: Where projects can demonstrate that a leaver's exit was to an institutional setting that would better serve their needs, the Panel can add points.

Factor 3, Maintaining/Increasing Total Non-Zero Income: Depending on a project's target population & the related challenges with increasing specific types of income, a project could earn full points for 1) demonstrating 70%+participants maintained/increased Non-Employment Cash Income AND more than 10% of participants maintained/increased Employment Cash Income, OR; 2) where all stayers have maintained/increased non-zero employment income, OR; 3) where all stayers are receiving SSI/SSDI or other non-employment cash income.

Factor 4, Mainstream Non-Cash Benefits: Projects received full points for the percentage of participants with at least one non-cash benefit OR one health insurance benefit, whichever was higher.

Factor 11, Prioritizing Chronically Homeless: The CoC grants up to 5 more points (of 105) to projects that are 100% dedicated to serving the chronically homeless OR to projects that dedicate 100% of beds to Survivors of Domestic Violence.

The New Project Scoring Tool also awards more points for new PSH projects & DedicatedPLUS projects (compared to other project types), since these projects serve the clients with highest needs & most vulnerabilities.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
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2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

**(limit 2,000 characters)**

1. CoC distributed draft 2021 Local Competition Renewal & New Project Scoring Tools & 2021 Local Competition Review & Rank Policies to CoC listserv (reaching 160+ diverse organizations, including those led by/serving BIPOC). These tools were also presented at MARIN RACIAL EQUITY ACTION LAB (REAL) Team meeting (incl. members w/ lived experience & from different races over-represented in local homelessness population e.g., Marin City, an African American ethnic enclave in Marin County). Marin REAL Team provided input on Scoring Tool criteria regarding language for scoring CoC applicant performance related to "Promoting Racial Equity." Scoring tools w/ REAL Team edits & local competition policies were presented for approval at special CoC Board meeting on 9/16/21.

2. Per Local Competition Policies, call went out to CoC members to volunteer to participate in the 2021 Marin CoC Review & Rank Panel on 7/26/21. Membership includes REPRESENTATIVES FROM DIFFERENT RACES, incl. those OVER-REPRESENTED IN THE LOCAL HOMELESSNESS POPULATION. In 2021, R&R Panel included a Youth Advocate, a Consumer Advocate (currently experiencing homelessness), & the CoC Co-Chair, San Rafael City Councilperson.

3. Renewal & New project applicants were rated & ranked based on 1) agency competency & cultural humility (demonstrated through training, protocols, etc.) to serve BIPOC &; 2) the degree to which their project identified and takes steps to eliminate barriers faced by persons of different races & ethnicities & those over-represented in the local homeless population. Applicants ID'd barriers for BIPOC experiencing homelessness in Marin City & those w/ LEP. To address barriers: applicants hired bilingual/bicultural staff, translated info into Spanish, implemented affirmative marketing incl. outreach to non-English speakers, low-income families & BIPOC, launched Diversity, Equity & Inclusion (DEI) initiatives & increased service delivery to underserved/underrepresented populations.

1E-4.	Reallocation-Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, 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 projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. COC REALLOCATION PROCESS: Lowest performing projects may be reallocated to support new PH emphasizing serving Chronically Homeless or projects supporting CE. Non-PH projects that volunteer to convert to PH or another eligible new project type as defined by HUD may request reallocation & submit a new project application & will be given priority in accessing funds reallocated from their existing project. CoC annually updates its New & Renewal scoring tools for the local CoC competition to ensure that its projects are A) high performing, B) aligned to HUD priorities & C) aligned to best practices in housing & homelessness. E.g. as research emerged that TH is less cost effective than other programs, CoC reallocated funds from existing TH programs to other housing models. When programs have demonstrated poor outcomes according to CoC tools, their funds have been reallocated.

2. In 2021, Review & Rank panelists reviewed & determined all programs had housing occupancy rates exceeding 80%, served a priority population & were aligned to HUD & local priorities. CoC has previously reallocated projects that did not meet HUD/ Local Standards (e.g. had low housing occupancy rate/did not serve a high need population).

3. TO ID PROJECTS THAT WERE LOW PERFORMING/LESS NEED CoC created a scoring tool using primarily objective metrics based on HUD priority areas & best practices. E.g. scoring tool considers Bed Utilization, Housing Retention, Changes in Income & Priority Populations (while considering each project's target population).

4. In 2021, all projects had housing occupancy rates exceeding 80% & served a priority population. CoC has previously reallocated projects that did not meet HUD/ Local Standards (e.g. had low housing occupancy rate/did not serve a high need population).

5. COC COMMUNICATED PROCESS in public solicitation sent to CoC listserv/posted on CoC website on 8/24/21. CoC also held a TA Workshop that included discussion & guidance around reallocation procedures.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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.	10/14/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/09/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	BitFocus
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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.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1. CoC Local Competition Renewal and New Project Scoring Tools include threshold criteria requiring all CoC-funded renewal and new project applicant DV Provider organizations to enter data into an HMIS-comparable database. CoC HMIS Lead (Marin HHS) also offers technical assistance to C4DP to ensure their HMIS-comparable database (hosted by Salesforce) collects data according to the most recently published HUD HMIS Data Standards (e.g., 2020 HMIS Data Standards), coordinating additional support from CoC's HMIS vendor, BitFocus, when necessary.

2. HMIS Lead staff collect and review de-identified system performance measure data submitted by DV providers, representing each project in the comparable database. HMIS Lead provides updated APR templates to DV providers to ensure their database remains in line with HMIS data standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	163	30	133	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	130	50	80	100.00%
4. Rapid Re-Housing (RRH) beds	82	0	82	100.00%
5. Permanent Supportive Housing	471	0	471	100.00%
6. Other Permanent Housing (OPH)	163	0	49	30.06%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, 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 2,000 characters)**

1. The 49 Other Permanent Housing (OPH) Beds reported in the HIC reflect beds from Homeward Bound of Marin's King Street and Oma Village, projects that include permanent housing and supportive services for homeless households but do not have a disability requirement. The 114 beds that are not covered by HMIS represent beds from Marin Housing Authority's Moving On Program (which assists participants who no longer require intensive supportive services in "moving on" to housing supported with Section 8 subsidies, but does not provide case management). Because these participants do not have case management supports, it is difficult to determine when a participant is still enrolled in the program due to the nature of the Moving On program (e.g.,

participants are referred to the Moving On program, but it is difficult to obtain exit data without regular follow-up with a case manager). In the next 12 months, the Collaborative Applicant will coordinate additional staffing support (either internal to Marin HHS, or at Marin Housing Authority) to enter these resources into HMIS and to develop a protocol for keeping this information up-to-date.

2. To bring OPH beds coverage to 100%, Marin HHS (CoC Collaborative Applicant and HMIS Admin) will conduct outreach to MHA, and will provide HMIS administrative staffing support to assist in entering Moving On beds into HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	
	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
2.	how your CoC addresses individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,000 characters)

1. REDUCTION OF 187 INDIVIDUALS (FROM 546) EXPERIENCING FIRST TIME HOMELESSNESS (FTH) SINCE 2019, OR A REDUCTION OF 66%! The CoC DETERMINED RISK FACTORS through analysis of FTH data. This was led by Marin Housing Authority (MHA)—a CoC Member—using data to ID common risk factors among individuals experiencing FTH, including unemployment, eviction & family instability. Under state-funded Whole Person Care Pilot, the CoC developed a universal ROI for data sharing between homeless providers & health systems. As a result, providers have access to info about health & various risk factors such as the percentage of a participant's income going to rent. This risk factor analysis is done annually through the CE evaluation process & results are used to inform future systems planning.

2. HOW COC ADDRESSES INDIVIDUALS & FAMILIES AT RISK: A) CoC providers are trained in increasing client income, improving employability, accessing mainstream resources & legal services for eviction to avoid FTH. CoC connects persons at risk of eviction w/ ERAP (incl. private funds from Marin Community Foundation & County funds.) B) CoC increases awareness of available resources to PREVENT FTH for people who ARE FTH through outreach & info phone line. c) MHA operates a Landlord Partnership program that provides a 24 hr hotline/online landlord portal & resources (loans, loss mitigation payments, damage deposits, etc.) to help prevent evictions, thus avoiding FTH. C) Marin County provides approximately \$500,000 per year in funds that can be used for both RRH & Prevention. E) CoC advocates for tenant protection ordinances across several jurisdictions, incl. just-cause eviction, source of income discrimination protection, & mandatory mediation. F) Finally, the City of San Rafael (in the CoC) funded a DIVERSION pilot (expanded by



County using state funds in 2019) that collaborates w/ CES to cover the full spectrum of housing insecurity & reports ongoing results to the CoC.

### 3. RESPONSIBLE: CoC Coordinator

2C-2.	Length of Time Homeless--Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1. REDUCTION of 21 NIGHTS (from 542) or a REDUCTION of 10% from FY2019. STRATEGY: A) Marin CoC prioritizes PSH units in its local CoC competition to move those who experienced homelessness the longest off the streets & out of ES. B) Marin has created 100+ new PSH units in the past two years (an increase of over 20%), which are prioritized through CES for people w/ the longest length of time homeless (LOTH). These beds are funded through Section 811, Section 8, private funds & VASH, & all are in CES. Add'l vouchers (EHV and 811) were allocated to CH clients w/ low service needs, as more vouchers were available than case mgmt. C) Marin Housing Authority, a CoC provider, runs Moving On program, which prioritizes PSH clients who no longer need intensive services for HCV. This frees up PSH units for more service-intensive clients. D) CoC, via MHA, also added 100+ new landlords to its stock of housing units. Through work of MHA's housing navigator, clients move into units within days of completing their paperwork. E) CoC houses individuals w/longest LOTH through prioritization in CE; it tracks & records LOTH at project level by measuring time from first contact w/ provider or outreach to placement in PH using HMIS. CE assessments include LOTH question to account for info that may not be captured in HMIS. As a result, many long-time homeless individuals who cycled through ES have finally been housed. F) Finally, shared housing & live-in support positions are providing a sustainable alternative for people w/ lower needs but long instances of homelessness to help resolve w/ minimal supports.

2. LOTH is ALWAYS a factor in PRIORITIZING clients for housing placement. Individuals are identified through VI-SPDAT intake process, plus an additional question about LOTH. Individuals are connected to PH through supportive services, CTI & housing navigators. There are also various employment programs for individuals who can achieve self-sufficiency.

### 3. RESPONSIBLE: Built for Zero Team

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1. COC INCREASED SUCCESSFUL EXITS FROM ES/SH/TH/& RRH FROM FY19 TO FY20 BY 10 PERCENTAGE POINTS (FROM 30% IN FY19 TO 40% IN FY20). CoC's strategy to increase access to PH is by encouraging development of PH for access through CE. For example, A) CoC partners with the Marin Housing Authority (MHA) to operate "Moving On" program which increases positive exits from PSH and frees up units for most service intensive clients from ES. CoC also connects persons to Sec. 811 & EHV's whose instability is primarily financial. B) The CoC also coordinates ESG, state CalWORKs Housing Support Program, & RRH programs to provide supportive services & deposit/rental assistance to increase the rate of households who move into PH. CalWORKs HSP is now working with CE to ensure appropriate placements. C) CoC partners to make Mill Street ES more housing focused, including adding additional case management that ensures shelter clients work toward housing plan as part of case management. D) CoC is also currently reviewing outcomes 6 months after RRH program exit to better understand what makes people successful in RRH.

2. COC INCREASED SUCCESSFUL RETENTION OF PH TO 98% IN FY20, FROM 97% IN FY19. a) CoC created new PSH program with HCV + Whole Person Care case management which uses an ACT model to improve retention for high-needs individuals. b) Through CoC's CE, clients who lose their PSH are prioritized for the next available bed, allowing them to transfer to another PSH program rather than returning to homelessness. c) The Moving On Program supports housing retention through quarterly in-home visits to Move-On clients to ensure stabilization during the 1st year after transition. d) Case managers from all CoC-funded providers participate in the CE Housing Placement Case Conference where housing retention is a focus. Case conferencing regularly identifies alternate housing units BEFORE clients fall out of housing.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

1. CoC experienced slight increase (from 5% to 6%) in 6 months & slight increase (from 3% to 5%) in 12 months in rates of RTH from all programs; COC CONTINUES TO AVERAGE 98% HOUSING RETENTION RATE IN PSH PROGRAMS. To ID returners, CoC matches client info to past records to ID people returning to homelessness. It also collaborates w/ Marin Housing Authority (MHA) along w/ the Marin Alliance to Solve Homelessness (MASH) to

analyze RTH & ID common risk factors. This included unemployment, family instability, etc. MHA & MASH look to unsheltered PIT data, VI-SPDAT assessments & HMIS data to determine common factors. RTH factors are considered in future placements to break the cycle of housing loss; e.g., RRH clients whose RTH was primarily financial are prioritized for 811 and EHVs.

2. REDUCING RTH: Includes PREVENTION & DIVERSION strategies, such as a Landlord (LL) Partnership Program for people who have received HCV. This provides LLs w/ access to a dedicated 24 hr LL hotline to address immediate issues & rapid response to LL concerns through collaborative partnerships. Program facilitates problem solving & timely resolution of issues, avoiding tenant eviction & RTH for PSH & HCV holders. Moving On Program added quarterly FOLLOW-UP VISITS to clients who exited PSH for the first year to ensure stability. CoC member St. Vincent de Paul operates home visit program connecting unstably housed ppl seeking assistance w/ services. CE protocols integrate case conferencing to ensure warm handoffs & wrap around case mgmt along w/ client choice, which helps stabilize clients & prevent RTH. CoC-funded provider data analyzed yearly to determine project performance on measures including housing stability, income growth, access to mainstream services/benefits & RTH. CoC members have helped pass tenant protection ordinances in multiple Marin jurisdictions such as Just Cause Eviction to ensure clients will not be forced out of housing without a legitimate reason.

### 3. RESPONSIBLE: MASH

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1. DESPITE COVID-19 PANDEMIC, COC PREVENTED DECREASES IN EMPLOYMENT CASH INCOME. There was no difference between FY19 & FY20 earned income for adult system stayers. Efforts to increase employment are led by the CoC board, which includes a voting member from an Employment Services agency, the Downtown Streets Team (DST). Marin CoC partners with DST, who EMPLOYS HOMELESS PERSONS as peer support & has an EMPLOYMENT SPECIALIST providing linkages to private market employers. The Whole Person Care ACT team also has a new employment specialist. CoC has MOUs w/ Community Action Marin & Workforce Alliance to prioritize employment development for individuals who are low-income. Additionally, some agencies provide programs to connect individuals to skilled jobs. For example, HBOM's culinary academy trains people for well-paying, in-demand jobs in the food industry (affected by COVID-19 pandemic but resumed operations 11/01/21). CoC provider Ritter Center partners with Collaborative Applicant, Marin HHS, on programs to provide workforce readiness medical & behavioral health exams; due to the COVID-19 pandemic these services are on

hiatus but will resume by July 2022. CoC prioritizes increasing access to employment via the 2021 local competition scoring tool, which awards points to projects that successfully increase client employment.

2. MAINSTREAM EMPLOYMENT ORGS: CoC partners w/ CareerPoint Marin to teach skills, aids job search & links to employers. The CoC also works closely w/ the county's Employment & Training Division to train individuals who are low income and/or homeless & connect them to jobs. CoC provider Ritter Center serves on the Board of Workforce Alliance of the North Bay & the Marin Workforce Workgroup, & partnered together w/ Community Action Marin on a grant called Accelerating Pathways to Thrive (a program providing wrap-around supports to 15 homeless women to increase their income with goal of improving housing stability).

### 3. RESPONSIBLE: Marin County HHS

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. PROMOTED PARTNERSHIPS & ACCESS TO EMPLOYMENT OPPORTUNITIES: CoC partners w/ CareerPoint Marin to teach skills, aids job search & links to employers. In 2021, CoC orgs participated in a career fair held in Marin City, to connect people w/ lived experience to local jobs. CoC providers w/ employment programs develop networks & partnerships w/ private employers & local Chambers of Commerce to move clients from training into permanent positions. Eg, Marin City CDC offers building trades training.

2. WORKING w/ PUBLIC & PRIVATE ORGANIZATIONS: CoC orgs & partners have multiple programs to increase employment income. Eg, A) Homeward Bound operates Fresh Starts Culinary Academy, an intensive 10-week job training program that prioritizes ppl experiencing homelessness to prep students for jobs in the culinary industry & aids in job placement. During the pandemic, graduates were hired for contract meals & the State's Great Plates Program. B) Buckelew operates an employment program focused on clients with SMI. C) C4DP's TH program, Second Step, includes an occupational empowerment component that includes an annual training module for DV survivors on starting a business. D) Community Action Marin provides integrated financial & career coaching services focused on achieving economic self-sufficiency. Coaching focuses on the following four key indicators of economic self-sufficiency: debt reduction, credit score improvement, increased income, & asset building. E) STAR Court provides services to persons w/ Serious Mental Illness (SMI) who are involved in criminal justice system, incl. job coaching & connections to employment & services. Finally, F) Downtown Streets Team, who employs homeless persons as peer support, has an employment specialist providing linkages to private market employers. CoC also

has MOUs w/ Community Action Marin & Workforce Alliance to prioritize employment development for individuals who are low- income/homeless.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

**(limit 2,000 characters)**

1. STRATEGY TO INCREASE NON-EMPLOYMENT INCOME: a) Marin County partners with CoC to fund county staff to increase non-employment cash income using RISE, a SOAR-like model. b) Marin County is hiring additional staff in 2021 to assist with apps for: SSI, SSDI, Unemployment Insurance, TANF, GA, CalWORKs, CalFRESH, etc. Marin County administers state-funded interim housing /benefits advocacy program (HDAP), integrated with CE, for people experiencing homelessness receiving benefits advocacy services, to move clients receiving GA to SSI/SSDI, thus significantly increasing their income. c) The county veterans services office works with CoC to increase vet's income. CoC leverages staff capacity through Whole Person Care to advocate for non-employment cash sources for WPC clients, including a social worker in the jail that connects people experiencing homelessness to benefits before their discharge. d) Finally, Marin's Employment and Training office has an FTE who carries a dedicated caseload of people who are homeless and is streamlining their GA benefits so they renew on the same day each month.

2. STRATEGY TO INCREASE ACCESS TO NON-EMPLOYMENT SOURCES: Many CoC-funded providers employ a full-time benefits specialist to support in enrolling individuals in all eligible benefits. CoC-funded providers also use SOAR best practices to link persons directly to benefits, education, job training & search assistance. Providers do eligibility screening, doc support & transportation to benefits appointments. CoC-funded provider data analyzed yearly to determine project performance on income growth & access to mainstream benefits which used to score projects in the annual CoC comp.

3. RESPONSIBLE: Marin County HHS/CoC Coordinator

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Mill Street Cente...	PSH	11	Both

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Mill Street Center 2.0 PSH

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on  
your CoC's Priority Listing:** 11

**4. Select the type of leverage:** Both



## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

N/A

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type	
1. SSO Coordinated Entry	No
2. PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	1,983
2.	Enter the number of survivors your CoC is currently serving:	1,315
3.	Unmet Need:	668

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

1. Calculated using an ad hoc report showing the number of clients currently (as of October 2021) on the CES by-name list who answered "Yes" to HMIS Data Element 4.11-Domestic Violence. CoC then added C4DP's data on number of unduplicated DV victims served in C4DP's core services (housing, advocacy, therapy, support groups and hotline).

2. CoC used its HMIS and most recent LSA, combined with data from C4DP's comparable database.

3. Barriers to meeting the needs of DV survivors in the Marin CoC geographic region include 1) a lack of overall affordable housing stock, affecting all persons experiencing homelessness in Marin, 2) a lack of housing and services tailored to the unique needs of DV survivors and their families, and 3) a dramatic increase in DV due to COVID stresses. Each month, more households find themselves homeless as the result of extreme rent costs, inadequate rent protections, steady increases in demand, extremely low rental vacancy rates, and the long-term effects of the global pandemic. Further, DV is the number one violent crime in Marin. The needs of DV Survivors are unique and often challenging to meet through other, non-DV dedicated supportive housing and services programs. These services include safety planning, education on domestic violence, counseling, emotional support, and referrals to help victims and their children recover from the trauma of violence. C4DP's Housing First Domestic Violence DV Bonus Joint TH & PH-RRH program is the only program of its kind in Marin that targets DV survivors via housing & supportive services. During the pandemic (FY19/20-FY20/21), C4DP saw a 21% increase in DV hotline calls over the 5-year average (& a 32% increase in FY19/20 over the previous year) & 2,160 requests for housing.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information.	
	NOFO Section II.B.11.	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
Center for Domest...

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Center for Domestic Peace
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. C4DP calculated the rate of housing placement and retention for participants of the CoC-funded Domestic Violence Housing First DV Bonus Renewal Project TH based on the number of households who exited to permanent housing divided by the number who stayed in a CoC-funded TH unit and exited the program during the last grant cycle. C4DP calculated the rate of housing placement and retention for participants of the CoC-funded DV Bonus RRH units based on the number of households who retained permanent housing at program exit divided by the number who received rapid rehousing rental assistance during the last grant cycle.

2. The data source is C4DP's HMIS-comparable database, Salesforce.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and

4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.
----	---

**(limit 2,000 characters)**

1. C4DP QUICKLY MOVES SURVIVORS TO SAFE AFFORDABLE HOUSING:  
 A) All DV survivors receive trauma-informed, victim-centered safety planning toward goal of obtaining/maintaining PH. B) All screened to determine housing choice (TH or RRH), based on needs, preferences, financial resources. C) If TH, given “Securing Housing” packet & develop 12-mos. timeline. D) If RRH, survivor works w/ Housing Specialist to search for/ID housing, obtain rental assistance, determine plan for supportive services needed to maintain PH. E) Survivors referred to program’s occupational empowerment activities. F) Ongoing case mgmt assists survivors address conditions impacting maintenance of PH. G) Survivors accessing both RRH & TH receive advocacy w/ landlords, accompaniment to housing appointments, assistance w/ leases, etc. as needed. H) Staff provide landlord outreach re: impact of DV on housing/credit to mitigate barriers. I) TH residents can access RRH funds at any time to secure PH immediately.
2. C4DP prioritizes survivors based on whether A) survivor can safely live independently (e.g., not in hiding from abuser); B) if not for program housing, survivor would return to abuser & C) survivor interest in TH/RRH matches availability. C4DP serves as Coordinated Entry access point for DV survivors & participates in Emergency Transfer Plan.
3. C4DP continued all supportive services for DV survivors during the COVID-19 pandemic, including core safety net services (e.g., legal advocacy, therapy & support groups) & services designed to increase survivor occupational empowerment by transitioning to virtual services.
4. To ensure survivors exit to/remain in PH, C4DP provides skill-building classes/workshops, access to in-house Career Hub (job search & resume assistance, career profiling, access to educational scholarships, etc.), support groups, household establishment assistance & links to community resources. Staff address how abuse impacts ability to maintain PH & safety once subsidy ends.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

1. **TRAINING:** Program staff are certified DV Counselors & have completed 40+hours of DV training, which includes training on safety planning for DV survivors.
2. **INTAKE SPACES:** Done in private office to ensure privacy; noise cancellation machines to ensure privacy and safety. Safety planning is also part of intake process.
3. **SEPARATE INTAKES:** TH & RRH intakes are conducted with every victim, regardless of whether they present individually or together. Therefore, if both members of a party are victimized, they undergo separate intakes.
4. **STAFF WORK W/ SURVIVORS** to determine the housing option that meets their needs and is safest, including concerns related to living in an apartment complex with other survivors vs. receiving rental assistance to live in an apartment of their choice. This consideration includes a lethality risk assessment.
5. **CONGREGATE LIVING SPACES:** there is a security system in the office & communal spaces; panic buttons connect directly to 911. Lighting: maintenance checks exterior lighting monthly & conducts maintenance as necessary. There are no bars on the windows, as the neighborhood has an overall low crime rate. C4DP also has positive relationships w/ the neighbors, who often will report any problems to program staff, as well as ongoing relationship with law enforcement.
6. **CONFIDENTIAL LOCATION:** DV victims in imminent danger are referred to C4DP's DV ES; the ES is a confidential location that is not publicized. TH apartment building is not a confidential site, but the address is not publicized. TH is intended for DV victims whose immediate safety has been stabilized, & thus a confidential address is not needed.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

To EVALUATE its protocols, C4DP tracks A) how many survivors return to an abusive situation after exit (0% in the last year) through survey of individuals that have left C4DP; and B) whether clients indicate they are knowledgeable of how to access 911 and how to access legal advocacy services on yearly survey of clients, as well as during case conferencing/group meetings.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

C4DP has 42 years of experience providing trauma-informed, survivor-centered services to DV victims, including 42 years housing survivors in ES & 36 years providing TH. Since founding, C4DP has helped meet the needs of more than 196,000 women, youth, children, & men impacted by DV. C4DP's trauma-informed, survivor-centered service model is based on best practices (e.g. survivor-defined advocacy, voluntary services) put forward by national DVTA providers (e.g. the NNEDV, OVW). In addition, a comprehensive economic empowerment program is in place at Second Step to support women in moving out of poverty. During the COVID-19 pandemic, C4DP brought all staff up to speed to use technology quickly, continued providing all supportive services virtually, and helped survivors ramp up their skills around technology to access external resources (e.g., attending virtual court hearings).

1. Survivors will choose housing (TH vs. RRH) that meets their needs, preferences, & financial resources. RRH housing specialist works w/ DV victims to find housing as quickly as possible; TH participants focus on securing PH from the very start of program entry. Ongoing case management sessions focus on helping residents address factors that impact their ability to remain stably housed.

2. C4DP follows the SAJAEM framework (Safety, Autonomy, Justice, Equality, Advocacy, Movement) in all planning and trainings, as well as interactions w/ survivors. This framework is a philosophy focused on increasing safety & autonomy of victims. C4DP acknowledges that DV victims know their own situation & does not prescribe actions or solutions, nor mandate service participation. Instead, advocates empower victims, educate them about their options, & bolster their self-esteem so that they can make the best choices to achieve safety. C4DP provides training around this approach during the mandatory 40-hr DV training along with monthly professional development.

3. C4DP's service model is based on an understanding of the pervasiveness & impact of trauma, & is designed to reduce retraumatization, support healing & resiliency, & address the root causes of abuse. Education for participants on trauma & its impacts is incorporated into ongoing case management & skill-building classes offered through the program.

4. At entry, participants complete a "Journey to Freedom" plan, which establishes goals, action steps, timeline, & support needed for participants to



address in 4 key areas: A) embracing role as head of family; B) a professional path toward making \$70K/year; C) becoming an agent of change & D) securing housing & thriving independently. Case management sessions focus on helping participants make & track progress in their Journey to Freedom plan, placing an emphasis on participant's strengths.

5. C4DP ensures cultural responsiveness & inclusivity as follows: A) diversity workshops are conducted at 2 staff meetings each year (i.e. serving LGBTQ participants); B) all staff workplans include tasks for implementing C4DP's Cultural & Linguistic Competency Policy, including training on cultural sensitivity & homelessness; C) staff attend special trainings & webinars on serving special populations, including those sponsored by the federal OVW & local trainings; D) C4DP's Cultural & Linguistic Competency Policy is implemented at all levels of the organization; & E) C4DP prioritizes hiring bilingual staff, and requires some positions to be bilingual. 50% of staff are bilingual/bicultural. C4DP is an equal opportunity employer.

6. Opportunities for connection w/ other program participants include: monthly Residents Council meetings, weekly skill-building group workshops, bi-annual workshop series offered on-site (such as the "My Business Model" 10-session curriculum on starting a business) & regular gatherings/outings for special events.

7. Parenting support is provided through connections to C4DP's "In This Together" parent/child group therapy, a rolling 11-week program w/ 11 themes & clinical benchmarks that helps survivors become an effective parent & the healer of the family in unity w/ their children. In addition, C4DP provides childcare to enable residents to attend educational classes & support groups, along w/ childcare stipends so that clients can access employment opportunities.

4A-4e.	Meeting Service Needs of DV Survivors--Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

1. During the last funding cycle, C4DP TH-RRH project staff provided the following supportive services to DV Survivors: Housing Search and Counseling; Employment and Job Training; Credit Counseling; Childcare; Connections to Legal Assistance; Substance Use Disorder Treatment; and Connections to Physical/Mental Healthcare. This program provides both RRH for survivors who may need less intervention to maintain permanent housing & TH w/ occupational empowerment supportive services for survivors who need more time to address the factors that prevent them from obtaining & maintaining PH, including ongoing effects of trauma, lack of employment-related experience or training, poor credit/rental history as a result of abuse, & other complex barriers that survivors face. As a result of effective supportive services, 100% of C4DP's

TH-RRH project participants exited to permanent housing destinations in the last funding cycle.

2. A) **HOUSING SEARCH AND COUNSELING:** If a program participant chooses RRH, the survivor works w/ housing specialist to search for/identify housing, receive rental assistance, & determine plan for ongoing supportive services needed to maintain PH. Ongoing housing stability case management and counseling is provided to assist survivors address conditions impacting maintenance of PH. Survivors accessing both RRH & TH receive advocacy with landlords, accompaniment to housing appointments, assistance w/ leases, etc. as needed. Staff provide landlord outreach re: impact of DV on housing/credit to mitigate external barriers survivors face in securing PH. Staff assist TH residents in getting on the Marin Housing Authority waiting list for subsidized PH & also share lists of available low-income, subsidized housing from MHA. B) **EMPLOYMENT & JOB TRAINING:** Survivors are assisted to quickly move into PH, while simultaneously receiving ongoing case management that addresses employment & job training needs through occupational empowerment resources & individualized/group training (on-site "Career Hub," resume assistance, career profiling, skill building classes, etc.). C) **CHILDCARE:** Childcare is provided on-site & access to childcare stipends are provided for participants to attend trainings that are program-sponsored, and grant funds are available for off-site childcare. D) **CREDIT COUNSELING:** Poor credit history is addressed at the TH program; early on, participants learn how to check their credit score through case management and create strategies for improving their credit score based on their specific credit weaknesses; this is integrated into their case management plan. E) **CONNECTIONS TO LEGAL ASSISTANCE:** Individuals with a criminal history can work with the legal advocacy program to address their specific needs. Residents needing assistance with DV legal needs (restraining orders, child custody/support, visitation, etc.) are connected to C4DP's Legal Systems Advocacy Program &/or referred to outside legal agencies with which C4DP holds MOUs. These referrals can include 1) securing pro-bono attorneys; 2) warm hand-offs to another legal services provider, or; 3) connecting individuals to the immigration services provider in Marin. F) **SUBSTANCE USE DISORDER TREATMENT, AND CONNECTIONS TO PHYSICAL/MENTAL HEALTHCARE:** C4DP also has MOUs with agencies that provide SUD treatment & physical/mental healthcare; for example, the MOU with Kaiser streamlines information sharing (e.g. health records) between C4DP and Kaiser.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;

5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

C4DP's 2021 new DV Bonus project will expand C4DP's existing CoC-funded renewal project by adding 6 additional units (2 units of CoC-funded TH, 2 units of CoC-funded PH-RRH, and 2 units of non-CoC funded PH-RRH). C4DP is not seeking to expand supportive services through the new DV Bonus project; supportive services will continue to be provided to DV survivors according to the existing service model used in C4DP's CoC-funded renewal project. C4DP's trauma-informed, survivor-centered service model is based on best practices (e.g. survivor-defined advocacy, voluntary services) put forward by national DVTA providers (e.g. the NNEDV, OVW). In addition, a comprehensive economic empowerment program is in place at Second Step to support women in moving out of poverty.

1. Survivors will choose housing (TH vs. RRH) that meets their needs, preferences & financial resources. RRH housing specialist works w/ DV victims to find housing as quickly as possible; TH participants focus on securing PH from the very start of program entry. Ongoing case management sessions focus on helping residents address factors that impact their ability to remain stably housed.

2. C4DP follows the SAJAEM framework in all planning and trainings, as well as interactions w/ survivors. This framework is a philosophy focused on increasing safety & autonomy of victims. C4DP acknowledges that DV victims know their own situation & does not prescribe actions or solutions, nor mandate service participation. Instead, advocates empower victims, educate them about their options, & bolster their self-esteem so that they can make the best choices to achieve safety. C4DP provides training around this approach during the mandatory 40-hr DV training along with monthly professional development.

3. C4DP's service model is based on an understanding of the pervasiveness & impact of trauma, & is designed to reduce retraumatization, support healing & resiliency, & address the root causes of abuse. Education for participants on trauma & its impacts is incorporated into ongoing case management & skill-building classes offered through the program.

4. At entry, participants complete a "Journey to Freedom" plan, which establishes goals, action steps, timeline, & support needed for participants to address in 4 key areas: A) embracing role as head of family; B) a professional path toward making \$70K/year; C) becoming an agent of change; & D) securing housing & thriving independently. Case management sessions focus on helping participants make & track progress in their Journey to Freedom plan, placing an emphasis on participant's strengths.

5. C4DP ensures cultural responsiveness & inclusivity as follows: A) diversity workshops are conducted at 2 staff meetings each year (i.e. serving LGBTQ participants); B) all staff workplans include tasks for implementing C4DP's Cultural & Linguistic Competency Policy, including training on cultural sensitivity & homelessness; C) staff attend special trainings & webinars on

serving special populations, including those sponsored by the federal OVW & local trainings; D)C4DP's Cultural & Linguistic Competency Policy is implemented at all levels of the organization; & E) C4DP prioritizes hiring bilingual staff, and requires some positions to bilingual. 50% of staff are bilingual/bicultural. C4DP is an equal opportunity employer.

6. Opportunities for connection w/ other program participants include: monthly Residents Council meetings, weekly skill-building group workshops, bi-annual workshop series offered on-site (such as the "My Business Model" 10-session curriculum on starting a business), & regular gatherings/outings for special events.

7. Parenting support is provided through connections to C4DP's "In This Together" parent/child group therapy, a rolling 11-week program w/ 11 themes& clinical benchmarks that helps survivors become an effective parent & the healer of the family in unity w/ their children. In addition, C4DP provides childcare to enable residents to attend educational classes & support groups, along w/ childcare stipends so that clients can access employment opportunities.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles...	11/09/2021
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	11/09/2021
1C-14. CE Assessment Tool	Yes	1C-14. CE Assessm...	11/09/2021
1E-1. Local Competition Announcement	Yes	1E-1. Local Compe...	11/09/2021
1E-2. Project Review and Selection Process	Yes	1E-2. Project Rev...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5. Public Post...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	1E-5. Public Post...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	1E-6. Web Posting...	11/09/2021
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	11/09/2021
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	11/09/2021
3C-2. Project List for Other Federal Statutes	No	3C-2. Project Lis...	11/09/2021

## **Attachment Details**

**Document Description:** 1C-7. PHA Homeless Preference

## **Attachment Details**

**Document Description:** 1C-7. PHA Moving On Preference

## **Attachment Details**

**Document Description:** 1C-14. CE Assessment Tool

## **Attachment Details**

**Document Description:** 1E-1. Local Competition Announcement

## **Attachment Details**

**Document Description:** 1E-2. Project Review and Selection Process

## **Attachment Details**

**Document Description:** 1E-5. Public Posting - Project Rejected-Reduced

## **Attachment Details**

**Document Description:** 1E-5. Public Posting - Projects Accepted

## **Attachment Details**

**Document Description:** 1E-6. Web Posting - CoC-Approved  
Consolidated Application

## **Attachment Details**

**Document Description:** 3A-1a. Housing Leveraging Commitments

## **Attachment Details**

**Document Description:** 3A-2a. Healthcare Formal Agreements

## **Attachment Details**

**Document Description:** 3C-2. Project List for Other Federal Statutes

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/05/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/05/2021
1C. Coordination continued	11/05/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/05/2021
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	11/05/2021

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<b>3C. Serving Homeless Under Other Federal Statutes</b>	11/05/2021
<b>4A. DV Bonus Application</b>	11/09/2021
<b>4B. Attachments Screen</b>	11/09/2021
<b>Submission Summary</b>	No Input Required

**FY2021 COC CONSOLIDATED APPLICATION  
ATTACHMENT: PHA HOMELESS PREFERENCE  
(Question 1C-7)**

**TABLE OF CONTENTS**

<b>Document Satisfying Requirement</b>	<b>Page Number</b>
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PHA Administration Plan	2-6
a. Definition of homeless preference	4
b. Homeless preference for vouchers	6
Admissions and Continued Occupancy Policy	7-9
a. Definition of homeless preference	8
b. Homeless preference for vouchers	9

housing of the household to avoid or minimize the threat of violence or reprisal to or against the household member(s) for providing such information. This includes situations in which the applicant and / or family member(s) are themselves the victims of such crimes and have provided information or testimony to a law enforcement agency or during a legal proceeding. This preference is available to anyone upon satisfaction of the conditions set forth herein, including but not limited to, residents of MHA's public housing and even when the waiting list is closed to other applicants. MHA has set aside a maximum of 5 vouchers per year for this preference for applicants who are in need of witness protection / avoiding reprisal, unless otherwise authorized by the Executive Director. Eligibility, including background checks, will be confirmed for all members of the household pursuant to other sections of the Administrative Plan.

*4. Individuals or Families with Disabilities Who Have Successfully Participated in or Are A Current Participant in a Supportive Housing Program for Disabled Homeless Person(s):* *(8 points)*

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This preference is only available to individuals or families with disabilities who have successfully participated in or are a current participant in good standing in a supportive housing program for disabled homeless person(s). Persons receiving this preference who upon verification are found not to qualify for the preference as set forth below will lose the preference points and if they were admitted to the waiting list when only applications for this preference were being taken they will be removed from the waiting list. If the applicant was placed on the waiting list while applications for all preferences were being accepted the applicant's points will be adjusted and s/he will be placed back on the waiting list.

In order to qualify for this preference, the applicant must be able to supply the name and address of the supportive housing program. The applicant must attach the following documents to the application in order to qualify for this preference:

- A verification of homeless status and supportive housing participation.

Once the applicant is pulled from the waiting list and MHA begins processing the application MHA will contact the supportive housing provider to verify, by the submission of a completed MHA verification form for this preference and/or a letter with the equivalent information, that the program provides the following type of housing services. If the supportive housing program does not meet the criteria listed below the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

Additionally, MHA will require the submission of a completed MHA verification form for this preference by the supportive housing program.

It should be noted, for the purposes of this preference, that supportive housing is different from transitional housing or homeless shelter programs. Transitional housing and homeless shelter programs by definition have a time limit on the stay of the residents or tenants. While both transitional housing and homeless shelter programs may provide case management and other supportive services, they are not permanent housing. Supportive housing is permanent housing, i.e. no time limit on the tenancy of the resident.

The supportive housing program must be one that is safe and provide well-designed housing that is:

- Affordable to people coming out of homelessness, and
- Independent, with each tenant in his/her own apartment, holding his/her own lease, and responsible for paying his/her own rent, and
- Permanent, a tenant can stay as long as he/she pays his/her rent and complies with the terms of his/her lease.

MHA will contact the supportive housing provider to verify that the program provides the following supportive services. If the program does not meet the criteria listed below the applicant is not eligible for the preference.

Supportive services are provided by staff trained in working with people who are homeless and people with disabilities. The supportive services must be:

- Designed to maximize independence, and
- Flexible and responsive to tenant needs, and
- Available as and when needed, and
- Accessible where the tenant lives.

MHA will contact the supportive housing provider to verify that the applicant was homeless prior to entering the supportive housing program and that the person has a disability, as defined by HUD. If the program does not provide verification of homeless status and disability prior to entering the supportive housing program the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

To be classified as homeless, the applicant must have been a **homeless** person living in an emergency shelter, supportive housing for **homeless** persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings and/or;

- Lack a fixed, regular and adequate nighttime residence,
- Have a primary night time residence that is a supervised public or private shelter providing temporary accommodations,

- A public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat, or kitchen).

MHA will contact the supportive housing provider to verify that the applicant is no longer in need of case management services in order to maintain an independent housing situation. If the program does not provide this verification the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

As set forth in Section C an above, no more than 25 pre-applications will be placed on the waiting list. Those 25 pre-applications will be determined using the lottery system described in Section C a.

No more than 25% of applicants pulled from the waiting list each year may be applicants from this preference group.

**5. Public Housing Residents Mobility and Other Reasonable Accommodation Preference (15 points)**

Current Public Housing residents with medically documented, permanent mobility limitations who are residing in non-mobility accessible or adaptable units with stairs, and other Public Housing Residents whose reasonable accommodations cannot be met in Public Housing units, will be given preference on the Section 8 waitlist if the Public Housing portfolio is unable to reasonably accommodate their needs.

**6. Homeless Preference:**

**(4 points)**

Applies to applicants who:

- Lack a fixed, regular and adequate nighttime residence,
- Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations,
- A public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat, or kitchen).

Written certification, through the submission of a completed MHA verification form for this preference and/or a letter with the equivalent information, by a public or private facility providing shelter, the police, a social services agency or other knowledgeable professionals that serve homeless persons is required to verify this preference. A MHA inspector may verify that the applicant is living in a place not normally used for human habitation. If a family is in transitional housing, they are considered homeless. However, a written statement is required from the agency providing the transitional housing.

**All verification must be dated within 60 days from the date of interview.**

7. **Working or Educational Preference:**

**(2 points)**

Applies to applicants who meet any of the following requirements:

- The head of household, spouse/co-head or sole member is employed at least 32 hours per week,
- The head of household, spouse/co-head or sole member is age 62 or older,
- The head of household, spouse/co-head or sole member is disabled,
- The head of household, spouse/co-head or sole member is currently a student enrolled in, or a graduate in the last six months of, a school training program designed to prepare enrollees for the job market.

(A student is an individual who is attending a school or training program full-time. A full-time student is a student who is enrolled for the number of hours or courses the school considers full-time attendance.)

**8. Residency Preference:** (2 points)

Applies to applicants who meet any of the following requirements:

- The head of household, spouse/co-head or sole member is a current resident of Marin County.
- The head of household, spouse/co-head or sole member is employed in Marin County at least 32 hours a week.

**9. Veteran Preference:** (4 points)

Applies to applicant households whose head of household or spouse/co-head is a current member of the military, a veteran, or a surviving spouse of a veteran. Dishonorably discharged veterans are not entitled to this preference.

MHA will require U.S. government documents which indicate that the applicant qualifies under the above definition.

**10. Limited Preference for Individuals and/or Families Experiencing Chronic Homelessness** (6 Points)

MHA has set aside vouchers targeted for individuals and/or families experiencing homelessness. In order to receive this preference applicants must be referred from Marin County's Coordinated Entry (CE) Provider who has adopted a Housing First model of homeless services. A MOU between MHA and the County of Marin Health and Human Services, hereinafter referred to a "HHS" designated Coordinated Entry (CE) Provider requires that applicants be provided housing search assistance and on-going case management. HHS, through the CE Provider, will be required to provide documentation of applicant chronic homeless status for consideration for these preference points. This preference will be available even when the waiting list is closed to other applicants. MHA has set aside a maximum of 50 vouchers per year for this preference for applicants who are experiencing chronic homelessness. Eligibility, including background checks, will be confirmed for all members of the household pursuant to this Administrative Plan.

**11. Limited Preference for Mainstream Voucher** (4 Points)

Based on the availability of targeted voucher funding, MHA recognizes the following local preference to its Section 8 Housing Choice Voucher Waiting List.

- Non-Elderly individuals or family members who are disabled and either homeless or transitioning from an institution or other segregated setting. Documentation of homelessness will be provided by the Coordinated Entry provider for this preference.



***OUR GOAL IS TO ASSIST LOW AND MODERATE-INCOME  
RESIDENTS OF MARIN COUNTY TO SECURE AND MAINTAIN  
HIGH QUALITY AFFORDABLE HOUSING***

**MARIN HOUSING AUTHORITY**

**ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

**EFFECTIVE DATE: July 1, 2021**

***PREVIOUS VERSIONS OBSOLETE***



## **PREFERENCES FOR PUBLIC HOUSING** ([24 CFR 960.206](#))

MHA will offer the following preferences for the Public Housing Program. Preferences will be verified at the time of full application (determination of eligibility) and any change in preference status may change the applicant family's total score and may change their position on the waiting list.

Working/School Preference Families whose head, co-head, spouse, or sole member is employed and has been employed for at least 6 months at an average of at least 20 hours per week at the time of determination of eligibility. This preference is also extended to families whose head, co-head, spouse, or sole member is currently a student enrolled in a school program designed to prepare enrollees for the job market or a student who is attending a school or training program full time (the equivalent of 12 units or more). This preference is automatically extended to elderly families or a family whose head or spouse is receiving income based on their permanent disability. [8 Points]

Homeless Preference The homeless preference applies to applicants who lacks a fixed, regular and adequate nighttime residence, have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations, or a public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat, or kitchen). In order to qualify for this preference, the applicant must be referred through the Marin Coordinated Entry Provider provide Homeless service provider confirmation of homeless status. [10 Points]

Veteran Preference Any citizen of the United States who served in the active military, naval, or air service of the United States who received an honorable discharge or was released from active duty under honorable conditions. This preference applies to veterans and the surviving spouses of veterans. [1 Point]

Involuntarily Displaced Families who, within 6 months of the determination of final eligibility, are displaced through no fault of their own for one or more of the following reasons. Families will receive credit for this preference only once, regardless of whether or not they qualify under more than one of the instances below. [10 Points]

Natural Disaster Families that are displaced as a result of a federally

declared natural disaster that extensively damaged or destroyed their dwelling.

Governmental Action Families that are displaced as a result of governmental action or that reside in dilapidated housing that is cited by local government officials or a local code enforcement agency. This preference applies to housing that does not provide safe, adequate shelter, has one or more critical defects or a combination of defects requiring considerable repair or endangers the health, safety, and well-being of the family or has been declared unfit for habitation.

Victims of Domestic Violence Families where the head or spouse is the victim of domestic violence. This preference must be documented by a referral from a social service agency, restraining order, proof of residency in a domestic violence shelter, or other similar means.

Witness Protection Families that are part of a Witness Protection Program and, after a threat assessment, the applicable law enforcement agency recommends housing the family to avoid or reduce the risk of violence against the family.

Hate Crime Families who are displaced due to a family member being the victim of one or more hate crimes and the family has vacated the unit because of the crime. Documentation of a hate crime includes a police report clearly indicating the nature of the crime or referral from local law enforcement.

Chronic Homelessness MHA has set aside units targeted for individuals and/or families experiencing homelessness. In order to receive this preference, applicants must be referred by the County of Marin Health and Human Services, hereinafter referred to as "HHS" designated Coordinated Entry (CE) Provider who has adopted a Housing First model of homeless services. An MOU between MHA and the HHS Provider will be required to provide documentation of the applicant's chronic homeless status for consideration for these preference points. A copy of the current MOU is available upon request. This preference is available even when the waiting list is closed to other applicants. MHA has set aside a maximum of five units per year for this preference for applicants who are experiencing chronic homelessness and this preference is only for those designated units. All other eligibility requirements remain applicable to applicants receiving this preference. [4 Points]

## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PHA MOVING ON PREFERENCE (Question 1C-7)

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housing of the household to avoid or minimize the threat of violence or reprisal to or against the household member(s) for providing such information. This includes situations in which the applicant and / or family member(s) are themselves the victims of such crimes and have provided information or testimony to a law enforcement agency or during a legal proceeding. This preference is available to anyone upon satisfaction of the conditions set forth herein, including but not limited to, residents of MHA's public housing and even when the waiting list is closed to other applicants. MHA has set aside a maximum of 5 vouchers per year for this preference for applicants who are in need of witness protection / avoiding reprisal, unless otherwise authorized by the Executive Director. Eligibility, including background checks, will be confirmed for all members of the household pursuant to other sections of the Administrative Plan.

*4. Individuals or Families with Disabilities Who Have Successfully Participated in or Are A Current Participant in a Supportive Housing Program for Disabled Homeless Person(s): (8 points)*

This preference is only available to individuals or families with disabilities who have successfully participated in or are a current participant in good standing in a supportive housing program for disabled homeless person(s). Persons receiving this preference who upon verification are found not to qualify for the preference as set forth below will lose the preference points and if they were admitted to the waiting list when only applications for this preference were being taken they will be removed from the waiting list. If the applicant was placed on the waiting list while applications for all preferences were being accepted the applicant's points will be adjusted and s/he will be placed back on the waiting list.

In order to qualify for this preference, the applicant must be able to supply the name and address of the supportive housing program. The applicant must attach the following documents to the application in order to qualify for this preference:

- A verification of homeless status and supportive housing participation.

Once the applicant is pulled from the waiting list and MHA begins processing the application MHA will contact the supportive housing provider to verify, by the submission of a completed MHA verification form for this preference and/or a letter with the equivalent information, that the program provides the following type of housing services. If the supportive housing program does not meet the criteria listed below the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

Additionally, MHA will require the submission of a completed MHA verification form for this preference by the supportive housing program.

It should be noted, for the purposes of this preference, that supportive housing is different from transitional housing or homeless shelter programs. Transitional housing and homeless shelter programs by definition have a time limit on the stay of the residents or tenants. While both transitional housing and homeless shelter programs may provide case management and other supportive services, they are not permanent housing. Supportive housing is permanent housing, i.e. no time limit on the tenancy of the resident.

The supportive housing program must be one that is safe and provide well-designed housing that is:

- Affordable to people coming out of homelessness, and
- Independent, with each tenant in his/her own apartment, holding his/her own lease, and responsible for paying his/her own rent, and
- Permanent, a tenant can stay as long as he/she pays his/her rent and complies with the terms of his/her lease.

MHA will contact the supportive housing provider to verify that the program provides the following supportive services. If the program does not meet the criteria listed below the applicant is not eligible for the preference.

Supportive services are provided by staff trained in working with people who are homeless and people with disabilities. The supportive services must be:

- Designed to maximize independence, and
- Flexible and responsive to tenant needs, and
- Available as and when needed, and
- Accessible where the tenant lives.

MHA will contact the supportive housing provider to verify that the applicant was homeless prior to entering the supportive housing program and that the person has a disability, as defined by HUD. If the program does not provide verification of homeless status and disability prior to entering the supportive housing program the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

To be classified as homeless, the applicant must have been a **homeless** person living in an emergency shelter, supportive housing for **homeless** persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings and/or;

- Lack a fixed, regular and adequate nighttime residence,
- Have a primary night time residence that is a supervised public or private shelter providing temporary accommodations,

- A public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat, or kitchen).

MHA will contact the supportive housing provider to verify that the applicant is no longer in need of case management services in order to maintain an independent housing situation. If the program does not provide this verification the applicant is not eligible for the preference and his/her name will be withdrawn from the waiting list.

As set forth in Section C an above, no more than 25 pre-applications will be placed on the waiting list. Those 25 pre-applications will be determined using the lottery system described in Section C a.

No more than 25% of applicants pulled from the waiting list each year may be applicants from this preference group.

**5. Public Housing Residents Mobility and Other Reasonable Accommodation Preference (15 points)**

Current Public Housing residents with medically documented, permanent mobility limitations who are residing in non-mobility accessible or adaptable units with stairs, and other Public Housing Residents whose reasonable accommodations cannot be met in Public Housing units, will be given preference on the Section 8 waitlist if the Public Housing portfolio is unable to reasonably accommodate their needs.

**6. Homeless Preference: (4 points)**

Applies to applicants who:

- Lack a fixed, regular and adequate nighttime residence,
- Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations,
- A public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat, or kitchen).

Written certification, through the submission of a completed MHA verification form for this preference and/or a letter with the equivalent information, by a public or private facility providing shelter, the police, a social services agency or other knowledgeable professionals that serve homeless persons is required to verify this preference. A MHA inspector may verify that the applicant is living in a place not normally used for human habitation. If a family is in transitional housing, they are considered homeless. However, a written statement is required from the agency providing the transitional housing.

**All verification must be dated within 60 days from the date of interview.**

## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: CE ASSESSMENT TOOL (Question 1C-14)

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## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Survey Location</b> _____

## Opening Script

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

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

## Basic Information

<b>PARENT 1</b>	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>			<b>SCORE:</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>



## Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_ ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

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

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

**SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
  - ☐ Shelters
  - ☐ Transitional Housing
  - ☐ Safe Haven
  - ☐ **Outdoors**
  - ☐ **Other (specify):** \_\_\_\_\_
  - ☐ **Refused**

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

**SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_ ☐ Refused

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

**SCORE:**

## B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? \_\_\_\_\_ ☐ Refused
- b) Taken an ambulance to the hospital? \_\_\_\_\_ ☐ Refused
- c) Been hospitalized as an inpatient? \_\_\_\_\_ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_ ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? \_\_\_\_\_ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_ ☐ Refused

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

**SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

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

**SCORE:**

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

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

**SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

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

**SCORE:**

## C. Socialization & Daily Functioning

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

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

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

**SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ **Y** ☒ **N** ☐ Refused

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

**SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ **Y** ☒ **N** ☐ Refused

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

**SCORE:**

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

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

**SCORE:**

## D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

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

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

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

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ **N** ☐ Refused

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

**SCORE:**

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

FAMILIES

AMERICAN VERSION 2.0

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

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

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

SCORE:

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

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

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

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

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

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

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

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

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

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

SCORE:

## E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

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

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

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

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

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	<b>Score: Recommendation:</b>  0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
<b>GRAND TOTAL:</b>	/22	

## Follow-Up Questions

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

## Local Questions (Unscored)

Since you moved away from your parents or foster parents, how many years in your entire lives have the members of your family lived on the streets or in emergency shelter?	Years: _____
Has anyone in the household ever served in the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

## MARIN COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

### Client Consent for Data Collection and Release of Information

#### WHAT IS THE HMIS?

The HMIS is a data system that stores information about homelessness and housing services and programs. The purpose of the HMIS is for homeless provider agencies to record information about clients that they serve. This information helps the provider agencies plan for and provide services to clients and to meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD). HMIS also allows agencies to improve services that support people who are homeless by allowing authorized staff to share client information with the permission of the client. Marin County Health & Human Services manage the HMIS for Marin County.

#### WHAT IS THE PURPOSE OF THIS FORM?

With this form, you can give permission to have information about you collected and shared with the different Partner Agencies that provide housing and services in Marin County. A current list of Partner Agencies is at <http://marin.clarityhs.help>. At this time, the Partner Agencies include:

Adopt A Family of Marin  
Bucklew  
Center Point  
Community Action Marin  
Downtown Streets Team  
Homeward Bound of Marin  
Homeless Outreach Team (HOT)

Marin County Health & Human Services  
Marin Housing Authority  
St. Vincent de Paul Society  
Sunny Hills TAY  
Ritter Center  
U.S. Department of Veterans Affairs (VA)

**BY SIGNING THIS FORM, I AUTHORIZE** Marin County and Partner Agencies to share my information entered into the HMIS. The HMIS information shared will be used to help provide housing and services, which includes care coordination, counseling, food, utility assistance, and to evaluate and improve the quality of housing and service programs. I understand that the Partner Agencies may change over time and that I may find a current list at <http://marin.clarityhs.help>.

**BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- The information to be collected and shared includes:
  - Name, birthday, gender, race, ethnicity, social security number, contact information, veteran status
  - Basic information on self-reported disabling conditions caused by medical, mental health, substance use or developmental factors, including self-reported HIV/AIDS status.
  - Housing Information
  - Employment, income, insurance and benefits information
  - Services provided by Partner Agencies
  - My answers to assessment questions, including the VI-SPDAT questionnaire
  - My photograph or other likeness (if included)

- I may refuse to provide any of this information. If I refuse, I will not lose any benefits or services.
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- Marin County and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review the privacy policies that govern this information.
- Marin County Health & Human Services and BitFocus use passwords and encryption technology to ensure that information in the system is safe, and each HMIS User and Partner Agency has signed an agreement to maintain the security and confidentiality of HMIS data. However, there is always a small risk of a security breach, and someone might obtain my information and use it inappropriately. Marin County and Partner Agencies are required to alert me if they know of a breach.
- If I have questions about my HMIS information, my rights regarding that HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at [contact info].
- I can receive a copy of this Consent and the Client Information Sheet.
- This Consent will expire 3 years from my last HMIS recorded activity.
- I may revoke this Consent at any time by sending a written request to [email] or by contacting the Partner Agency that is providing this Release of Information.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies if needed for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be included in reports for auditors or funders who review the work of the Partner Agencies, including HUD, the Department of Veteran Affairs, the Marin County Department of Health and Human Services, and the California Department of Housing and Community Development. I understand that the list of auditors and funders may change over time. My identity will not be shared in these reports.
- My HMIS information may be used for research; however, my identity will remain private.

\_\_\_\_ I have been offered and declined a copy of this form

\_\_\_\_ I have received a copy of this form

SIGNATURE:

Date:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

**FOR AGENCY USE ONLY:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date



## Administración

Nombre de Entrevistador/a	Agencia de Entrevistador/a	<input type="checkbox"/> Equipo <input type="checkbox"/> Personal <input type="checkbox"/> Voluntario
Fecha de Evaluación	Tiempo de la Evaluación	Lugar de la Evaluación
DD/MM/AAAA ____/____/____	____:____ AM/PM	_____

## Información General

<b>JEFE/A DE FAMILIA 1</b>		
¿En qué idioma siente que se puede expresar mejor?		
Nombre		Apellido
Apodo		Número de Seguro Social
¿Qué edad tiene?	¿Fecha de nacimiento?	¿Ha dado su permiso para participar? <input type="checkbox"/> SÍ <input type="checkbox"/> NO
<b>JEFE/A DE FAMILIA 2 (cuando sea aplicable)</b>		
¿En qué idioma siente que se puede expresar mejor?		
Nombre		Apellido
Apodo		Número de Seguro Social
¿Qué edad tiene?	¿Fecha de nacimiento?	¿Ha dado su permiso para participar? <input type="checkbox"/> SÍ <input type="checkbox"/> NO

## Niños

- Número total de niños y jóvenes menores de 18 años que actualmente viven con el jefe o la jefa de familia. \_\_\_\_\_ **CONTESTA** \_\_\_\_\_ **SE NIEGA A CONTESTAR**
- Cuántos niños o jóvenes menores de 18 años de edad no se encuentran actualmente en su familia pero cree que se mudarán con usted cuando tenga una vivienda donde vivir? \_\_\_\_\_ **CONTESTA** \_\_\_\_\_ **SE NIEGA A CONTESTAR**
- Si hay mujeres en la familia, hay alguna de ellas que se encuentre actualmente embarazada?  
\_\_\_\_\_ **CONTESTA** \_\_\_\_\_ **SE NIEGA A CONTESTAR**

4. Proporcione una lista de nombres y edades de los niños:

Apellido	Nombre	¿Cuántos años tiene?	Fecha de nacimiento

## A. Historial de vivienda e indigencia (sin casa)

5. ¿Dónde duermen con más frecuencia usted y su familia? (marque uno)		
<input type="checkbox"/> Refugio <input type="checkbox"/> Vivienda Transicional <input type="checkbox"/> Afuera / en la calle (incluyendo todos los lugares no destinados para la vida humana, incluyendo la calle, banco o portal o entrada de casa, carro, autobús o transporte subterráneo, parque o edificio abandonado) <input type="checkbox"/> Otro (especifique): _____ <input type="checkbox"/> Se niega a contestar		
	CONTESTA	SE NIEGA A CONTESTAR
6. ¿Hace cuánto tiempo que usted y su familia han vivido en una vivienda estable permanente?		<input type="checkbox"/>
7. En los últimos tres años, ¿cuántas veces usted y su familia han vivido en una casa para luego volver a vivir en la calle?		<input type="checkbox"/>

## B. Riesgos

**TEXTO O GUIÓN:** Voy a hacerle algunas preguntas sobre sus interacciones con los servicios de salud y de emergencia. Si necesita ayuda para determinar lo que pasó hace seis meses, sólo dígame.

PREGUNTAS			
	CONTESTA		SE NIEGA A CONTESTAR
8a. En los ultimos seis meses, ¿cuántas veces usted y/o su familia han estado en la sala de emergencias?			<input type="checkbox"/>
8b. En los ultimos seis meses, ¿cuántas veces usted y/o su familia han sido llevados en ambulancia al hospital?			<input type="checkbox"/>
8c. En los ultimos seis meses, ¿cuántas veces usted y/o su familia han sido hospitalizados como pacientes internos?			<input type="checkbox"/>
8d. En los ultimos seis meses, ¿cuántas veces usted y/o familiares han utilizado un servicio de emergencia o de crisis, incluyendo centros de angustia o una línea de prevención de suicidios?			<input type="checkbox"/>
8e. En los ultimos seis meses, ¿cuántas veces usted y/o familiares ha hablado con la policía porque fue testigo de un crimen, víctima de a contestar un crimen, o acusado del crimen, o porque la policía le ordenó que desalojara una zona?			<input type="checkbox"/>
8f. En los ultimos seis meses, ¿cuántas veces usted y/o miembros de su familia han estado una o más noches en una celda de detención, cárcel o prisión, ya sea durante una corta estancia, por ejemplo por estar borracho, como una larga estancia por delitos más graves, o por cualquier otra situación?			<input type="checkbox"/>
9. Usted o miembros de su familia han sido atacados o golpeados desde que comenzaron a vivir en las calles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Usted o algun miembro de su familia, han tratado de lastimarse a si mismos o a alguien más	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Usted o algun miembro de su familia esta corriendo algun riesgo que tenga que ver con la ley que pudiera resultar en encarcelamiento o que tenga que pagar multas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hay alguna persona que a usted o a miembros de su familia le este forzando a hacer cosas que no quiere hacer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ¿Usted o algun miembro de su familia hace cosas que pueden considerarse riesgosas como el intercambiar sexo por dinero, vender drogas para alguien, tener sexo sin protección con alguien a quien no conoce, o compartir jeringas u otro tipo de actividades riesgosa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Socialización y Actividades Diarias

PREGUNTAS	SÍ	NO	SE NIEGA A CONTESTAR
14.¿Existe alguna persona (amigo, familiar, vecino, dueño de casa o conocido) o agencia de gobierno que los este a la que usted o algun miembro de su familia le deba dinero?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.¿Usted o algun miembro de su familia gana dinero por medio de prestaciones o beneficios del gobierno, o reciclando basura o juntando botellas, changas ocasionales, jornalero/a, trabajo sexual u otro tipo de trabajo donde le pagan por debajo de la mesa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.¿Tiene usted y los integrantes de su familia actividades planeadas todos los días, más allá de la simple supervivencia, que le traen felicidad y con las que se sienten satisfechos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ¿En este momento hay algun integrante en su familia que puede mantener las necesidades basicas como bananrse regularmente, cambiarse de ropa, usar un bano normalmente, obtener comida y agua u otras cosas que sean basicas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.¿Esta su familia sin casa porque se ha roto la relacion con alguna persona de su familia o porque estaba en una relacion violenta o abusive o porque algun conocido o miembro familiar hicieron que fueran hechados del lugar donde su familia vivia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Bienestar

PREGUNTAS			
19. ¿Usted o su familia han tenido que irse de una casa, departamento, refugio, programa u otro lugar por razones de salud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ¿Usted o alguno de sus familiares tiene una enfermedad cronica de higado, rinones, pulmones o corazon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Si existe una posibilidad de vivir en un programa que sea para gente con sida o VHI positive, usted o algun miembro de su familia quisiera vivir ahi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Usted o algun integrante de su familia tiene alguna incapacidad fisica que limite el tipo de casa en la que pueda vivir o un tipo de incapacidad que no le permita vivir independientemente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cuando usted o alguien en su familia se enferma, tartan de evitar ir a ver un medico?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. El tomar Alcohol o usar drogas ha sido motivo por el cual usted o su familia han perdido la casa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. El tomar alcohol o el uso de drogas hace que usted o su familia tengan dificultad en encontrar vivienda o mantener una casa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Usted o su familia han tenido dificultades en mantener una casa, o han sido echados de un departamento, refugio o programa u otro lugar porque:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a) Usted o alguien en su familia sufre de discapacidad mental			
b) Usted o alguien en su familia ha tenido un golpe o accidente en su Cabeza			
c) Usted o alguien en su familia tiene una discapacidad mental, emocional, de aprendizaje u otro tipo de incapacidad?			
27. Usted o alguien en su familia tiene algun problema de salud mental, o problemas cerebrales que le dificulten vivir independientemente por la necesidad de tener a alguien que lo/a cuide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. SI LA FAMILIA RESPONDIO SI A LAS PREGUNTAS REFERENTES A SALUD FISICA, ABUSO DE SUSTANCIA Y SALUD MENTAL: Cada uno de los integrantes de su familia tienen problemas de salud cronica, problemas de salud mental y problemas con abuso de sustancias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Hay alguna medicacion que el doctor haya recomendado tomar a usted o algun miembro de su familia y por alguna razon no esten tomando la medicacion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hay alguna medicacion como calmantes, antidepresivos u otro tipo que usted o un miembro de su familia este tomando a cualquier hora sin seguir la recomendacion del medico o famacia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. SI O NO: Usted o algun miembro de su familia esta actualmente sin casa por haber experimentado algun tipo de abuso fisico, psicologico, sexual u otro tipo de abuso o trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Unidad Familiar

	SÍ	NO	SE NIEGA A CONTESTAR
32.¿Hay algun menor de edad que haya sido removido de su familia por algun servicio de proteccion infantil en los ultimos 6 meses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. ¿Tiene usted o su familia algun problema legal que se este tratando en la corte que puede impactar su adquisicion de vivienda o puede impactar a algun integrante de su familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.¿Durante los últimos seis meses alguno de sus hijos a vivido o vive con un familiar o amigo/a porque usted no tiene un lugar donde vivir con su familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ¿Durante los ultimos 6 meses, algun nino/a en su familia a esperimentado algun tipo de abuso o trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. SI HAY NINOS/AS ATENDIENDO LA ESCUELA: ¿sus hijos/as faltan a la escuela muchos dias por semana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. ¿ en los ultimos 6 meses, a su familia cambiado debido a divorcio, sus hijos/as volviendo a vivir con usted, algun integrante llendo al servicio militar, o a la carcel, o mudanza o algo parecido?			
38. Anticipa usted a algun adulto o familiar mudandose dentro de los 6 meses de usted haber conseguido vivienda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. ¿Tiene usted actividades familiares como ir al cine todos juntos, visitar a familiares, ir a la plaza o parque, a la biblioteca o algo parecido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Cuando sus hijos/as no tienen escuela por feriados o fines de semana, cual es el timepo maximo que sus hijos/as estan solos/as? a) 3 o mas horas por dia para ninos/as de 13 anos o mas grandes b) 2 o mas horas por dia para ninos/as de 12 anos o menos	<input type="checkbox"/>	<input type="checkbox"/>	

41. SI HAY NINOS/AS DE 12 ANOS O MENOS Y DE 13 ANOS O MAS ¿Los ninos/as mas grandes usan 2 horas o mas ayudando a los ninos mas pequenos ha prepararlos para ir a las escuela, ayudando con las tareas de las escuela, cocinando,banandolos o algun otro tipo de ayuda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Preguntas Adicionales

En un día regular, ¿en dónde se le puede localizar y a qué hora del día es más fácil localizarle?	
¿Hay un número telefónico y/o dirección electrónica donde podamos localizarle o dejar un mensaje?	
Bueno, ahora me gustaría tomarle una foto. ¿Puedo hacerlo?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se niega a aceptar
Desde que usted se fue de la casa de sus padres o guardianes, cuántos años en total ha vivido usted y/o su familia en la calle o en refugios de emergencia?	Años: _____
Usted o algún integrante de su familia ha servido en las fuerzas militares en Estados Unidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se niega a contestar

## SISTEMA DE INFORMACIÓN DE MANEJO DE PERSONAS SIN HOGAR DEL CONDADO DE MARIN (HMIS)

Consentimiento del cliente para la recopilación y divulgación de información

### ¿QUÉ ES EL HMIS?

El HMIS es un sistema de datos que almacena información sobre la falta de vivienda, servicios y programas de vivienda. El propósito del HMIS es para que las agencias proveedoras de personas sin hogar registren información sobre los clientes a los que sirven. Esta información ayuda a las agencias proveedoras a planificar y proveer servicios a sus clientes y a satisfacer los requisitos de las fuentes de fondos como el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés). HMIS también permite a las agencias mejorar sus servicios que apoyan a las personas sin hogar, permitiendo que el personal autorizado comparta la información del cliente con el permiso del cliente. El Departamento de Servicios Humanos y de Salud del Condado de Marin maneja el HMIS para el Condado de Marin.

### ¿CUÁL ES EL PROPÓSITO DE ESTE FORMULARIO?

Con este formulario, usted puede dar permiso para tener información sobre usted recopilada y compartida con las diferentes agencias asociadas que proporcionan vivienda y servicios en el Condado de Marin. Una lista actual de agencias asociadas se encuentra en <http://marin.clarityhs.help>. En este momento, las agencias asociadas incluyen:

Adopt A Family de Marin	Servicios Humanos y de Salud del
Buckelew	Condado de Marin
Center Point	Autoridad de Viviendas de Marin
Community Action Marin	Sociedad St. Vincent de Paul
Downtown Streets Team	Ritter Center
Homeward Bound de Marin	Departamento de Asuntos de
Equipo de alcance a personas sin hogar (HOT)	Veteranos de los Estados Unidos (VA)

AL FIRMAR ESTE FORMULARIO, AUTORIZO al Condado de Marin y a las agencias asociadas a compartir mi información ingresada en el HMIS. La información compartida del HMIS sera utilizada para ayudar a proporcionar vivienda y servicios, que incluye coordinación de cuidado, consejería, alimentación, asistencia de servicios públicos, y evaluar y mejorar la

calidad de vivienda y programas de servicios. Entiendo que las agencias asociadas pueden cambiar con el tiempo y que puedo encontrar una lista actual en [marin.clarityhs.help](http://marin.clarityhs.help).

**AL FIRMAR ESTE FORMULARIO, ENTIENDO QUE:**

- La información recopilada y compartida incluye:
  - Nombre, fecha de nacimiento, sexo, raza, etnia, número del seguro social, información de contacto, estado de veterano
  - Información básica sobre las condiciones de discapacidad auto reportadas causadas por factores médicos, de salud mental, de uso de sustancias o de desarrollo, incluyendo el estado de VIH / SIDA auto reportado.
  - Información de vivienda
  - Información sobre empleo, ingresos, seguros y beneficios
  - Servicios proporcionados por las agencias asociadas
  - Mis respuestas a las preguntas de evaluación, incluyendo el cuestionario VI-SPDAT
  - Mi fotografía u otro retrato (si se incluye)
- Puedo negarme a proporcionar cualquiera de esta información. Si me niego, no perderé ningún beneficio o servicio.
- Puedo negarme a firmar este Consentimiento. Si me niego, no perderé ningún beneficio o servicio.
- El Condado de Marin y las agencias asociadas mantendrán mi información de HMIS privada usando políticas estrictas de privacidad. Tengo el derecho de revisar las políticas de privacidad que rigen esta información.
- El Departamento de Servicios Humanos y de Salud del Condado de Marin y BitFocus usan contraseñas y tecnología de encriptación para asegurar que la información en el sistema sea segura. Cada usuario y agencia asociada de HMIS ha firmado un acuerdo para mantener la seguridad y confidencialidad de los datos de HMIS. Sin embargo, siempre hay un pequeño riesgo de violación de seguridad, y alguien podría obtener mi información y utilizarla de manera inapropiada. El Condado de Marin y las agencias asociadas están obligados a alertarme si saben de una violación.
- Si tengo preguntas sobre mi información de HMIS, mis derechos con respecto a esa información de HMIS, o estoy preocupado/a de que mi información haya sido mal utilizada, puedo comunicarme con mi administrador de sistemas de HMIS en [marin@bitfocus.com](mailto:marin@bitfocus.com).



- Puedo recibir una copia de este Consentimiento y la Hoja de Información del Cliente.
- Este Consentimiento expirará 3 años después de mi última actividad registrada por el HMIS.
- Puedo revocar este Consentimiento en cualquier momento enviando una solicitud por escrito a [marin@bitfocus.com](mailto:marin@bitfocus.com) o comunicándome con la agencia asociada que está proporcionando Compartimiento de información.
- Mi información de HMIS puede ser compartida para coordinar la referencia y colocación de vivienda y servicios.
- Las agencias asociadas pueden compartir mi información de HMIS con otras agencias si es necesario para la coordinación de cuidado, consejería, alimentación, asistencia de servicios públicos y otros servicios.
- Mi información de HMIS puede ser incluida en reportes para auditores o fuentes de fondos que revisan el trabajo de las agencias asociadas, incluyendo HUD, el Departamento de Asuntos de Veteranos, el Departamento de Servicios Humanos y de Salud del Condado de Marin, y el Departamento de Vivienda y Desarrollo Comunitario de California. Entiendo que la lista de auditores y fuentes de fondos puede cambiar con el tiempo. Mi identidad no será compartida en estos reportes.
- Mi información de HMIS puede ser utilizada para la investigación; sin embargo, mi identidad se mantendrá privada.

\_\_\_\_ Me han ofrecido y he rechazado una copia de este formulario

\_\_\_\_ He recibido una copia de este formulario

FIRMA:

Fecha:

\_\_\_\_\_

Nombre con letra de molde:

\_\_\_\_\_

**PARA USO EXCLUSIVO DE LA AGENCIA:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date:

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Survey Location</b> _____

## Opening Script

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

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

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters  
☐ Transitional Housing  
☐ Safe Haven  
☐ **Outdoors**  
☐ **Other (specify):** \_\_\_\_\_

☐ **Refused**

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

**SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_

☐ Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

☐ Refused

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

**SCORE:**

## B. Risks

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

a) Received health care at an emergency department/room? \_\_\_\_\_

☐ Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_

☐ Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_

☐ Refused

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

☐ Refused

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

☐ Refused

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

☐ Refused

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

**SCORE:**

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

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

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

**SCORE:**

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

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

SCORE:

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

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

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

SCORE:

## C. Socialization & Daily Functioning

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

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

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

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

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

SCORE:

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

SCORE:

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

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

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

SCORE:

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

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

SCORE:

## Scoring Summary

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

## Follow-Up Questions

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

## Local Questions (Unscored)

Since you moved away from your parents or foster parents, how many years in your entire life have you lived on the streets or in emergency shelter?	Years: _____
Have you ever served in the US military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

## MARIN COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

### Client Consent for Data Collection and Release of Information

#### WHAT IS THE HMIS?

The HMIS is a data system that stores information about homelessness and housing services and programs. The purpose of the HMIS is for homeless provider agencies to record information about clients that they serve. This information helps the provider agencies plan for and provide services to clients and to meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD). HMIS also allows agencies to improve services that support people who are homeless by allowing authorized staff to share client information with the permission of the client. Marin County Health & Human Services manage the HMIS for Marin County.

#### WHAT IS THE PURPOSE OF THIS FORM?

With this form, you can give permission to have information about you collected and shared with the different Partner Agencies that provide housing and services in Marin County. A current list of Partner Agencies is at <http://marin.clarityhs.help>. At this time, the Partner Agencies include:

Adopt A Family of Marin  
Bucklew  
Center Point  
Community Action Marin  
Downtown Streets Team  
Homeward Bound of Marin  
Homeless Outreach Team (HOT)

Marin County Health & Human Services  
Marin Housing Authority  
St. Vincent de Paul Society  
Sunny Hills TAY  
Ritter Center  
U.S. Department of Veterans Affairs (VA)

**BY SIGNING THIS FORM, I AUTHORIZE** Marin County and Partner Agencies to share my information entered into the HMIS. The HMIS information shared will be used to help provide housing and services, which includes care coordination, counseling, food, utility assistance, and to evaluate and improve the quality of housing and service programs. I understand that the Partner Agencies may change over time and that I may find a current list at <http://marin.clarityhs.help>.

**BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- The information to be collected and shared includes:
  - Name, birthday, gender, race, ethnicity, social security number, contact information, veteran status
  - Basic information on self-reported disabling conditions caused by medical, mental health, substance use or developmental factors, including self-reported HIV/AIDS status.
  - Housing Information
  - Employment, income, insurance and benefits information
  - Services provided by Partner Agencies
  - My answers to assessment questions, including the VI-SPDAT questionnaire
  - My photograph or other likeness (if included)

- I may refuse to provide any of this information. If I refuse, I will not lose any benefits or services.
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- Marin County and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review the privacy policies that govern this information.
- Marin County Health & Human Services and BitFocus use passwords and encryption technology to ensure that information in the system is safe, and each HMIS User and Partner Agency has signed an agreement to maintain the security and confidentiality of HMIS data. However, there is always a small risk of a security breach, and someone might obtain my information and use it inappropriately. Marin County and Partner Agencies are required to alert me if they know of a breach.
- If I have questions about my HMIS information, my rights regarding that HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at [contact info].
- I can receive a copy of this Consent and the Client Information Sheet.
- This Consent will expire 3 years from my last HMIS recorded activity.
- I may revoke this Consent at any time by sending a written request to [email] or by contacting the Partner Agency that is providing this Release of Information.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies if needed for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be included in reports for auditors or funders who review the work of the Partner Agencies, including HUD, the Department of Veteran Affairs, the Marin County Department of Health and Human Services, and the California Department of Housing and Community Development. I understand that the list of auditors and funders may change over time. My identity will not be shared in these reports.
- My HMIS information may be used for research; however, my identity will remain private.

\_\_\_\_ I have been offered and declined a copy of this form

\_\_\_\_ I have received a copy of this form

SIGNATURE:

Date:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

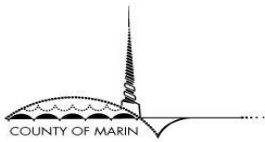
**FOR AGENCY USE ONLY:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date





## Marin County - Whole Person Care Program Consent to Release and/or Exchange *Non-SUD* Patient Records

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/day/year

Medi-Cal CIN (if known) \_\_\_\_\_

Completion of this document authorizes the use and disclosure of protected health and/or eligibility information about you. This excludes the release of any Substance Use Disorder (SUD) records subject to 42 C.F.R part 2. Failure to provide all information requested may invalidate this consent.

### **Who May Use, Disclose or Share My Information:**

In order for Whole Person Care (WPC) to identify and coordinate services available to you, it is essential that we have your permission to share and exchange relevant information with your care providers and other providers of services available to you. The following is a comprehensive list of those agencies who participate in the WPC Program. Sharing any of your information with any of these agencies will only be on a need to know basis and only for the coordination of your care or services.

I hereby authorize the release of the below-identified information by, and the exchange of the below-identified information between, all Marin County Whole Person Care project agencies, entities, and facilities, which may include the following: Marin County HHS (**Excludes Substance Use Disorder Records subject to 42 CFR Part 2**), Marin County District Attorney, County of Marin Probation Department, County of Marin Public Defender, Buckelew Programs, City of San Rafael, Coastal Health Alliance, Community Action Marin, Downtown Streets Team, Healthy Marin Partnership, Homeward Bound, LifeLong Medical, Marin City Health and Wellness Center, Marin Community Clinics, Marin Housing Authority, Opportunity Village, Partnership Health Plan of CA, Ritter Center, Senior Access, St. Vincent de Paul Society, Sunny Hills Services, The Spahr Center, US Department of Veterans Affairs, Whistlestop.

A complete and current list of participants, individuals and entities has been provided to me and is available from the Whole Person Care Webpage:  
<https://www.marinhhs.org/whole-person-care>

### **The Purpose(s) of Disclosure(s)/Sharing:**

The purpose of this consent is to enable staff and members of the authorized entities listed above to coordinate, collaborate, and assess appropriate medical, housing and/or supportive services related to obtaining housing and improving care coordination (including but not limited to outreach, case management, emergency shelter,

employment services, benefits assistance, medical and/or behavioral health services, life skills classes, and housing search assistance). I understand that Information will not be shared for any other purpose unless required by law or specifically authorized by me.

**My Rights**

- ▶ I may refuse to sign this consent. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits otherwise available to me.
- ▶ I have a right to receive a copy of this consent.
- ▶ I may revoke (take back) this consent at any time. To do so I must submit my revocation request in writing to the following address:

**Compliance Program - Department of Health and Human Services,  
20 N. San Pedro Rd, San Rafael, CA 94903  
Or e-mail: [HHSCompliance@marincounty.org](mailto:HHSCompliance@marincounty.org)**

- ▶ My revocation will take effect upon receipt, except to the extent that others have already acted in reliance upon this authorization.

**Re-Disclosure:**

I understand that health and personal information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure is, in some cases, not protected by California law and may no longer be protected by federal confidentiality law such as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164. I understand mental health records are subject to Welfare & Institutions Code 5328 and the CA Confidentiality of Medical Information Act, and cannot be re-disclosed without my written consent unless otherwise provided for or required by law.

**What Will be Disclosed or Exchanged:** This is a full-disclosure authorization of my health and/or eligibility information, unless I specify any limitations below. Information which may include medical, surgical, communicable diseases, labs, medications, eligibility for state benefits, and any other personal information which may assist the above agencies in carrying out the purpose(s) indicated below. Mental health and HIV test results are specifically protected by Federal or State law and require my explicit consent to release these records, if any, as indicated below:

**Mental health treatment records** \_\_\_\_\_ (Sign)

**Results of HIV Tests** \_\_\_\_\_ (Sign)

**Limitations:** The following information may **not** be used, disclosed or shared:

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**Expiration:**

This authorization expires on (date): \_\_\_\_\_,  
or (event): **example: I am no longer enrolled in the Whole Person Care Project.**

If I do not write in a date or event, this authorization will remain in effect for three (3) years from the date of my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant/Legal Representative

If not signed by individual (enrollee), name and relationship of Legal Representative:

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Witness Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Date \_\_\_\_\_

---

**For Office Use Only:**

Revoked by (name) \_\_\_\_\_ Date \_\_\_\_\_

Revocation received by: (name) \_\_\_\_\_

Date informed WPC project: \_\_\_\_\_

## Administración

<b>Nombre de Entrevistador/a</b> _____	<b>Agencia de Entrevistador/a</b> _____	<input type="checkbox"/> Equipo <input type="checkbox"/> Personal <input type="checkbox"/> Voluntario
<b>Fecha de Evaluación Previa</b> MM/DD/AAAA ____/____/____	<b>Tiempo de la Evaluación Previa</b> ____ : ____ AM/PM	<b>Lugar de la Evaluación Previa</b> _____

## Guion Introductorio

Cada entrevistador/a en nuestra comunidad en cualquier organización debe usar el mismo guion introductorio. Este guion debe incluir la siguiente información:

"Me llamo [ ] y trabajo para una organización que se llama [ ]. Tengo una evaluación que dura 15 minutos que quisiera completar contigo. Las respuestas nos ayudarán a determinar cómo podemos proporcionar apoyo. La mayoría de las preguntas sólo requieren "sí" o "no." Algunas preguntas requieren respuestas breves. La información recopilada se entra en el Sistema de Información para Personas Sin Casa ni Hogar (HMIS), esto asegurará que usted no tenga que de agencia en agencia por toda la ciudad para que lo pongan en cada lista de espera. Sólo tendrá que llenar estos documentos una vez. Si usted tiene un trabajador/a social que le ayuda con otras aplicaciones de búsqueda de hogar, usted debe seguir trabajando con ellos después de terminar esta evaluación previa

Luego de esta evaluación, puedo darle alguna información básica sobre recursos que podrían ser una buena opción para usted. Tiene que entender que hay pocos recursos de asistencia para obtener un hogar que están conectado con esta evaluación, así que es posible pero improbable que pueda obtener asistencia para hogar directamente a través de este proceso. La ventaja principal de hacer esta encuesta es que nos dará una mejor idea de sus necesidades y los recursos que podría ser elegible.

¿Quiere tomar la evaluación conmigo?"

"Si en algún momento no me entiende lo que estoy preguntando, hagamelo saber y le ayudaré a entender lo que quiero saber. Vamos a empezar con la primera pregunta..."

## Información General

<b>Nombre</b> _____	<b>Apellido</b> _____	<b>Apodo</b> _____
<b>¿En qué idioma siente que se puede expresar mejor?</b> _____		
<b>Fecha de nacimiento</b> MM/DD/AAAA ____/____/____	<b>Edad</b> _____	<b>Número de Seguro Social</b> ____ - ____ - ____
		<b>¿Ha dado su permiso para participar?</b> <input type="checkbox"/> Sí <input type="checkbox"/> No

## A. Historial de Vivienda e Indigencia (Sin Casa)

- ¿Dónde duerme usualmente? (marque uno) ☐ Refugio ☐ Otro (especifique): \_\_\_\_\_  
☐ Vivienda Transicional ☐ Se niega a contestar  
☐ Afuera / en la calle (incluyendo todos los lugares no destinados para la vida humana, incluyendo la calle, banco o portal o entrada de casa, carro, autobús o transporte subterráneo, parque o edificio abandonado)
- ¿Hace cuánto tiempo que ha vivido en una vivienda estable permanente? \_\_\_\_\_ ☐ Se niega a contestar

3. En los últimos tres años, ¿cuántas veces ha vivido en la calle o en refugios para indigentes? \_\_\_\_\_ ☐ Se niega a contestar

## B. Riesgos

4. En los últimos seis meses, -- "desde [nombre de mes]" -- ¿cuántas veces...

A) ha recibido atención sanitaria en una sala o departamento de emergencias? \_\_\_\_\_ ☐ Se niega a contestar

B) le han llevado al hospital en una ambulancia? \_\_\_\_\_ ☐ Se niega a contestar

C) ha sido hospitalizado/a como paciente interno/a? \_\_\_\_\_ ☐ Se niega a contestar

D) ha utilizado un servicio de emergencia o de crisis, incluyendo crisis por asalto sexual, salud mental, violencia familiar o íntima, centros de angustia y líneas de prevención de suicidios? \_\_\_\_\_ ☐ Se niega a contestar

E) ha hablado con la policía porque fue testigo de un crimen, víctima de un crimen, o acusado del crimen, o porque la policía le ordenó que desalojara una zona? \_\_\_\_\_ ☐ Se niega a contestar

F) ha estado una o más noches en una celda de detención, cárcel o prisión, ya sea durante una corta estancia, por ejemplo por estar borracho, como una larga estancia por delitos más graves, o por cualquier otra situación? \_\_\_\_\_ ☐ Se niega a contestar

5. ¿Ha sido atacado/a o golpeado/a desde que comenzó a vivir en la calle? ☐ Sí ☐ No ☐ Se niega a contestar

6. ¿Ha sido amenazado/a o ha tratado de lastimarse a usted mismo/a o a alguien más en el último año? ☐ Sí ☐ No ☐ Se niega a contestar

7. ¿Tiene alguna situación legal pendiente que pudiera resultar en encarcelamiento, por pago de multas, o que le suponga un obstáculo para alquilar una vivienda? ☐ Sí ☐ No ☐ Se niega a contestar

8. ¿Hay alguien que lo/a fuerza o le engaña para que haga cosas que no quiere hacer? ☐ Sí ☐ No ☐ Se niega a contestar

9. Alguna vez ¿hace cosas que pueden considerarse riesgosas como intercambiar sexo por dinero, vender drogas para alguien, tener sexo sin protección con alguien a quien verdaderamente no conoce, compartir una jeringa o algo así? ☐ Sí ☐ No ☐ Se niega a contestar

## C. Socialización y Actividades Diarias

10. ¿Hay alguien, dueño pasado, empresa, corredor de apuestas, comerciante o grupo gubernamental como IRS que cree que usted le debe dinero? ☐ Sí ☐ No ☐ Se niega a contestar

11. ¿Recibe dinero del gobierno, pensión, una herencia, trabajo donde le pagan por debajo de la mesa, empleo regular, o algo así? ☐ Sí ☐ No ☐ Se niega a contestar

12. ¿Tiene actividades planeadas cada día, mas allá de sobrevivir el día a día, que le traen felicidad y con las que se siente satisfecho/a? ☐ Sí ☐ No ☐ Se niega a contestar

13. ¿Se encuentra actualmente capaz de mantener las necesidades básicas como bañarse, cambiarse de ropa, usar un baño, conseguir comida y agua limpia, y otras cosas así? ☐ Sí ☐ No ☐ Se niega a contestar

14. ¿Esta usted sin hogar, de alguna manera, debido a una relación que se cortó, una relación no saludable o abusiva, o porque familia o amigos decidieron desalojarlo/a? ☐ Sí ☐ No ☐ Se niega a contestar

## D. Bienestar

15. ¿Alguna vez ha tenido que dejar un apartamento, un programa de refugio u otro lugar en el que se alojaba debido a su salud física? ☐ Sí ☐ No ☐ Se niega a contestar
16. ¿Tiene algún problema crónico de salud con su hígado, riñones, estómago, pulmones o corazón? ☐ Sí ☐ No ☐ Se niega a contestar
17. Si hubiera espacio disponible en un programa que ayuda específicamente a personas que viven con el VIH o SIDA, ¿usted estaría interesado/a? ☐ Sí ☐ No ☐ Se niega a contestar
18. ¿Tiene usted una discapacidad física que podría limitar el tipo de vivienda que puede acceder, o que sería difícil vivir independiente porque necesitaría ayuda? ☐ Sí ☐ No ☐ Se niega a contestar
19. ¿Cuándo está enfermo/a o no se siente bien, puede evitar la atención médica? ☐ Sí ☐ No ☐ Se niega a contestar
20. *Para encuestadas biológicamente femeninas solamente: ¿Está embarazada?* ☐ Sí ☐ No ☐ Se niega a contestar
21. ¿El uso de alcohol o drogas ha provocado alguna vez que lo/a expulsen de un apartamento o programa en el que se alojaba en el pasado? ☐ Sí ☐ No ☐ Se niega a contestar
22. ¿El consumo de alcohol o drogas hace que sea difícil para usted permanecer alojado/a o pagar por una vivienda? ☐ Sí ☐ No ☐ Se niega a contestar
23. ¿Ha tenido problemas para mantener su vivienda, o ha sido expulsado/a de un apartamento, un programa de refugios u otro lugar que se alojaba, a causa de:
- A) Un problema o preocupación por su salud mental? ☐ Sí ☐ No ☐ Se niega a contestar
- B) Una lesión cerebral grave o trauma en la cabeza? ☐ Sí ☐ No ☐ Se niega a contestar
- C) Discapacidad de aprendizaje o de desarrollo, o algo así? ☐ Sí ☐ No ☐ Se niega a contestar
24. ¿Tiene algún problema de salud mental o cerebral que pudiera dificultarle una vida independiente porque necesitaría ayuda? ☐ Sí ☐ No ☐ Se niega a contestar
25. ¿Hay alguna medicina que un médico le recomendó que tomara, y por cualquier razón, no la está tomando? ☐ Sí ☐ No ☐ Se niega a contestar
26. ¿Hay alguna medicina como un calmante para el dolor que no tome de la manera que el médico le recetó o la farmacia? ☐ Sí ☐ No ☐ Se niega a contestar
27. **SÍ O NO:** ¿Es su episodio actual de vivir en la calle a causa de una experiencia de abuso emocional, físico, psicológico, sexual o de otro tipo de abuso, o de cualquier otro trauma que ha experimentado? ☐ Yes ☐ No ☐ Se niega a contestar

## Preguntas Adicionales

En un día regular, ¿en dónde se le puede localizar y a qué hora del día es más fácil localizarle	lugar: tiempo: ____ : ____ AM/PM o Mañana/Mediodía/Tarde/Noche
¿Hay un número telefónico y/o dirección electrónica donde podamos localizarle o dejar un mensaje seguramente?	Número Telefónico: (____) ____ - ____ Dirección Electrónica: _____
Bueno, ahora me gustaría tomarle una foto para que sea más fácil de encontrarle y confirmar su identidad en el futuro. ¿Puedo hacerlo?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se niega a contestar
Desde que salió de casa de sus padres o padres de crianza temporales, ¿cuantos años de su vida ha vivido en las calles o en refugios de emergencia?	Años: _____
¿Alguna vez ha servido en el ejército de los Estados Unidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se niega a contestar

## SISTEMA DE INFORMACIÓN DE MANEJO DE PERSONAS SIN HOGAR DEL CONDADO DE MARIN (HMIS)

Consentimiento del cliente para la recopilación y divulgación de información

### ¿QUÉ ES EL HMIS?

El HMIS es un sistema de datos que almacena información sobre la falta de vivienda, servicios y programas de vivienda. El propósito del HMIS es para que las agencias proveedoras de personas sin hogar registren información sobre los clientes a los que sirven. Esta información ayuda a las agencias proveedoras a planificar y proveer servicios a sus clientes y a satisfacer los requisitos de las fuentes de fondos como el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés). HMIS también permite a las agencias mejorar sus servicios que apoyan a las personas sin hogar, permitiendo que el personal autorizado comparta la información del cliente con el permiso del cliente. El Departamento de Servicios Humanos y de Salud del Condado de Marin maneja el HMIS para el Condado de Marin.

### ¿CUÁL ES EL PROPÓSITO DE ESTE FORMULARIO?

Con este formulario, usted puede dar permiso para tener información sobre usted recopilada y compartida con las diferentes agencias asociadas que proporcionan vivienda y servicios en el Condado de Marin. Una lista actual de agencias asociadas se encuentra en <http://marin.clarityhs.help>. En este momento, las agencias asociadas incluyen:

Adopt A Family de Marin	Servicios Humanos y de Salud del
Buckelew	Condado de Marin
Center Point	Autoridad de Viviendas de Marin
Community Action Marin	Sociedad St. Vincent de Paul
Downtown Streets Team	Ritter Center
Homeward Bound de Marin	Departamento de Asuntos de
Equipo de alcance a personas sin hogar (HOT)	Veteranos de los Estados Unidos (VA)

AL FIRMAR ESTE FORMULARIO, AUTORIZO al Condado de Marin y a las agencias asociadas a compartir mi información ingresada en el HMIS. La información compartida del HMIS sera utilizada para ayudar a proporcionar vivienda y servicios, que incluye coordinación de cuidado, consejería, alimentación, asistencia de servicios públicos, y evaluar y mejorar la

calidad de vivienda y programas de servicios. Entiendo que las agencias asociadas pueden cambiar con el tiempo y que puedo encontrar una lista actual en [marin.clarityhs.help](http://marin.clarityhs.help).

**AL FIRMAR ESTE FORMULARIO, ENTIENDO QUE:**

- La información recopilada y compartida incluye:
  - Nombre, fecha de nacimiento, sexo, raza, etnia, número del seguro social, información de contacto, estado de veterano
  - Información básica sobre las condiciones de discapacidad auto reportadas causadas por factores médicos, de salud mental, de uso de sustancias o de desarrollo, incluyendo el estado de VIH / SIDA auto reportado.
  - Información de vivienda
  - Información sobre empleo, ingresos, seguros y beneficios
  - Servicios proporcionados por las agencias asociadas
  - Mis respuestas a las preguntas de evaluación, incluyendo el cuestionario VI-SPDAT
  - Mi fotografía u otro retrato (si se incluye)
- Puedo negarme a proporcionar cualquiera de esta información. Si me niego, no perderé ningún beneficio o servicio.
- Puedo negarme a firmar este Consentimiento. Si me niego, no perderé ningún beneficio o servicio.
- El Condado de Marin y las agencias asociadas mantendrán mi información de HMIS privada usando políticas estrictas de privacidad. Tengo el derecho de revisar las políticas de privacidad que rigen esta información.
- El Departamento de Servicios Humanos y de Salud del Condado de Marin y BitFocus usan contraseñas y tecnología de encriptación para asegurar que la información en el sistema sea segura. Cada usuario y agencia asociada de HMIS ha firmado un acuerdo para mantener la seguridad y confidencialidad de los datos de HMIS. Sin embargo, siempre hay un pequeño riesgo de violación de seguridad, y alguien podría obtener mi información y utilizarla de manera inapropiada. El Condado de Marin y las agencias asociadas están obligados a alertarme si saben de una violación.
- Si tengo preguntas sobre mi información de HMIS, mis derechos con respecto a esa información de HMIS, o estoy preocupado/a de que mi información haya sido mal utilizada, puedo comunicarme con mi administrador de sistemas de HMIS en [marin@bitfocus.com](mailto:marin@bitfocus.com).



- Puedo recibir una copia de este Consentimiento y la Hoja de Información del Cliente.
- Este Consentimiento expirará 3 años después de mi última actividad registrada por el HMIS.
- Puedo revocar este Consentimiento en cualquier momento enviando una solicitud por escrito a [marin@bitfocus.com](mailto:marin@bitfocus.com) o comunicándome con la agencia asociada que está proporcionando Compartimiento de información.
- Mi información de HMIS puede ser compartida para coordinar la referencia y colocación de vivienda y servicios.
- Las agencias asociadas pueden compartir mi información de HMIS con otras agencias si es necesario para la coordinación de cuidado, consejería, alimentación, asistencia de servicios públicos y otros servicios.
- Mi información de HMIS puede ser incluida en reportes para auditores o fuentes de fondos que revisan el trabajo de las agencias asociadas, incluyendo HUD, el Departamento de Asuntos de Veteranos, el Departamento de Servicios Humanos y de Salud del Condado de Marin, y el Departamento de Vivienda y Desarrollo Comunitario de California. Entiendo que la lista de auditores y fuentes de fondos puede cambiar con el tiempo. Mi identidad no será compartida en estos reportes.
- Mi información de HMIS puede ser utilizada para la investigación; sin embargo, mi identidad se mantendrá privada.

\_\_\_\_ Me han ofrecido y he rechazado una copia de este formulario

\_\_\_\_ He recibido una copia de este formulario

FIRMA:

Fecha:

\_\_\_\_\_

Nombre con letra de molde:

\_\_\_\_\_

**PARA USO EXCLUSIVO DE LA AGENCIA:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date:

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Survey Location</b> _____

## Opening Script

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

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

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters      ☐ Couch surfing      ☐ Other (specify): \_\_\_\_\_  
☐ Transitional Housing      ☐ Outdoors  
☐ Safe Haven      ☐ Refused

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

SCORE:

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

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

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

SCORE:

## B. Risks

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

- a) Received health care at an emergency department/room? \_\_\_\_\_ ☐ Refused  
 b) Taken an ambulance to the hospital? \_\_\_\_\_ ☐ Refused  
 c) Been hospitalized as an inpatient? \_\_\_\_\_ ☐ Refused  
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_ ☐ Refused  
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_ ☐ Refused  
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_ ☐ Refused

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

SCORE:

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

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

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

SCORE:

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

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

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

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

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

SCORE:

## C. Socialization & Daily Functioning

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

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

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

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

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

SCORE:

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

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

SCORE:

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? ☐ **Y** ☐ N ☐ Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☐ **Y** ☐ N ☐ Refused
- c) Because your family or friends caused you to become homeless? ☐ **Y** ☐ N ☐ Refused
- d) Because of conflicts around gender identity or sexual orientation? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

**SCORE:**

- e) Because of violence at home between family members? ☐ **Y** ☐ N ☐ Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

**SCORE:**

## D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? ☐ **Y** ☐ N ☐ Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☐ **Y** ☐ N ☐ Refused

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

**SCORE:**

## NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

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

**SCORE:**

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

- a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused
- b) A past head injury? ☐ **Y** ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

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

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

**SCORE:**

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

**SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

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

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
<b>GRAND TOTAL:</b>	/17	

## Follow-Up Questions

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

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

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

## Local Questions (Unscored)

<b>Since you moved away from your parents or foster parents, how many years in your entire life have you lived on the streets or in emergency shelter?</b>	<b>Years:</b> _____
<b>Have you ever served in the U.S. Military?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

### Client Consent for Data Collection and Release of Information

#### WHAT IS THE HMIS?

The HMIS is a data system that stores information about homelessness and housing services and programs. The purpose of the HMIS is for homeless provider agencies to record information about clients that they serve. This information helps the provider agencies plan for and provide services to clients and to meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD). HMIS also allows agencies to improve services that support people who are homeless by allowing authorized staff to share client information with the permission of the client. Marin County Health & Human Services manage the HMIS for Marin County.

#### WHAT IS THE PURPOSE OF THIS FORM?

With this form, you can give permission to have information about you collected and shared with the different Partner Agencies that provide housing and services in Marin County. A current list of Partner Agencies is at <http://marin.clarityhs.help>. At this time, the Partner Agencies include:

Adopt A Family of Marin  
Bucklew  
Downtown Streets Team  
Homeward Bound of Marin  
Homeless Outreach Team (HOT)

Marin County Health & Human Services  
Marin Housing Authority  
St. Vincent de Paul Society  
Ritter Center  
U.S. Department of Veterans Affairs (VA)

**BY SIGNING THIS FORM, I AUTHORIZE** Marin County and Partner Agencies to share my information entered into the HMIS. The HMIS information shared will be used to help provide housing and services, which includes care coordination, counseling, food, utility assistance, and to evaluate and improve the quality of housing and service programs. I understand that the Partner Agencies may change over time and that I may find a current list at <http://marin.clarityhs.help>.

#### **BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- The information to be collected and shared includes:
  - Name, birthday, gender, race, ethnicity, social security number, contact information, veteran status
  - Basic information on self-reported disabling conditions caused by medical, mental health, substance use or developmental factors, including self-reported HIV/AIDS status.
  - Housing Information
  - Employment, income, insurance and benefits information
  - Services provided by Partner Agencies
  - My answers to assessment questions, including the VI-SPDAT questionnaire
  - My photograph or other likeness (if included)



- I may refuse to provide any of this information. If I refuse, I will not lose any benefits or services.
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- Marin County and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review the privacy policies that govern this information.
- Marin County Health & Human Services and BitFocus use passwords and encryption technology to ensure that information in the system is safe, and each HMIS User and Partner Agency has signed an agreement to maintain the security and confidentiality of HMIS data. However, there is always a small risk of a security breach, and someone might obtain my information and use it inappropriately. Marin County and Partner Agencies are required to alert me if they know of a breach.
- If I have questions about my HMIS information, my rights regarding that HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at [contact info].
- I can receive a copy of this Consent and the Client Information Sheet.
- This Consent will expire 3 years from my last HMIS recorded activity.
- I may revoke this Consent at any time by sending a written request to [email] or by contacting the Partner Agency that is providing this Release of Information.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies if needed for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be included in reports for auditors or funders who review the work of the Partner Agencies, including HUD, the Department of Veteran Affairs, the Marin County Department of Health and Human Services, and the California Department of Housing and Community Development. I understand that the list of auditors and funders may change over time. My identity will not be shared in these reports.
- My HMIS information may be used for research; however, my identity will remain private.

\_\_\_\_ I have been offered and declined a copy of this form

\_\_\_\_ I have received a copy of this form

SIGNATURE:

Date:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

**FOR AGENCY USE ONLY:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date

# Marin Coordinated Entry Prioritization COVID-19 & Non-COVID-19 Prioritization Lists

Final version: 6/17/2020

## Overview

This document highlights special considerations and prioritization factors for persons experiencing homelessness who have been impacted by COVID-19 and associated risks, based on [HUD guidance](#) and [CDC guidance about who is most vulnerable to COVID-19](#). These considerations have provided the basis for a temporary prioritization protocol that supersedes the existing prioritization criteria that governs CE housing and case management opportunities. The purpose of this temporary prioritization is to take account of *single adults or families at high risk of developing severe COVID-19 symptoms* and whose risk of dying is higher while COVID-19 is currently present and active in the community. The prioritization list for single adults and families at *high risk* will be in place until a date to-be-determined through the end of 2020 or later, when the risk of COVID-19 to persons served by the Marin homelessness system of care drops significantly. *Like all of our work, our equity lens remains critical in the decisions we make and in our evaluation of this approach.*

## Marin Coordinated Entry Prioritization – COVID-19 Overlay

### Individual Prioritization Lists

Coordinated Entry maintains an active list of individuals and families who have come to the top of the Prioritization List. The CE provider pulls the monthly data on newly enrolled Coordinated Entry participants, and, beginning June 15, 2020 will prioritize by the new COVID-19 sensitive prioritization outlined below.

### COVID-19 Coordinated Entry Prioritization Factors

In order to quickly house homeless individuals who have been identified as high-risk for developing serious and life-threatening health complications from COVID-19, the Marin Coordinated Entry System will temporarily incorporate prioritization factors that include considerations for persons experiencing chronic homelessness who have been impacted by COVID-19, in addition to the existing Marin Coordinated Entry prioritization factors, for all housing openings.

This *temporary prioritization* mechanism will remain in place through the end of 2020 and can *be revised or extended as determined by the Marin Continuum of Care and local partners in light of the pandemic's course and severity*. The CE leadership will regularly review the plan to determine if it should continue and what adjustments should be made. As has been the case in the past, the Marin Coordinated Entry Steering Committee will regularly review these policies to

ensure they do not *negatively impact persons of color, who are disproportionately impacted by housing barriers, and will make adjustments as necessary to ensure prioritization is equitable.*

### **COVID-19 Coordinated Entry Documentation Procedures**

- Third-party verification of covid-19 qualifying medical conditions is required. Use of the triage meeting that has been put in place during the pandemic will serve to validate the qualifying condition.
- Coordinated Entry staff will maintain list of eligible clients
- Once the list of clients with priority factors has been identified, housing matches will be sent using the appropriate standing prioritization policy.

### **Marin Coordinated Entry Standard & COVID-19 Priority Factors**

Chronically homeless clients (per HUD or Marin local definition) with all required documentation are eligible for PSH openings, prioritized as follows.

#### **Temporary Prioritization: COVID-19 Prioritization Factors**

1. 8+ VI-SPDAT score

Those with an 8+ score will be further prioritized as follows:

a. Within the 8+ group, priority is placed first on people at high risk of developing severe COVID-19 symptoms, including:

a. Those 65+; or

b. People of all ages with underlying medical conditions including

i. Chronic lung disease/moderate to severe asthma;

ii. Serious heart conditions;

iii. Those who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune-weakening medications);

iv. Severe obesity (BMI 40 or higher);

v. Diabetes;

vi. Chronic kidney disease undergoing dialysis; and

vii. Liver disease.

b. While we would like to further prioritize by length of time homeless as we do in our normal protocols, our current systems make it difficult to get this data in real time right now. We will introduce this criterion as soon as data and systems make it possible to get

c. Each group identified above would be further prioritized based on VI-SPDAT score (highest to lowest)

Example:

Among the 500 people who have 8+ on the VI-SPDAT, there are 50 who have a COVID-19 vulnerability as validated by medical professionals. Among those 50, we prioritize by VI-SPDAT score, highest to lowest.

#### **Temporary Prioritization: COVID-19 Prioritization Factors for Families.**

Family prioritization is based on the following:

- 8+ VI-SPDAT score. These are then prioritized by
- Any family with a member of the household with one of the COVID-19 qualifying conditions.
  - Within that group, we prioritize by VI-SPDAT.
- For those who have no one vulnerable to COVID-19, we prioritize based on VI-SPDAT Score as usual.

### **Marin CE Standard Prioritization: (*Non-COVID*) Prioritization Factors**

**When the COVID-19 prioritization mechanism is not in place, CE follows the following protocol.**

1. All those with 8+ VI-SPDAT score are prioritized first. Those with an 8+ VI-SPDAT score will be eligible and prioritized as follows:
  - a. Persons with 2+ hospitalizations are prioritized first.
    - i. Each of these groups are further prioritized by years since stable housing (2+ years since stable housing, 1-2 years since stable housing)
    - ii. Within each of these groups, further prioritization by VI-SPDAT score from high to low.
  - b. Once the 2+ hospitalization group is prioritized, the 1 hospitalization group is prioritized in the same way
  - c. Once the 1 hospitalization group is prioritized, the 0-hospitalization group is prioritized in the same way.

Marin Housing Authority Updates Prioritization lists monthly by using Looker report on HMIS. The pulls are done every first Wednesday of the month and then are uploaded to Act.md for review of BHRS enrollment. The information will be updated by MHA to the prioritization lists. WPC will provide enrollment information directly to the google spreadsheet as they enroll new participants. (9/1/19)

### **ACTIVE Lists**

From the prioritization list, the individuals who are prioritized must also be enrolled in case management, such as BHRS WPC or HOT. Those who are prioritized and have case management, will be moved onto the active list. (7/2/2019)

1. WPC clients are placed on the active list as of the date they are enrolled to case management in the case of WPC (and HOT)
2. BHRS clients are placed on the active list as they come up on the prioritization list in proportion to their representation on the prioritization list generally.
3. People are prioritized for housing by the date they were placed on the active list
4. Initially this will prioritize WPC clients, who may have been enrolled earlier; going forward, it will prioritize BHRS clients, as WPC will have a delay while they work to enroll clients
5. People who were grandfathered onto the active list are at the top of the active list

Within the Active LIST, we manage priorities based on

1. Decliners - who are now engaged
2. Fall Outs from PSH programs
3. VI-SPDATed individuals who are engaged in case management
4. Decliner - who is not engaged
5. Date added to the Active list and then based on eligibility for program and open unit

“In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit.” (page 11)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: LOCAL COMPETITION ANNOUNCEMENT (Question 1E-1)

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Website post announcing 2021 CoC Local Competition open - August 24, 2021 <ul style="list-style-type: none"> <li>Shows date and time of posting (30+ days prior to application submission deadline for Marin CoC local competition)</li> <li>Shows Public Solicitation posted</li> <li>Shows link posted to register for Technical Assistance Workshop for Continuum of Care NOFO (required for all applicants) – September 8, 2021</li> </ul>	3
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## FY2021 CoC Local Competition Public Solicitation, Timeline, and Summary

1 message

Tara Ozes <tara@homebaseccc.org>  
Cc: Marin CoC <marin@homebaseccc.org>  
Bcc: marin-hpsc@googlegroups.com

Sent to full CoC community listserv

Tue, Aug 24, 2021 at 11:00 AM

Sent 30+ days prior to deadline to submit local application for Marin CoC local competition

Dear Community Stakeholders,

Please be advised that the Department of Housing and Urban Development's (HUD's) Notice of Funding Opportunity (NOFO) for the Fiscal Year 2021 Continuum of Care Program Competition was released on August 18, 2021.

The attached **Local Competition Public Solicitation for Project Applications** provides a **summary of the 2021 CoC NOFO** and the overall timeline for accessing this funding opportunity.

**A TA Workshop for all interested parties will be held on Wednesday, September 8, from 2:00 - 3:00pm via Zoom meeting.** Attendance is highly recommended for representatives of any organization that might be interested in applying for CoC funding, including nonprofit organizations, local governments, instrumentalities of local governments, and public housing agencies. The CoC encourages applications from organizations that have not previously received CoC Program funding.

**Attendance is required for renewal and new project applicants applying for funding in this year's CoC competition - please coordinate with staff to ensure at least one representative from your organization will be in attendance.**

Please follow the link below to register for the Marin 2021 CoC Competition TA Workshop:

<https://homebaseccc.zoom.us/meeting/register/tZlpceitjMqG9wHWNz168BvFCX-R2Gud7k> **Link to register for TA Workshop**

After registering, you will receive a confirmation email containing information about joining the meeting.

The public should please forward this Public Solicitation to any interested parties, send to relevant additional listservs, and post on public bulletin boards.

Inquiries about this process may be directed to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org).

Thank you,

Tara

 **Homebase** | **Tara Ozes** | **Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

**Advancing Solutions to Homelessness**

Legal and Technical Assistance | Policy | Advocacy | Planning

**Homebase COVID-19 Key Resource Guide - [Click Here](#)**

*The content in this message is provided for information purposes only and does not constitute legal advice. Homebase does not enter into attorney-client relationships.*



**Marin FY2021 CoC Local Comp. Summary & Public Solicitation.pdf**  
371K

**2021 Local Competition Public Solicitation attached**





## Homeless Policy Steering Committee

Home » Services » Boards and Commissions » Homeless Policy Steering Committee

### Upcoming HPSC Meetings & Events:

[Link to register for TA Workshop](#)

[Technical Assistance Workshop for Continuum of Care NOFO](#) (required for all applicants) - Wednesday, September 8, 2:00 p.m.

- Thursday, September 16, 2021 (Special Meeting)
- Wednesday, October 27, 2021 (Rescheduled November meeting)

### Are you homeless and in need of help?

View the [HHS Online Resource Guide](#) or call 415-473-INFO.

### HPSC News

#### 2021 CoC NOFO Funding Competition Opens

The federal department of Housing and Urban Development (HUD) has released the 2019 Continuum of Care Notice of Funding Opportunity (NOFO) funding competition. For information on local process and timelines, please see the below Public Solicitation. Agencies that have not previously received funding are highly encouraged to apply.

- [Public Solicitation](#) [Link to Public Solicitation](#)

### Meetings and Minutes

2021	2020	2019	2018
2017	2016	2015	2013

[August 11, 2021](#) | [Agenda](#)

[July 15, 2021](#) | [Agenda](#)

[May 12, 2021](#) | [Agenda](#)

[February 10, 2021](#) | [Agenda](#) | [Minutes](#)

### Related Materials

- [CoC Governance Charter and Bylaws](#)
- [HPSC Voting Members](#)
- [CoC Written Standards of Service](#)
- [HMIS Governance Charter](#)
- [HMIS Policies and Procedures](#)
- [Coordinated Entry Policies and Procedures](#)
- [Strategic Plan: A Response to Homelessness in Marin County](#)

### Related Pages





## Marin Health and Human Services

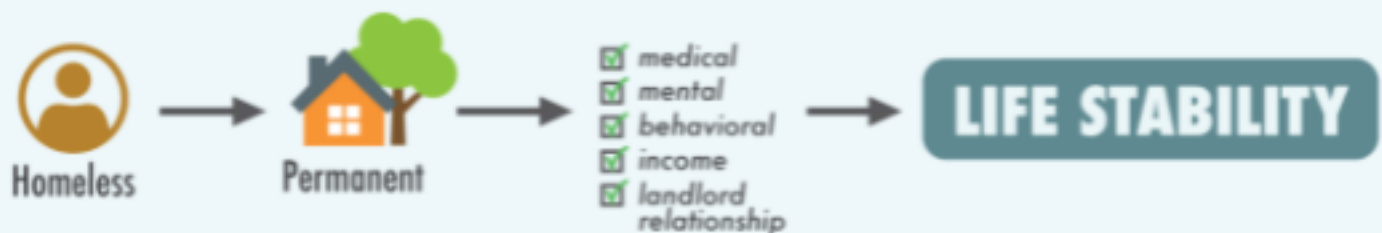
Published by Erin Cochran · 1m ·

Is your organization interested in housing people experiencing homelessness? Learn about this year's federal funding opportunity tomorrow from 2-3pm. Link: [http://marinhhs.org/.../marin\\_fy2021\\_coc\\_local\\_comp...](http://marinhhs.org/.../marin_fy2021_coc_local_comp...)

### HOUSING READINESS



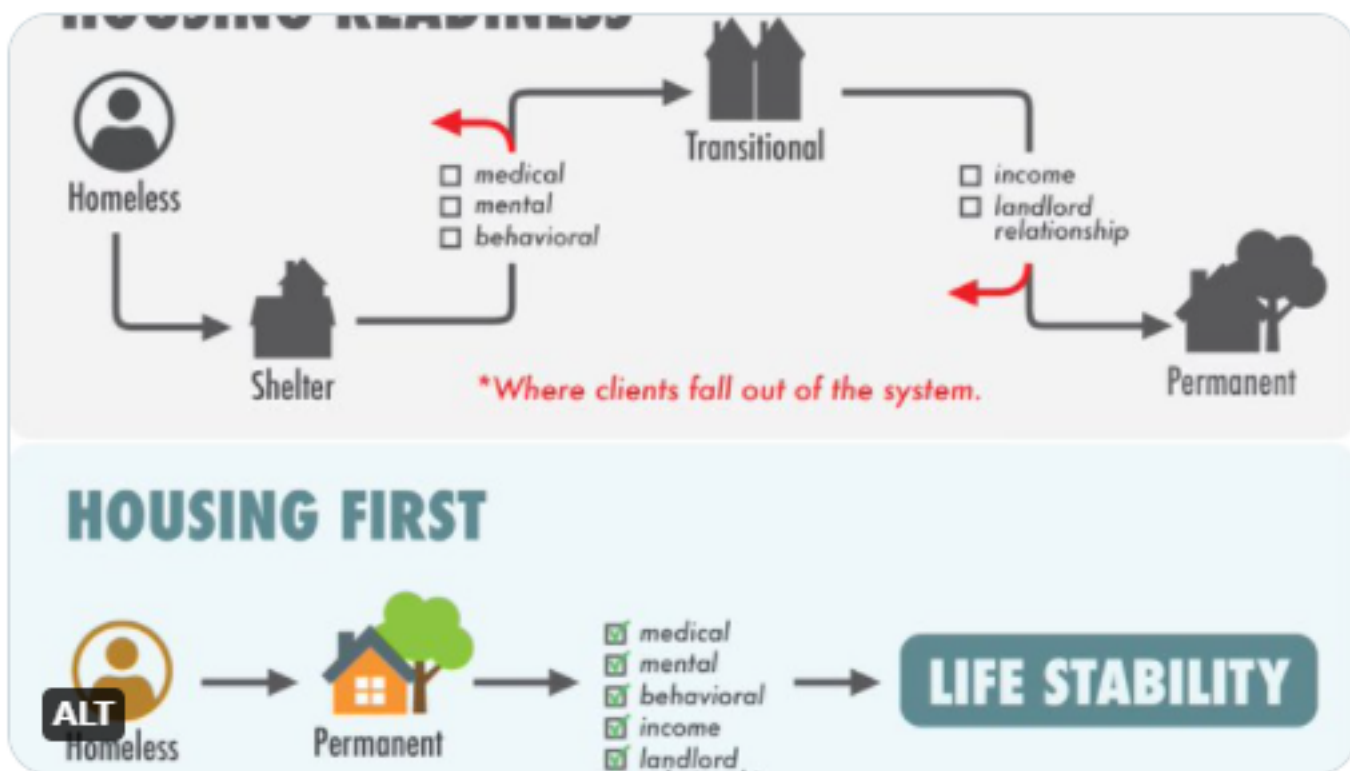
### HOUSING FIRST





MarinHealth&HumanSvc  @MarinHHS · Sep 7

Is your organization interested in housing people experiencing [#homelessness](#)? Learn about this year's federal funding opportunity tomorrow from 2-3pm. For more info: [marinhhs.org/sites/default/...](https://marinhhs.org/sites/default/...)



## Marin County FY2021 CoC Program Local Competition Public Solicitation

August 24, 2021

Dear Community Stakeholders,

Please be advised that the Department of Housing and Urban Development's (HUD's) Notice of Funding Opportunity (NOFO) for the Fiscal Year 2021 Continuum of Care Program Competition [was released on August 18, 2021](#).

The attached **Local Competition Public Solicitation for Project Applications** provides a **summary of the 2021 CoC NOFO** and the overall timeline for accessing this funding opportunity.

**Public solicitation includes date of TA workshop, where applicants learned about timeline**

**A TA Workshop for all interested parties will be held on Wednesday, September 8, from 2:00 - 3:00pm via Zoom meeting.** Attendance is highly recommended for representatives of any organization that might be interested in applying for CoC funding, including nonprofit organizations, local governments, instrumentalities of local governments, and public housing agencies. The CoC encourages applications from organizations that have not previously received CoC Program funding.

**Attendance is required for renewal and new project applicants** applying for funding in this year's CoC competition - please coordinate with staff to ensure at least one representative from your organization will be in attendance.

**Please follow the link below to register for the Marin 2021 CoC Competition TA Workshop:**

<https://homebaseccc.zoom.us/meeting/register/tZlpceitrjMqG9wHWNz168BvfFCX-R2Gud7k>

After registering, you will receive a confirmation email containing information about joining the meeting.

The public should please forward this Public Solicitation to any interested parties, send to relevant additional listservs, and post on public bulletin boards.

Inquiries about this process may be directed to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org).

If you are a person with a disability and require an accommodation to participate in a County program, service or activity, requests for accommodations may be made by calling 415-473-7590 or by e-mail at [MarinWPCquestions@marincounty.org](mailto:MarinWPCquestions@marincounty.org) at least four work days in advance of the event. Copies of documents are available in alternative formats, upon request.

## Available Funding For Our CoC

HUD determines the maximum award for which each CoC is eligible, determined by a combination of factors. This year, in our CoC, our eligible application amounts are as follows:

<b>Estimated Annual Renewal Demand:</b>	\$4,970,807
<b>Estimated Tier 1 Funding:</b>	\$4,970,807
<b>Estimated Tier 2 Funding:</b>	\$248,540
<b>Estimated Permanent Housing Bonus Funding:</b>	\$248,540
<b>Estimated DV Bonus Funding:</b>	\$75,812
<b>Estimated Planning Funding:</b>	\$149,124

**Timeline/deadlines for local competition**

## Local Process Timeline

Event	Date
HUD Opens FY2019 CoC Program Competition	August 18, 2021
Technical Assistance Workshop	September 8, 2021, 2pm-3pm
<b>New Project Letters of Intent Due</b>	<b>September 15, 2021</b>
Scoring Tool Changes Finalized by HPSC	September 16, 2021 [TBD]
<b>New Project Local Application Due &amp; e-snaps Project Application Due</b>	<b>October 1, 2021</b>
<b>Renewal e-snaps Project Applications Due</b>	<b>October 1, 2021</b>
Review & Rank Panel Orientation	October 4, 2021 [TBD]
Review & Rank Panel Convenes	October 13, 2021 [TBD]
Review & Rank Decisions Announced	October 14, 2021 [TBD]
Notice of Intention to Appeal Due	October 15, 2021 by Noon
Appeals of Review & Rank Decisions Due	October 20, 2021 by Noon
Appeals Considered & Decisions Announced	October 21, 2021 [TBD]
<b>HPSC Special Meeting to Approve Priority Listing</b>	<b>October 27, 2021 [TBD]</b>
HUD Deadline for CoC to Finalize Priority Listing & Notify Applicants	November 1, 2021
e-snaps Project Application Technical Reviews and Coordination with Applicants	October 25 – November 5, 2021
Project Applications Finalized in e-snaps	November 8, 2021
CoC to Post Consolidated Application and Priority Listing [Target]	November 10, 2021
CoC Consolidated Application Submission [Target]	November 12, 2021
HUD Deadline for CoCs to Post Consolidated App. and Priority Listing	November 14, 2021
HUD Deadline for Submission of CoC Consolidated Application	November 16, 2021

2021 Continuum of Care Notice of Funding Opportunity  
Local Funding Competition Technical Assistance Workshop  
September 8, 2021, 2:00 PM – 3:00 PM

AGENDA

1. Welcome & Introductions
2. Technical Assistance (TA) Handbook Review
  - a. 2021 NOFO Competition Overview and Funding Available
  - b. New Project Types and DV Bonus Funding
  - c. E-SNAPS and HUD Project Application
3. List of Eligible Renewal Projects
4. Local Competition Handbook
  - a. Timeline and Local Process
  - b. Scoring Tools & Local Applications
  - c. New Project Budget Template
5. Special Guidance for New Projects
6. Q & A

Discussion of timeline/deadline at local Technical Assistance Workshop & discussion of how project applications would be scored in the 2021 Local Competition process

**NOTE: All materials are available at**  
<https://homebase.box.com/s/p8uucnfiwphrjlv6a32e99i1mw4ilh3t>. **HomeBase staff is available**  
**for questions at** [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

## 2021 Marin CoC TA Workshop Materials; New Project Letters of Intent Due Sept. 15

Tara Ozes &lt;tara@homebaseccc.org&gt;

Wed, Sep 8, 2021 at 5:09 PM

Cc: Marin CoC &lt;marin@homebaseccc.org&gt;

Bcc: Christina Schiffner <cschiffner@c4dp.org>, Marc Hering <mhering@cpinc.org>, "Sager, Carrie" <csager@marincounty.org>, Adeel Ahmad <adeela@buckelew.org>, Kathy Sparrow <kathys@buckelew.org>, Connie Mann <conniem@buckelew.org>, gnajariese@gmail.com, Kimberly Carroll <KCarroll@marinhousing.org>, Chris Kughn <chrisk@buckelew.org>, Laurel Hill <Lhill@camarin.org>, cmccarthy@catholiccharitiessf.org, English Bird <english@thewritechoicenetwork.com>, Chandra Alexandre <Calexandre@camarin.org>, Cereza Barber <cereza@rittercenter.org>, tony gardner <tonygardnerconsulting@yahoo.com>, Samantha Guzowski <sguzowski@marinhousing.org>, Paul Fordham <pfordham@hbofm.org>, Write Choice - Randi Ganousis <randi@thewritechoicenetwork.com>, Donna Garske <DGarske@c4dp.org>, Mary Kay Sweeney <mksweeney@hbofm.org>, LaSaunda Tate <ltate@hbofm.org>

Dear Marin TA Workshop Attendees,

Thank you for participating in this year's Marin CoC Competition TA Workshop! The **recording** from today's workshop can be found at the link [here](#), and the materials discussed today can be found at the link [here](#), as well as at the links below:

- [Marin CoC Competition TA Handbook](#)
  - [Marin Local Competition Handbook](#)
  - [List of Eligible Renewal Projects](#)
  - [New Project Local Application \(in Word\)](#)
  - [New Project Budget Template \(in Word\)](#)
- Electronic versions of all materials presented at TA Workshop, including scoring tools approved prior to release of CoC NOFO (as part of Local Competition Handbook)**

Applicants can get started on project applications that will be submitted to HUD by accessing the [e-snaps](#) portal at the link. As mentioned during the TA Workshop, draft project applications exported from e-snaps are due to Homebase **by Friday, October 1**, per the Local Competition timeline. Please be sure to consult the e-snaps guides on p. 27 of the [TA Handbook](#) as questions arise in the application drafting process before reaching out to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) for assistance.

### Submitting New Project Letters of Intent

If your organization is interested in applying for a new project funded through either CoC Bonus or DV Bonus funding in this year's CoC Competition, please submit a brief letter of intent to Homebase at [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) **by 5:00pm on Wednesday, September 15.**

Please include in your new project letter of intent:

- The **name of your organization**;
- The proposed **project name**;
- The **main point of contact** for this application;
- **Funding source** (either *CoC Bonus* or *DV Bonus*);
- The **total grant amount** requested;
  - Total *CoC Bonus* funding available: \$248,540
  - Total *DV Bonus* funding available: \$75,812
- A **brief description** of the proposed new project design; and
- An **estimated total budget**

As mentioned during the TA Workshop, this year the CoC NOFO is incentivizing CoC's to include new CoC Bonus projects in their competition that are applying for:

- Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) that **utilize funding other than CoC or ESG to provide housing subsidies** for at least 25% of participants in the program; and
- PSH and RRH projects that coordinate with healthcare providers to **utilize healthcare resources** for all interested program participants who qualify, or in an amount equal to 25% of the funding being requested by the project.

If your organization is interested in submitting a new CoC Bonus-funded project in this year's competition, please consider how you might incorporate one or both of these priorities into your new project design prior to submitting your letter of intent by this coming Wednesday, September 15.

Thank you again for attending today's TA Workshop, and please don't hesitate to reach out to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) if you have any questions.

Best regards,  
Tara

--

 **Homebase** | **Tara Ozes** | **Senior Staff Attorney**

**Pronouns:** She/Her/Hers

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### ***Advancing Solutions to Homelessness***

Legal and Technical Assistance | Policy | Advocacy | Planning

***[Homebase COVID-19 Key Resource Guide - Click Here](#)***

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Tara Ozes &lt;tara@homebaseccc.org&gt;

**HPSC Special Meeting Thursday, September 16, 11:00am-12:00pm**

**Tara Ozes** <tara@homebaseccc.org>  
Cc: Marin CoC <marin@homebaseccc.org>  
Bcc: marin-hpsc@googlegroups.com

**Sent to full CoC community listserv**

Thu, Sep 16, 2021 at 2:39 PM



Dear Community Stakeholders,

Please find the recording from today's special meeting at the public link [here](#), and please find the 2021 CoC Renewal and New Project Scoring Tools attached below, which were approved as amended.

Thank you,  
Tara

[Quoted text hidden]

**2 attachments**

-  **2021 Marin New Project Scoring Tool [Approved by HPSC Sept. 16, 2021].pdf**  
256K
-  **2021 Marin Renewal Project Scoring Tool [Approved by HPSC Sept. 16, 2021].pdf**  
265K

**Final approved  
scoring tools  
attached to email**



es Tab Window Help


Mon Oct 11 5:03 PM

Homeless Policy Steering Com x +

marinhhs.org/boards/homeless-policy-committee

Apps CoC Program Co...

Reading List

Resources Events RFPs Services How Do I? Select Language

# Homeless Policy Steering Committee

Home » Services » Boards and Commissions » Homeless Policy Steering Committee

## Upcoming HPSC Meetings & Events:

- Wednesday, October 27, 2021 (Rescheduled November meeting)

## Are you homeless and in need of help?

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## HPSC News

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The federal department of Housing and Urban Development (HUD) has released the 2021 Continuum of Care Notice of Funding Opportunity (NOFO) funding competition. For information on local process and timelines, please see the below Public Solicitation. Agencies that have not previously received funding are highly encouraged to apply.

- [Public Solicitation](#)
- [New Project Scoring Tool](#)
- [Renewal Project Scoring Tool](#)

## Meetings and Minutes

Select Year

2021

[August 11, 2021](#) | [Agenda](#)

[July 15, 2021](#) | [Agenda](#)

[May 12, 2021](#) | [Agenda](#)

[February 10, 2021](#) | [Agenda](#) | [Minutes](#)

## Related Materials

- [CoC Governance Charter and Bylaws](#)
- [HPSC Voting Members](#)
- [CoC Written Standards of Service](#)
- [HMIS Governance Charter](#)
- [HMIS Policies and Procedures](#)
- [Coordinated Entry Policies and Procedures](#)
- [Strategic Plan: A Response to Homelessness in Marin County](#)

12

**FY2021 COC CONSOLIDATED APPLICATION  
ATTACHMENT: PROJECT REVIEW AND SELECTION  
PROCESS  
(Question 1E-2)**

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<b>Document Satisfying Requirement</b>	<b>Page Number</b>
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2021 Marin CoC Renewal Project Scoring Tool	2 - 9
2021 Marin CoC New Project Scoring Tool	10 - 14
Scored Project Application Form	15 - 17
Final Project Scores for Ranked New & Renewal Projects	18
2021 CoC Local Competition Review Process	19 - 31
2021 Renewal Project Local Application Questions	32 - 38
2021 New Project Local Application Questions	39 - 44

# MCKINNEY-VENTO CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS

## 2021 MARIN COC RENEWAL PROJECT SCORING TOOL

**Instructions:** Project Review Panel members will score renewal project applications using this 2021 Scoring Tool. **Scores from each panel member are averaged together to create the project's final score. Scores that contain range bands are fixed based on objective APR data;** these scores can only be altered by the Project Review Panel when deemed appropriate after consideration of applicant narrative responses from the Local Application and oral responses from the Review and Rank interviews. Scores without a scale are subjective and may be assigned by the panel based on the individual scoring factor clarification. **The Coordinated Entry project will be reviewed for threshold compliance then automatically scored and placed at the bottom of Tier 1.**

THRESHOLD CRITERIA These factors are required, but not scored. If the program indicates "no" for any threshold criteria, it is ineligible for CoC funding.		Points Available	Threshold Requirement Met?
A	<b>HMIS (or HMIS-comparable database):</b> <ul style="list-style-type: none"> <li>Project enters data for all CoC-funded beds into HHS administered HMIS, or separate HMIS-comparable database for Victim Service Providers.</li> <li>Project agrees to share client-level data with agencies that have signed data-sharing and confidentiality agreements subject to other funding restrictions, project requirements, and other privacy/legal considerations.</li> <li>Program staff have been trained on HMIS/HMIS-comparable database requirements.</li> <li>All program staff signed the current end user agreement for HMIS/HMIS-comparable database.</li> <li>Checks data reports at least quarterly.</li> </ul>	N/A	
B	<b>Participant Eligibility:</b> The project will only accept participants that can be documented as eligible for this project's program type based on their housing and disability status.	N/A	
C	<b>Participation in Coordinated Entry:</b> Project commits to participating in Coordinated Entry in compliance with the Policies and Procedures, <b>including all provisions outlining Additional Safeguards for Survivors of Domestic Violence.</b> <b>Specific method for evaluating DV providers</b>	N/A	
D	<b>Budget:</b> Project provides a sufficiently detailed program budget, to be determined from the Draft CoC Project Application Submission.	N/A	
E	<b>Compliance with Fair Housing:</b> The project provides equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.	N/A	
F	<b>Training</b> Agency demonstrates a commitment to facilitating and/or attending trainings, relevant to target populations including training on the implementation of Fair Housing and the Equal Access Final Rule.	N/A	

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
<b>Project Performance and Client Outcomes</b>		<b>30 Points Available</b>	
1	<p><b>Utilization Rate:</b> Program demonstrates consistently high bed occupancy rates; this factor will be calculated using the number of beds that were actually occupied on an average night. <b>Objective criteria</b></p> <ul style="list-style-type: none"> <li>If the project's Utilization Rate would have been 100% but for reasons beyond the project's control, the project will receive full points. (Applicability discussed in more detail in the Local Application question(s) re: Utilization).</li> <li>Please note, smaller projects may experience a disproportionate negative impact, for which the Review and Rank panel may adjust the scaled score upward at its discretion.</li> </ul> <p><b>Improving system performance</b></p> <p>[This metric contributes to improving system performance related to the reduction of the total number of persons experiencing homelessness (System Performance Measure 3).]</p>	<p><b>10 Points Available</b></p> <p>10 pts. = 97 – 100%+  9 pts. = 93 – 96.9%  8 pts. = 90 – 92.9%  7 pts. = 80 – 89.9%  6 pts. = 70 – 79.9%  5 pts. = 60 – 69.9%  0 pts. = &lt; 59.9%</p>	
2	<p><b>Housing Retention/Exits to Permanent Housing:</b> <b>Objective criteria</b></p> <p>Projects may receive points under the following criteria based on outcomes reported in the HMIS generated APR. For PSH retention, points are allocated depending on the percentage of project participants that remain in permanent housing; for TH/RRH/PSH exits, points are allocated on the percentage of "living-leavers" to permanent housing at the end of the evaluation period.</p> <ul style="list-style-type: none"> <li>Where participants exited to non-permanent, institutional destinations (e.g. mental health institution, skilled nursing facility, hospital, etc.) projects will be invited to discuss the circumstances of each exit (e.g. moved to a higher level of care, in need of mental health crisis services, etc.). The Review and Rank panel may adjust the scaled score upward at its discretion, based on the explanation provided.</li> </ul> <p><b>Improving system performance</b></p> <p>[This metric contributes to improving system performance related to successful placement in or retention of permanent housing (System Performance Measure 7) and reducing the number of persons experiencing homelessness (System Performance Measure 3).]</p>	<p><b>10 Points Available</b></p> <p><b>(Projects &gt; 7 HH)</b></p> <p>10 pts. = 90-100%  8 pts. = 85-89.9%  6 pts. = 80-84.9%  4 pts. = 70-79.9%  2 pts. = 50-69.9%  0 pts. = &lt; 49.9%</p> <p><b>(Projects ≤ 7 HH)</b></p> <p>10 pts. = 80-100%  8 pts. = 75-79.9%  6 pts. = 70-74.9%  4 pts. = 60-69.9%  2 pts. = 50-59.9%  0 pts. = &lt; 49.9%</p>	

<sup>1</sup> This CoC is continuing to improve data and explore ways to measure project-level contributions to system performance for measure 2 (returns to homelessness), and measure 5 (first time homelessness). This CoC is not currently measuring project-level contributions to system performance for measure 6 (homelessness prevention and housing placement for category 3) because this CoC has not been approved by HUD to serve persons defined as homeless under other federal laws.

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
3	<p><b>Maintaining or Increasing Total Non-Zero Income:*</b> Objective criteria</p> <p>Points will be distributed in proportion to whether the project demonstrates it has increased/maintained either Earned Cash Income (i.e., Employment Income), Non-Employment Cash Income (i.e., SSDI, TANF, etc.), or both, based on the percentage of participants aged 18 or older who maintained or increased a non-zero cash income, from program entry to either Annual Assessment or exit.</p> <p><b>3A:</b> Award full points for projects that demonstrate 70%+ participants maintained/increased Non-Employment Cash Income <u>and</u> more than 10% of participants maintained/increased Employment Cash Income.</p> <p style="text-align: center;">OR</p> <p><b>3B:</b> Award full points (5) for projects where all stayers have maintained/increased non-zero employment income.</p> <p style="text-align: center;">OR</p> <p><b>3C:</b> Award full points (5) for projects where all stayers are receiving SSI/SSDI or other non-employment cash income.</p> <p>* To reflect recent changes to the APR format, where fewer than 100% of stayers have received/are eligible to receive an Annual Assessment, the universe of participants considered will be reduced to include only those eligible. Improving system performance</p> <p>[This metric contributes to improving system performance related to the increase of program participant income (System Performance Measure 4).]</p>	<p><b>5 Points Available</b></p> <p><b>Non-Employment</b></p> <p>4 pts. = 70-100%</p> <p>3 pts. = 50-69.9%</p> <p>2 pts. = 40-49.9%</p> <p>1 pt. = 30-39.9%</p> <p>0 pts. = &lt; 29.9%</p> <p><b>Employment</b></p> <p>1 pt. = 10-100%</p> <p>0 pts. = &lt; 9.9%</p>	
4	<p><b>Mainstream Non-Cash Benefits:*</b> Objective criteria</p> <p>The percentage of participants aged 18 or older with at least one non-cash mainstream benefit OR one health insurance benefit at time of Annual Assessment or exit from the project; the Review &amp; Rank Panel will consider the greater of the two percentages.</p> <p>* To reflect recent changes to the APR format, where fewer than 100% of stayers have received/are eligible to receive an Annual Assessment, the universe of participants considered will be reduced to include only those eligible. Improving system performance</p> <p>[This metric contributes to improving system performance related to employment and income growth (System Performance Measure 4).]</p>	<p><b>5 Points Available</b></p> <p>5 pts. = 85-100%</p> <p>4 pts. = 70-84.9%</p> <p>3 pts. = 55-69.9%</p> <p>2 pts. = 40-54.9%</p> <p>1 pt. = 25-39.9%</p> <p>0 pts. = &lt; 24.9%</p>	
5	<p><b>Returns to Homelessness:</b> Objective criteria</p> <p>Program commits to lowering rates of returns to homelessness* by participants who exit to permanent housing destinations. Please see Local Application Question 3.4. Information collected will be evaluated by the CoC separately, and will <u>not</u> be evaluated by the</p>	<p><b>Unscored</b></p>	

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
	<p><b>Review &amp; Rank Panel.</b></p> <p>* Returns to Homelessness refers to the number of households who have obtained permanent housing but then return to homelessness within 6-12 or 24 months of exiting a program. Effectively measuring returns to homelessness will require follow up with participants and/or reviewing HMIS records up to 24 months after program exit to determine housing status. <b>Improving system performance</b></p> <p>[This metric contributes to improving system performance related to reducing the number of persons who return to homelessness (System Performance Measure 2).]</p>		
<b>Agency Capacity / Financial Performance / Service Improvement</b>		<b>25 Points Available</b>	
6	<p><b>Client Feedback:</b></p> <p>Does the program regularly solicit and incorporate client feedback into program design and management in an objective and verifiable manner? Consider:</p> <ul style="list-style-type: none"> <li>Does the project/agency have a consumer advisory committee? (Yes=2.5 pts, No=0 pts)</li> <li>Does the project/agency conduct an annual feedback process with continuing participants in a way that informs programmatic change? (Yes=2.5, No=0)</li> </ul>	5	
7	<p><b>Drawdown Rate:</b>      <b>Objective criteria</b></p> <p>The amount of money drawn down from e-LOCCs during the project's most recently completed contract, as reported by the project, divided by the amount of CoC funding shown for that project on the corresponding GIW.</p>	<p><b>5 Points Available</b></p> <p>5 pts. = &gt;95%</p> <p>3 pts. = 85-94.9%</p> <p>1 pt. = 75-84.9%</p> <p>0 pts. = &lt; 74.9%</p>	
8	<p><b>HUD or Other Financial Audit Findings:</b></p> <p>Does the program have any outstanding HUD findings and/or financial audit findings from any source in the past two operating years? Consider:</p> <ul style="list-style-type: none"> <li>The severity of the findings, indicated by the presence of any of the following: <ul style="list-style-type: none"> <li>Outstanding obligation to HUD that is in arrears;</li> <li>Audit finding(s) for which a response is overdue/unsatisfactory;</li> <li>History of inadequate financial management accounting practices/major capacity issues that have significantly affected the project's capacity;</li> <li>Evidence of untimely expenditures on prior award;</li> <li>History of serving ineligible program</li> </ul> </li> </ul>	5	

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
	<p>participants, expending funds on ineligible costs, or failing to expend funds with statutorily established frameworks.</p> <ul style="list-style-type: none"> <li>Whether the findings have been resolved/timeliness of the resolution of the audit findings, and whether there is any negative follow-up from the auditor, and;</li> <li>The extent the agency has provided required documentation and explanation.</li> </ul> <p><u>Scoring Guidelines:</u></p> <ul style="list-style-type: none"> <li>Award full points for agencies with no negative audits/findings.</li> <li>Deduct points based on the severity of findings and demonstrated capacity issues.</li> </ul>		
9	<p><b>HUD Deobligation/Recapture of Funds:</b></p> <p>Has HUD deobligated or recaptured* any of the agency's/program's grant funds in the past two years? Consider:</p> <ul style="list-style-type: none"> <li>The magnitude of the deobligation/recapture;</li> <li>Whether the agency has provided an explanation, and;</li> <li>Whether the agency is taking preventative action for the future.</li> </ul> <p><u>Scoring Guidelines:</u></p> <ul style="list-style-type: none"> <li>Award full points for agencies who have not had any funds deobligated/recaptured.</li> <li>Deduct points based on the severity of the deobligation/recapture and any pattern of behavior.</li> </ul> <p>* HUD may choose to <u>deobligate</u> funds for various reasons, including failure to meet timeliness standards, actual cost less than the total cost agreed to in the grant agreement, and failure to move program participants into units within 3 months of the unit's availability, among others; HUD will <u>recapture</u> grant funds remaining unspent at the end of the previous grant period when it renews a grant.</p>	5	
10	<p><b>HMIS Data Quality:</b>     <b>Objective criteria</b></p> <p>Project demonstrates a commitment to maintaining accurate data in HMIS (or comparable database for domestic violence) by maintaining a high percentage of Universal Data Elements complete.     <b>Improving system performance</b></p> <p>[This scoring factor contributes to improving system performance for all measurements by ensuring accurate data. ]</p>	<p><b>5 Points Available</b></p> <p>5 pts. = 95-100%</p> <p>3 pts. = 90-94.9%</p> <p>1 pts. = 85-89.9%</p> <p>0 pts. = &lt; 84.9%</p>	

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
Alignment with HUD Priorities		20 Points Available	
11	<p><b>Prioritizing Chronically Homeless:</b> Objective criteria</p> <p>Project ensures persons experiencing chronic homelessness are served based on one of the following scenarios:</p> <p><b>11A:</b> Project has checked the box for 100% Dedicated or DedicatedPLUS in e-snaps (Yes= 5 Pts, No=0 Pts)</p> <p>OR</p> <p><b>11B:</b> Project dedicates 75% or more of its beds to CH (Yes= 3 Pts, No=0 Pts) <b>AND:</b> Project gives CH priority for admission when any bed becomes available through turnover and has done so, subject to beds becoming available through turnovers (Yes= 2 Pts, No=0 Pts)</p> <p>OR Specific method for evaluating DV projects</p> <p><b>11C:</b> Project dedicates 100% of beds to survivors of Domestic Violence (Yes= 5 Pts, No=0 Pts)</p> <p>Improving system performance</p> <p>[This metric contributes to improving system performance related to reducing the length of time a person remains homeless (System Performance Measure 1).]</p>	5	
12	<p><b>Coordinated Entry Participation:</b></p> <p>Agency demonstrates commitment to participation in the Coordinated Entry System. Award full points to agencies who fulfill all of the following:</p> <ul style="list-style-type: none"> <li>Attends 100% of Coordinated Entry committee meetings, and accepts qualified referrals.</li> <li>Reports any new or pending vacancies as soon as possible, but no later than seven days following a vacancy.</li> <li>Rarely rejects referrals from the Coordinated Entry System; all rejections are reviewed by the Coordinated Entry Steering Committee for compliance with the Coordinated Entry Policies and Procedures.</li> </ul> <p>OR Specific method for evaluating DV projects</p> <ul style="list-style-type: none"> <li>Award full points for Domestic Violence projects where the agency attends 100% of Coordinated Entry committee meetings and coordinates with other providers as appropriate.</li> </ul>	5	
13	<p><b>Housing First:</b></p> <p>The project will be scored based on fidelity to the principles of Housing First:</p>	10	



#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
	<ul style="list-style-type: none"> <li>Project checks all “Housing First” boxes on the e-snaps application (Yes= 4 Pts, No=0 Pts)</li> <li>Project itemizes the number of participants who left to each type of non-permanent housing destination and explains the efforts taken to continue to engage that client. If the project did not continue to engage the client, the project has provided further explanation; full points if no exits to non-permanent housing destinations (Yes= 6 Pts, No=0 Pts)</li> </ul> <p style="text-align: center;"><b>Improving system performance</b></p> <p>[This metric contributes to improving system performance related to reducing the length of time a person remains homeless (System Performance Measure 1).]</p>	Objective criteria	
<b>Community Priorities and Coordination</b>		<b>30 Points Available</b>	
14	<p><b>Community Impact</b></p> <p>Agency demonstrates that it has taken specific action steps in the past 12 months, and plans to take action steps in the next 12 months, to implement CoC initiatives to prevent and end homelessness, including the following:</p> <p><b>14A. Systems work (for relevant populations) - 5 pts</b></p> <ul style="list-style-type: none"> <li>Agency collaborates with CoC and Non-CoC-funded providers to effect systems change (e.g. streamlining processes, enhancing access, engaging in inter-agency/departmental communications and initiatives, etc.)</li> </ul> <p><b>14B. Adding New Resources - 5 pts</b></p> <ul style="list-style-type: none"> <li>Agency leverages new sources of funding, external to the CoC-competition (e.g. State funding such as HEAP, CESH, etc.; Medi-Cal; Private funds, and/or others);</li> </ul> <p><b>14C. Advocacy - 5 pts</b></p> <ul style="list-style-type: none"> <li>Agency takes action to support the development of new housing and service opportunities (e.g., attending community meetings and providing feedback regarding community needs for future development, submitting proposals in response to RFPs for development sponsors/service providers, etc.) – <b>2.5 pts</b></li> </ul>	20	

#	Scoring Criteria <sup>1</sup>	Points Available	Awarded Points
	<ul style="list-style-type: none"> <li>Agency provides education to the community at large and advocates for homeless resources at community meetings (e.g. attends/participates in public events and meetings on homelessness, attends/presents at city council and Board of Supervisors meetings, etc.) – <b>2.5 pts</b></li> </ul> <b>14D. Participation in Care Coordination and Data Sharing - 5 pts</b> <ul style="list-style-type: none"> <li>Agency has a process in place for making referrals to other agencies – <b>2.5 pts</b></li> <li>Agency uses a ROI to share data with other agencies, and/or shares aggregated and/or de-identified data to the CoC, to the extent allowable by all applicable laws for the program type – <b>2.5 pts</b></li> </ul>		
15	<b>Special Populations:</b> The agency demonstrates cultural competency to serve transition-aged youth and LGBTQ clients in its general population beds. <ul style="list-style-type: none"> <li>Agency demonstrates cultural competency and cultural humility (through training, protocols, etc.) to serve transition-age youth clients – <b>2.5 pts</b></li> <li>Agency demonstrates cultural competency and cultural humility (through training, protocols, etc.) to serve LGBTQ clients – <b>2.5 pts</b></li> </ul>	5	
16	<b>Promoting Racial Equity:</b> <ul style="list-style-type: none"> <li>Agency demonstrates cultural competency and cultural humility (through training, protocols, etc.) to serve BIPOC, and takes steps to eliminate identified barriers faced by persons of different races and ethnicities and those over-represented in the local population – <b>5 pts</b></li> </ul>	5	
<b>PROJECT TOTAL SCORE</b>		Total Available Points	Project Score
		105	

MCKINNEY-VENTO CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS

2021 MARIN COC NEW PROJECT SCORING TOOL

**Instructions:** Project Review Panel members will score new project applications using the 2021 New/Reallocated Project Scoring Tool. Scores from each panel member are averaged together to create the project's final score.

THRESHOLD CRITERIA	Total Points
<b>Threshold Criteria</b> These factors are required, but not scored. If the program indicates "no" for any threshold criteria, it is ineligible for CoC funding.	
<b>Eligible Applicant:</b> Applicants and subrecipients (if any) are eligible to receive CoC funding, including: <ul style="list-style-type: none"> <li>• Non-profit organizations;</li> <li>• States;</li> <li>• Local governments; or,</li> <li>• Instrumentalities of States or local governments.</li> </ul>	N/A
<b>Eligible Project Type:</b> Programs must be one of the following: <ul style="list-style-type: none"> <li>• Permanent supportive housing projects that serve 100 percent chronically homeless individuals and families, including youth experiencing chronic homelessness, or a DedicatedPlus population;</li> <li>• Rapid rehousing projects for homeless individuals and families, including youth, who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.</li> <li>• Joint TH and PH-RRH component projects, which include transitional housing and rapid rehousing in a single project;</li> <li>• Homeless Management Information System (HMIS); or,</li> <li>• Supportive Services Only (SSO) for Coordinated Entry.</li> </ul>	N/A
<b>HMIS Implementation:</b> Programs are required to participate in HMIS, unless the project is a victim-service agency, <b>serving survivors of domestic violence, or a legal services agency, in which case it will enter data into a comparable database.</b> <b>Specific method for evaluating DV projects</b>	N/A
<b>Participation in Coordinated Entry:</b> Project commits to participating in Coordinated Entry in compliance with the Policies and Procedures, <b>including all provisions outlining Additional Safeguards for Survivors of Domestic Violence.</b> <b>Specific method for evaluating DV projects</b>	N/A
<b>Participant Eligibility:</b> The project will only accept participants that can be documented as eligible for this project's program type based on their housing and disability status.	N/A
<b>Compliance with Fair Housing:</b> The project will provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.	N/A
<b>DV Projects Only:</b> Housing projects that are applying for DV Bonus funding must demonstrate that they use trauma-informed, victim-centered approaches.	N/A

SCORED CRITERIA		Total Points	Points
1	<b>Program Quality, Appropriateness, and Readiness</b>	50 points	
1a	<b>Program Design:</b> The program is well-defined and the applicant is eligible.	30 points	
1a1	<p><b>If Permanent Housing (PSH, RRH, DedicatedPLUS, or Joint TH-RRH):</b> Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services. Consider:</p> <ul style="list-style-type: none"> <li>Is the project staffed appropriately to meet the needs of the population to be served? <b>(Non-DV Project=6 pts/DV Project=5 pts)</b></li> <li>Are staff trained to meet the needs of the population to be served? <b>(Non-DV Project=6 pts/DV Project=5 pts)</b></li> <li>Does the program include homeless representation in the design and operation of the program? <b>(Non-DV Project=6 pts/DV Project=5 pts)</b></li> <li>Will the program be physically accessible to persons with disabilities? <b>(Non-DV Project=6 pts/DV Project=5 pts)</b></li> <li>Does the method of service delivery described include culture-specific/sensitive elements (e.g., trauma-informed care) and take steps to eliminate identified barriers, particularly those faced by persons of different races and ethnicities and those over-represented in the local population? <b>(Non-DV Project=6 pts/DV Project=5 pts)</b></li> <li><b>DV Projects:</b> Does the program design include safety planning and confidentiality protocols? Do program staff utilize trauma-informed and client-centered approaches? (DV Project=5 pts) <b>Specific method for evaluating DV projects</b></li> </ul>		
1a2	<p><b>If Coordinated Entry:</b> Program design is in alignment with the coordinated entry system envisioned by the CoC. Consider:</p> <ul style="list-style-type: none"> <li>Is the system easily accessible for all persons within the CoC's geographic area who are seeking information regarding homeless assistance?</li> <li>Is there a strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area?</li> <li>Is there a standardized assessment process?</li> <li>Does the program ensure that program participants are directed to appropriate housing and services that fit their needs?</li> </ul>		
1a3	<b>If HMIS:</b> Program design is in alignment with the CoC's data needs. Consider		

SCORED CRITERIA		Total Points	Points
	<ul style="list-style-type: none"> <li>Does the HMIS collect all Universal Data Elements and will the project conduct trainings and otherwise prepare projects for the new HUD Data Standards?</li> <li>Will the project provide data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services?</li> <li>Does the HMIS un-duplicate client records?</li> <li>Does the HMIS produce all HUD-required reports and provide data as needed for HUD reporting (e.g., APRs, quarterly reports, data for CAPER/ESG reporting)?</li> </ul>		
1b	<p><b>Program Outcomes:</b> Consider:</p> <ul style="list-style-type: none"> <li>Are the identified program outcomes realistic but sufficiently challenging given the scale of the project?</li> <li>Are the outcomes measurable and appropriate to the population to be served/project proposed?</li> <li>How do the identified program outcomes compare to performance outcomes from other projects administered by the applicant?</li> <li><b>DV Projects:</b> how do the identified program outcomes compare to performance outcomes from other DV Survivor-Dedicated projects administered by the applicant? <b>Specific method for evaluating DV projects</b></li> </ul>	<b>10 Points</b>	
1c	<p><b>Alignment with Community Needs and Priorities:</b> Consider:</p> <ul style="list-style-type: none"> <li>Does the agency indicate the extent to which the program addresses unmet community needs by serving an underserved area or population?</li> <li>Does the agency align with and support CoC priorities (e.g., through participation in or leadership of CoC planning activities)?</li> <li>If PH: Does the program align with Housing First principles (including low barriers to entry, participation in Coordinated Entry, client-centered service delivery, and prioritization based on need)?</li> </ul>	<b>10 points</b>	
<b>2</b>	<b>Agency/Collaborative Capacity</b>	<b>30 points</b>	
2a	<p><b>Past Performance:</b> The agency submitting the application has demonstrated, through past performance, the ability to successfully carry out the work they propose. Consider:</p> <ul style="list-style-type: none"> <li>Whether the agency has successfully served persons experiencing homelessness as a particular subpopulation;</li> <li><b>DV Projects:</b> Whether the agency has successfully served survivors of Domestic Violence as a particular subpopulation; <b>Specific method for evaluating DV projects</b></li> <li>Whether the agency possesses experience in handling a similar program (e.g., if the program will involve</li> </ul>	<b>10 points</b>	

SCORED CRITERIA		Total Points	Points
	relocation of tenants, the experience of the agency in handling relocation).		
2b	<p><b>Agency Capacity:</b> The agency has the expertise, staff, procedural, and administrative structure needed to meet all grant audit, administrative, and reporting requirements. Consider:</p> <ul style="list-style-type: none"> <li>• Has the agency voluntarily surrendered CoC funding or has the CoC reallocated funding from the agency in the past 3 years?</li> <li>• Does the agency have any outstanding HUD findings and/or financial audit findings?</li> <li>• Has HUD de-obligated any of the agency's grant funds in the past three operating years?</li> <li>• Does agency staff currently possess administrative experience to comply with HUD data collection, reporting, and other administrative requirements?</li> </ul>	10 points	
2c	<p><b>Quality Assurance:</b> The agency maintains policies, procedures, and actions to ensure continuous quality improvement. Consider:</p> <ul style="list-style-type: none"> <li>• Is the agency implementing evidence-based practices, including Housing First and Coordinated Entry?</li> <li>• Does the agency train its staff to ensure high quality of care?</li> <li>• Does the agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.?</li> <li>• Does the agency monitor program performance using data?</li> </ul>	10 points	
3	<b>Budget &amp; Timeliness</b>	10 points	
3a	<b>Budget:</b> The program's budget is clearly articulated, with no unnecessary or unexplained items.	5 points	
3b	<b>Timeliness:</b> The program will be ready to begin operations in a timely manner.	5 points	
4	<b>Consistency with HUD and Local Priorities</b> <b>Objective criteria</b>	10 points	
4a	<b>Permanent Supportive Housing:</b> This application is for a Permanent Supportive Housing project.	10 points	
4b	<b>DedicatedPLUS:</b> This application is for a DedicatedPLUS project.	8 points	
4c	<b>Joint TH-RRH:</b> This application is for a joint transitional housing and rapid rehousing component project.	6 points	
4d	<b>Rapid Rehousing:</b> This application is for a Rapid Rehousing project.	5 points	
4e	<b>Coordinated Entry:</b> This application is for a Coordinated Entry project.	5 points	
4f	<b>HMIS:</b> This application is for an HMIS project.	5 points	

SCORED CRITERIA		Total Points	Points
<b>5</b>	<b>2021 Coordination with Housing and Healthcare Bonus Points</b>	<b>5 points</b>	
5a	<p><b>Permanent Supportive Housing or Rapid Rehousing project that utilizes healthcare resources not funded through the CoC or ESG Programs:</b></p> <p>Bonus points are available in this year's competition for new projects that meet the below criteria:</p> <ul style="list-style-type: none"> <li>• Permanent Supportive Housing project that provides housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs for least 25 percent of the units included in the project; <b>OR</b></li> <li>• Rapid Rehousing project that provides housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs to serve at least 25 percent of the program participants anticipated to be served by the project; <b>AND</b></li> <li>• Must utilize healthcare resources to help individuals and families experiencing homelessness, documented with a written commitment from a health care organization to provide substance use treatment or recovery services to all interested program participants who qualify or to provide services equal in value to 25 percent of the funding being requested by the project. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider.</li> </ul>	<p>Objective criteria</p> <p><b>5 points</b></p>	

# Score Card for HUD FY2021 CoC Program NOFA (FY2021 NOFA)

## Family Place

### Homeward Bound of Marin

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Average Panel Score
<b>1. Utilization Rate</b>	(10.0 Points)	10.00	9.57	10.00	10.00	10.00	<b>10.00</b>
<b>2. Housing Retention (&gt;7 HH)</b>	(10.0 Points)	10.00	9.00	10.00	10.00	10.00	<b>10.00</b>
<b>3a.1. Maintaining or Increasing Total Non-Zero Income</b>	(4.0 Points)	4.00	3.29	4.00	4.00	4.00	<b>4.00</b>
<b>3a.2. Maintaining or Increasing Total Non-Zero Income</b>	(1.0 Points)	1.00	0.43	1.00	1.00	1.00	<b>1.00</b>
<b>3b. Maintaining or Increasing Total Non-Zero Income (Employment Income)</b>	(0.0 Points)	5.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>3c. Maintaining or Increasing Total Non-Zero Income (SSI/SSDI)</b>	(0.0 Points)	5.00	0.71	0.00	0.00	0.00	<b>0.00</b>
<b>4.a. Mainstream Non-Cash Benefits</b>	(5.0 Points)	5.00	0.00	0.00	0.00	0.00	<b>0.00</b>



	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Average Panel Score
<b>4.b. Mainstream Non-Cash Benefits (Health Insurance)</b>	(5.0 Points)	5.00	4.71	5.00	5.00	5.00	<b>5.00</b>
<b>5. Returns to Homelessness</b>	N/A	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>10. HMIS Data Quality</b>	(5.0 Points)	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>6. Client Feedback</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>7. Drawdown Rate</b>	(5.0 Points)	5.00	3.86	5.00	5.00	5.00	<b>5.00</b>
<b>8. HUD or Other Financial Audit Findings</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>9. HUD Deobligation/Recapture of Funds</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>11. Prioritizing Chronically Homeless</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>12. Coordinated Entry Participation</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>13. Housing First</b>	N/A	10.00	10.00	10.00	10.00	10.00	<b>10.00</b>
<b>14. Community Impact</b>	N/A	20.00	20.00	20.00	20.00	20.00	<b>20.00</b>
<b>15. Special Populations</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>
<b>16. Promoting Racial Equity</b>	N/A	5.00	5.00	5.00	5.00	5.00	<b>5.00</b>

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Average Panel Score
<b>Total Project Score</b>	<b>45.00</b>	<b>120.00</b>	<b>101.57</b>	<b>105.00</b>	<b>105.00</b>	<b>105.00</b>	<b>105.00</b>

 **Homebase** (<https://www.homebaseccc.org>)  
ADVANCING SOLUTIONS TO HOMELESSNESS

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 WEB [homebaseccc.org](https://www.homebaseccc.org) | EMAIL [info@homebaseccc.org](mailto:info@homebaseccc.org) | PHONE 415.788.7961

**MARIN 2021 COC PROGRAM FINAL PRIORITY LISTING**

**Approved by Marin HPSC - October 27, 2021**

**Annual Renewal Demand with DV/CoC Bonus: \$5,295,159**

Rank	Score	Agency	Project	Type	Grant Amount
<b>Tier 1</b>					
1	105	Homeward Bound	Family Place	PSH	\$ 504,227.00
2	105	Homeward Bound	Palm Court Consolidated	PSH	\$ 462,573.00
3	104	Homeward Bound	Housing at Last	PSH	\$ 769,848.00
4	103	Marin Housing Authority	Shelter Plus Care Expansion	PSH	\$ 248,004.00
5	103	Ritter Center	Housing First Expansion	PSH	\$ 220,278.00
6	102	Marin Housing Authority	Shelter Plus Care 1 & 3	PSH	\$ 1,982,323.00
7	N/A	Center for Domestic Peace	Domestic Violence Housing First DV Bonus Combined*	TH-RRH	\$ 111,604.00
8	N/A	Marin County HHS	Coordinated Entry*	CE	\$ 248,493.00
9	90	Buckelew Programs	Marin SHP 2	PSH	\$ 423,457.00
			<b>TOTAL:</b>		<b>\$ 4,970,807.00</b>
<b>Tier 2</b>					
10	105	Homeward Bound	Mill Street Center 2.0 PSH (new)**	PSH	\$ 248,540.00
			<b>TOTAL:</b>		<b>\$ 248,540.00</b>
<b>DV Bonus Funding</b>					
11	96	C4DP	Domestic Violence Housing First DV Bonus Combined Expansion (new)	TH-RRH	\$ 75,812.00
			<b>TOTAL:</b>		<b>\$ 75,812.00</b>
<b>Planning Grant</b>					
N/A	N/A	Marin County HHS	CA-507 CoC Planning Application FY2021	Plan.	\$ 149,124.00

**Note:**

Tier 1 funding in 2021 is \$4,970,807. Tier 2 funding in 2021 is \$248,540. DV Bonus funding is \$75,812.

\*Projects automatically placed in Tier 1 because they are in their first year of operation, have less than a year of performance data, or are a CoC Priority project (e.g., CES)

\*\*In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the Homeless Policy Steering Committee (HPSC) has determined that renewal Permanent Supportive Housing projects with a strong track record of performance, as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in the Homeless Management Information System.

**Marin County Continuum of Care**

# **HUD CONTINUUM OF CARE PROGRAM**

## **2021 Program Evaluation Scoring Policies**

### **LOCAL COMPETITION INFORMATION**

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## 2021 LOCAL COMMUNITY REVIEW PROCESS

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### **Review and Rank: Background**

The Department of Housing and Urban Development's annual Continuum of Care funding competition requires local Continuums of Care to evaluate local projects for funding determinations. This process must be a fair and impartial review, ranking, and selection of projects with representation and input from diverse parties. In addition, all projects must have the opportunity to appeal the ranking determinations. Finally, the CoC must adopt a Priority Listing of projects submitted as part of the CoC Application.

The County of Marin, Department of Health & Human Services, is the designated Lead for the Continuum of Care (CoC) and acts as the Collaborative Applicant for the annual consolidated application to the U.S. Department of Housing and Urban Development (HUD). The CoC has created this review process to ensure projects are fairly and impartially reviewed and ranked per HUD policies. The CoC approved the review process on May 12, 2021.

### **The Project Review Panel**

The Marin CoC utilizes a Project Review Panel to review, rank, and select projects based on the CoC Program purpose and requirements and to help ensure projects are aligned with HEARTH Act goals. The Panel provides constructive feedback to applicants on project improvement and performance.

Project Review Panel members are selected from the Homeless Policy Steering Committee and other community stakeholders, and are approved by the Homeless Policy Steering Committee (HPSC). To serve, a panel member must be:

- Non-conflicted, meaning that they are not employees or staff of and do not otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within the Continuum of Care; and
- Willing to review projects with the best interest of persons experiencing homelessness in mind.

The Project Review Panel must consist of no less than three members. The HPSC may select additional members within its discretion, and/or alternates to serve in the event of a conflict, illness, or other unforeseen circumstance which prevents a member from serving on the Project Review Panel.

### *New Project Review Panel Member Selection*

The Homeless Policy Steering Committee (HPSC) and CoC staff will be responsible for identifying additional Panel members. Please note:

- HPSC members and CoC staff will both have the opportunity to nominate potential Project Review Panel members that meet the membership qualifications.
- If more than one potential member is identified, HPSC will conduct a vote to select the new Project Review Panel member. In the event that only one potential member is identified, HPSC will hold a vote to approve that nomination.

## **Overview of the Review and Rank Process**

### *Preparation for Review and Rank*

Prior to the review and rank session, the Collaborative Applicant will work with HomeBase, the facilitators of the CoC Program Local Competition, to develop the scoring tools and competition policies which will be used during the competition. The scoring tools and Review and Rank policies will be evaluated by community stakeholders at the CoC Scoring Tools Meeting(s), the CoC Bidders Conference/TA Workshop, and/or at the HPSC convenings, and requested changes implemented. The tools and policies will then be presented to the CoC membership for comment and approval.

### *Project Information Submission*

Renewal Projects will be required to submit two types of information as part of the Review and Rank process: an Annual Performance Report and a Local Application. The APR will match the information requested by the Department of Housing and Urban Development, but will be generated utilizing HMIS data for a uniform time frame.

Renewal Project Applicants will have the opportunity to review their APR and make changes in their HMIS data to ensure accuracy. If the information is accurate, the project will approve the APR. If the information is not accurate, the project will be able to make a second round of changes. The reviewed APR data will be input into the project's CoC Competition report using HomeBase's Program Evaluation and Scoring Tool (PRESTO), which is an online database that takes the performance data for each project and creates a report that the Review Panel will use to compare and score projects.

The Local Application asks projects to expand upon the objective data contained within the APR through subjective narratives. The Review Panel will examine the subjective responses to determine if, in its discretion, a deviation from the scaled scores is appropriate and to score the questions that require information directly from the applicants' narrative answers.

HomeBase will incorporate the narratives into the PRESTO report for each Renewal and New project, and all Project Applicants will review their compiled PRESTO report prior to its submission to the Review Panel. Any changes to the PRESTO report will be limited to formatting and calculation modifications to Local Application responses and exported APR data. The corrected APR data and Local Application responses are final after the submission deadline and the project will not be allowed to make changes to the APR data or the content of responses after

the creation of the Final PRESTO Report for the project even if the project identifies inaccurate information in the APR due to project/agency error.

### *Threshold Determination*

HUD requires all renewal projects to meet or exceed a performance threshold; demonstrate applicant capacity and eligibility; and show project eligibility. HomeBase will conduct this threshold review to ensure projects are compliant with HUD policies and will not be at risk of being rejected by HUD as ineligible projects. Threshold criteria are outlined on the scoring tool, but include:

- The agency running the project must be eligible to receive HUD funding;
- The project must serve an eligible population for its program type;
- The project must participate in the Homeless Management Information System (HMIS), or a separate comparable database if the project is operated by a victim service provider;
- The project must participate in Coordinated Entry or state it will participate in Coordinated Entry;
- The project budget must reflect spending on eligible costs;
- The program must adopt a Housing First model, eliminating barriers to housing;
- The project must comply with Fair Housing and demonstrate a commitment to facilitating and/or attending trainings on Fair Housing and the Equal Access Rule.

HomeBase will notify the Project Review Panel if a project fails to meet threshold requirements, which could put CoC funding at risk. The Project Review Panel will consider that information and determine whether the program should or should not be recommended for funding.

The Project Review Panel evaluates the following:

- Applicant's eligibility;
- Applicant's and its employees' and partners' demonstrated ability (i.e., homelessness knowledge and experience) to carry out the project and specific activities proposed;
- Current or past McKinney-Vento Act project recipients' timeliness standards, serious unresolved HUD monitoring findings, and outstanding audit finding of a material nature regarding the administration of the project;
- Grant compliance;
- Project effectiveness and quality; and
- Project's alignment with HEARTH Act performance goals and community priorities.

HUD also requires the community to report on whether and how it systematically analyzes existing projects' reported performance (via Annual Performance Reports submitted to HUD) on specific areas to improve project performance.



## *Review and Rank Panel Scoring Session*

Project Review Panel members will score renewal projects using the 2021 Renewal Scoring Tool. Each Panel member's assigned scores are averaged together to create the project's final score. Generally, the Project Review Panel evaluates the following:

- Applicant's and its employees' and partners' demonstrated ability (i.e., homelessness knowledge and experience) to carry out the project and specific activities proposed;
- Current or past McKinney-Vento Act project recipients' timeliness standards, serious unresolved HUD monitoring findings, and outstanding audit finding of a material nature regarding the administration of the project;<sup>1</sup>
- Grant compliance;
- Project effectiveness and quality; and
- Project's alignment with HEARTH Act performance goals and community plans.

All projects are ranked and placed into either Tier 1 or Tier 2 based on their score, per HUD requirements.

New projects that have less than one year of operating data will not be scored as part of the Review and Rank. However, their program design will be evaluated by the panel and general comments regarding program performance will be made.

The Project Review Panel will conduct interviews during the Review and Rank. Applicants are required to have a staff member attend the Review and Rank in person. This staff member will generally describe the project to the Project Review Panel and will answer any questions the Panel may have.

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<sup>1</sup> Scoring guidelines for "severity of audit findings" shall be based on the presence of the following indicators:

- Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- Audit finding(s) for which a response is overdue or unsatisfactory;
- History of inadequate financial management accounting practices;
- Evidence of untimely expenditures on prior award;
- History of other major capacity issues that have significantly affected the operation of the project and its performance;
- History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
- History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds with statutorily established frameworks.

## **2021 Continuum of Care Competition**

### *Funding Priorities*

In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the Homeless Policy Steering Committee (HPSC) has determined that renewal projects with a strong track record of performance, as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in the Homeless Management Information System or comparable database, if a DV services provider.

### *Reallocation of Funds*

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. Reallocation involves taking funds in whole or part from existing eligible renewal projects and using them to create one or more new projects.

HUD allows CoCs to use the reallocation process to create:

1. New permanent supportive housing projects where 100 percent of the beds are dedicated to chronically homeless individuals and families or DedicatedPLUS populations.
2. New rapid re-housing to serve homeless individuals and families, including unaccompanied youth
3. Joint TH and PH-RRH component projects, which will include transitional housing and permanent housing-rapid rehousing in a single project to serve individuals and families experiencing homelessness, including victims of domestic violence
4. New dedicated Homeless Management Information System (HMIS) project (can only be carried out by the HMIS lead)
5. New Supportive Services Only (SSO) project to develop or operate a centralized or coordinated entry system

HUD expects that CoCs will use performance data to decide how to best use the resources available to end homelessness within the community. CoCs should reallocate funds to new projects whenever reallocation would reduce homelessness. Communities should use CoC approved scoring criteria and selection priorities to determine the extent to which each project is still necessary and address the policy priorities listed in the NOFA.

The Homeless Policy Steering Committee (HPSC) will provide guidance on the priorities of the Continuum of Care. This guidance will be established prior to the Continuum of Care Competition. The Project Review Panel may make reallocation suggestions based on the policy goals of the HPSC. Projects which no longer meet the priority goals of the Continuum of Care, or the policy priorities of the Department of Housing and Urban Development, may be subject to reallocation.

In general, the Homeless Policy Steering Committee has identified the need for permanent housing options within Marin County. Lowest performing projects may be reallocated to support new permanent supportive housing or rapid re-housing projects that emphasize serving the Chronically Homeless. The HPSC also recognizes the need for an efficient Coordinated Entry system and recommends reallocation of poorly performing projects to support Coordinated Entry.

Reallocation and Bonus funds are available sources of funding for HMIS and Coordinated Entry projects. Coordinated Entry projects are the only SSO projects eligible to receive DV-Bonus funding.

#### *Voluntary Reallocation of Non-Permanent Housing Projects*

In order to encourage projects to voluntarily align themselves with HEARTH Act goals and local priorities regarding housing and service provision, existing non-permanent housing projects that voluntarily wish to convert their project to permanent housing or another eligible new project type as defined by HUD in the Continuum of Care Competition Notice of Funding Available will be given priority in accessing the funds reallocated from their existing project.

Any such converting project may request reallocation and submit a new project application. If the converting project was preliminarily scored by the Project Review Panel on the basis of a renewal application, and the Panel determines the new project application to be of reasonable quality, then the new project will assume the preliminary score given the renewal application and be scored and placed into the tiered structure accordingly.

#### *Supplemental Project Funding*

In some circumstances there may be an opportunity after the application deadline for programs to submit application materials for additional funding. The Homeless Policy Steering Committee, through staff, will issue a Supplemental Project Application when:

1. After receiving all project applications it appears there is additional funding available; or,
2. After conducting the threshold review of the submitted project applications it appears there is additional funding available; or,
3. After conducting the review and rank, the Panel has recommended a program for reallocation and thus those funds are available.

In the event that Supplemental Applications are required, HPSC will:

- Email the CoC and other interested parties (all homeless service and housing providers in the CoC area) with specifics regarding how much money is available and which type of programs qualify.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this email is distributed, as determined by the NOFA submission deadline.
- The Review and Rank Panel will reconvene either via telephone, video conference, or in person depending on availability and convenience to evaluate the project.

For this type of process, the timeline will be extremely short and may make an application burdensome; however, expanding another application, applying in collaboration, and a community consensus on how to spend the funds are all viable options.

### **Appeals Panel Details**

### **Appeals Panel Details**

The Review and Rank Panel reviews all applications and ranks them for funding recommendations to HUD. Applicants may appeal the decision by following the process set forth below.

#### *Appeal Panel Membership*

A 3-member Appeal Panel will be selected and those members can come from non-profits, foundations, consumers, government, private agencies, and similar organizations. Appeal Panel members must be:

- Non-conflicted, meaning that they are not employees or staff of and do not otherwise have a business or personal conflict of interest with the applicant organizations; and
- Familiar with housing and homeless needs within the Continuum of Care.

The Appeal Panel will be selected by the neutral facilitator of the Review and Rank process.

#### *Who May Appeal*

A project may appeal if:

- The Review and Rank panel recommends the project for full or partial reallocation
- The project is placed in Tier 2.

If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

Appeals may be made on the following bases:

- Inaccuracy in information provided to the Review and Rank Panel (by entities other than the applicant) resulting in a reduced score
- A failure to follow the review and rank process resulting in a reduced score
- A conflict of interest that resulted in a significant disadvantage to the appealing applicant

NOTE: Appeals based on policy considerations, funding priorities, or other subjective criteria will not be considered and are not eligible.

### *Appeal Process*

Any Project Applicant seeking to appeal must adhere to the included timeline. Failure to meet a deadline in the timeline voids the Project Applicant's appeal.

- Project Applicants will have 24 hours after the issuance of the Recommended Preliminary Priority Listing to provide notice of intent to appeal to the neutral facilitator (HomeBase). This notice must include:
  - A statement as to why the project is eligible to appeal.
  - The basis for the appeal
  - A brief statement of the facts upon which the Project Applicant bases its appeal. These facts need not be complete, but must give HomeBase a sufficient understanding for the basis of the appeal.
- HomeBase will contact the appealing Project Applicant in an attempt to clarify the scoring decision and determine if the appeal can be resolved without requiring a formal hearing.
- If a resolution is not possible, the Project Applicant will submit a formal appeal pursuant to the official CoC Competition timeline.
  - The Formal Appeal must consist of a short, clear, written statement no longer than two pages of the basis for the Project Applicant's appeal of the Review and Rank Panel's decision.
  - The Formal Appeal must be sent as an attachment to HomeBase.
- Upon timely receipt of the Formal Appeal, HomeBase, as the neutral facilitator of the process, will convene the Appeal Panel and set a time and date for the Appeal Hearing.
  - The Appeal Hearing will be conducted telephonically.

### Appeals Panel Details

- The Appeal Panel will join the call with the neutral facilitator and a representative of the Review and Rank Panel.
- The neutral facilitator will explain the facts of the appeal and answer any procedural questions.
- The Appeal Panel may ask the Review and Rank Panel member questions about the Review and Rank Process to clarify what occurred during Review and Rank and what the Panel considered.
- The appealing Project Applicant will then join the phone call. The appealing Project Applicant will be allotted a brief time to explain their appeal. The Appeal Panel may then ask any questions of the appealing Project Applicant. The appealing Project Applicant then leaves the phone call. The Appeal Panel can ask any additional questions that have arisen of the Review and Rank Panel member before excusing them from the call.
- The Appeal Panel conducts a discussion of the appeal and takes a formal vote.
- The Appeal Panel may consider the effect of its decision on other Project Applicants and may include those project applicants in the appeals discussion.

The decision of the Appeal Panel is final.

## **2021 Continuum of Care Program Grants**

### **Detailed Application Submission Timeline**

This timeline highlights the steps that your agency will take to participate in the local competition for NOFA funding. Please mark these dates in your calendar!

- September 8, 2021**    **TA Workshop for all new and renewal project applicants**  
During this session, Homebase will review key elements of the Technical Assistance Handbook and application materials. To receive materials electronically, please email [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org).
- September 8, 2021**    **Enter E-SNAPS and start your project application (formerly Exhibit 2).**
- E-snaps can be accessed at <https://esnaps.hud.gov>.
  - Before you can prepare your Project Application, complete your Applicant Profile. Once your Applicant Profile is complete, move ahead with Project Application(s).
  - **Please read all HUD-published guidance and training modules before calling Homebase for technical assistance.**
- September 15, 2021**    **Submit New Project Letters of Intent**
- If considering applying for a new project, please email [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) with a brief description and estimated total budget.
- October 1, 2021**    **SUBMIT NEW PROJECT LOCAL APPLICATIONS**
- Please see the 2021 New Project Local Application for a list of all the materials to submit.
  - Please email [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) with all of these materials as Microsoft Word attachments.
  - **LATE APPLICATIONS WILL RECEIVE 0 POINTS IN THE SCORING. PLEASE PLAN AHEAD!**
- October 1, 2021**    **SUBMIT RENEWAL & NEW E-SNAPS PROJECT APPLICATIONS**
- Please email [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) PDFs of your project applications exported from e-snaps.
- October 13, 2021**    **Review and Rank Interviews**
- Applicants will participate in interviews with the Review & Rank Panel during assigned timeslots (to be announced).

- October 14, 2021**      **Applicant Notification**
- Applicants will receive notification of the results of the Review & Rank process via email.
- October 15, October 20**      **Appeals Due**
- If you intend to appeal the Project Review Panel’s decision, you must submit your notice of intent to appeal by email to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) no later than NOON on October 15, 2021
  - Final appeals are due by email to [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) no later than NOON on October 20, 2021.
  - All appeals will be considered by the Appeals Panel and decisions announced October 21, 2021.
- November 8, 2021**      **UPLOAD FINAL RENEWAL APPLICATIONS TO E-SNAPS**
- Between October 25 and November 5, 2021, applicants should finalize their applications, incorporating suggestions from the Review & Rank Panel and technical edits from HomeBase.
  - HomeBase will review every submission for omissions or inconsistencies and work with grant recipients to correct them.  
**Please be sure that someone at your agency is available to answer last minute application questions!**
- November 12, 2021**      **SUBMISSION OF CONSOLIDATED APPLICATION TO HUD BY COLLABORATIVE APPLICANT**
- To avoid delays caused by potential system failures in e-snaps and increase the overall score, Marin CoC intends to submit all materials at least one (1) day before the federal deadline of **November 16, 2021.**



**Marin Continuum of Care  
2021 HUD Continuum of Care Homeless Assistance Grants**

## **2021 Renewal Project Local Application**

Please use this Word version of the Renewal Project Local Application questions to support submission of responses directly into PRESTO. Please answer each question to the best of your ability and be aware that narrative responses will be limited to **1000 characters** in length (including spaces), where a YES/NO or unlimited character response is not otherwise indicated. Questions which directly correspond to scoring factors are cross referenced where applicable.

Unless otherwise directed, please respond to all questions with information for the timeframe from **April 1, 2020, to March 31, 2021.**

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**PROJECT INFORMATION**

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1. **Project Overview:** Please provide a short narrative overview of the project, including information regarding the project type (e.g., PSH, RRH, etc.), the location(s) of the housing units, the project's target population(s), requirements for program eligibility, and the method by which clients access the project. **[1000 Character Limit]**
  
2. **Project/Agency Changes or "Exceptional Circumstances" Experienced:** Have there been any significant changes in operations or structure of either this program or within the agency in the last 12 months (e.g. the project/agency now offers different supportive services, increased or decreased the number of beds in the project, reduced the number of participants served, lost a project site, serve a different population)? Otherwise, has the project/agency experienced any exceptional circumstances beyond the project's/agency's control, which have affected the project's performance? If so, please describe. **[No Character Limit]**

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**THRESHOLD CRITERIA**

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3. **Please review the 2021 CoC Renewal Project Threshold Criteria below.** To confirm that this project complies with each component of the Threshold Criteria, please respond in PRESTO with **YES**. If you plan to respond “NO” to any of the Threshold Criteria, please notify Homebase at [Marin@homebaseccc.org](mailto:Marin@homebaseccc.org) as soon as possible.
- A. HMIS (or HMIS-comparable database):**
- Project enters data for all CoC-funded beds into HHS administered HMIS, or separate HMIS-comparable database for Victim Service Providers.
  - Project agrees to share client-level data with agencies that have signed data-sharing and confidentiality agreements subject to other funding restrictions, project requirements, and other privacy/legal considerations.
  - Program staff have been trained on HMIS/HMIS-comparable database requirements.
  - All program staff signed the current end user agreement for HMIS/HMIS-comparable database.
  - Checks data reports at least quarterly.
- B. Participant Eligibility:** The project will only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status.
- C. Participation in Coordinated Entry:** Project commits to participating in Coordinated Entry in compliance with the Policies and Procedures, including all provisions outlining Additional Safeguards for Survivors of Domestic Violence.
- D. Budget:** Project provides a sufficiently detailed program budget, to be determined from the Draft CoC Project Application Submission.
- E. Compliance with Fair Housing:** The project provides equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.
- F. Training:** Agency demonstrates a commitment to facilitating and/or attending trainings, relevant to target populations including training on the implementation of Fair Housing and the Equal Access Final Rule.

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**PROGRAM PERFORMANCE AND CLIENT OUTCOMES**

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For this section of the Local Application, please review the data-only version of the 2021 CoC Competition Project Evaluation and Scoring Tool (PRESTO) Report created for your project by HomeBase. Your responses to the below will be used to complete the narrative portions of the Report, which when combined with the APR data for **April 1, 2020 – March 31, 2021**, will comprise the final Report that will go before the Review and Rank panel for its consideration.

If your project does not wish to submit an explanation, or if an explanation would not be applicable/appropriate, please enter “N/A” in your response to the questions below:

4. **Utilization Rate: [Scoring Factor 1]** Would the project have had a Utilization Rate of 100% for the evaluation period **but for** factors beyond the project’s/agency’s control? Please indicate **YES/NO**, followed by a short explanation. **[1000 Character Limit]**
5. **Housing Retention: [Scoring Factor 2]** Where participants exited to non-permanent, institutional destinations (e.g., mental health institution, skilled nursing facility, hospital, etc.), you may discuss the circumstances of each exit (e.g., participant moved to a higher level of care, was in need of mental health crisis services, etc.) **[1000 Character Limit]**
6. **Returns to Homelessness: [Scoring Factor 5]** Please describe any current/planned procedures for conducting follow-up with project participants who have successfully exited the project to permanent housing destinations as a strategy to reduce returns to homelessness. What plans does your agency have to increase follow-up efforts with leavers to PH destinations? If no plans are in place, what additional support is required? Please explain. **NOTE: Information collected will be evaluated by the CoC separately, and will not be evaluated by the Review & Rank Panel. [1000 Character Limit]**

## AGENCY CAPACITY; FINANCIAL PERFORMANCE; SERVICE IMPROVEMENT

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### 7. Client Feedback: [Scoring Factor 6]

- a. Does the project/agency have a consumer advisory committee? Please respond with either **YES** or **NO**.
- b. Does the project/agency conduct an annual feedback process with continuing participants in a way that informs programmatic change? Please respond with either **YES** or **NO**.

### 8. Drawdown Rate: [Scoring Factor 7]

- a. What is the total amount of the project's most recently completed **HUD** contract? Please respond with a number, **excluding** any symbols or punctuation.
- b. What is the project's **total drawdown amount for the most recently completed operating year**? Please respond with a number, **excluding** any symbols or punctuation.  
*\*NOTE: the most recently completed operating year will not necessarily coincide with the time period from which HMIS data for other evaluation factors (such as housing outcomes) is derived.*

### 9. HUD or Other Financial Audit Information: [Scoring Factor 8]

Has the project/agency had any HUD or other financial audit findings in the **past two years**?

- a. If **YES**, please provide an 1) explanation of all findings, 2) whether the issues have been resolved, and 3) any other relevant information, such as corrective action plans. If **NO**, reply N/A. **[1000 Character Limit]**
- b. If **YES**, please email copies of those audits to [marin@homebaseccc.org](mailto:marin@homebaseccc.org). Please also email a copy of the IRS Form 990 for the **past two years**.

### 10. HUD Deobligation/Recapture of Funds: [Scoring Factor 9]

Has HUD deobligated/recaptured any of your agency/program grant funds in the past two years?

- a. If **YES**, please explain the severity of the deobligation/recapture, as well as any preventative action your agency is taking for the future. If **NO**, reply N/A. **[1000 Character Limit]**

*\*NOTE: HUD may choose to deobligate funds for various reasons, including failure to meet timeliness standards, actual cost less than the total cost agreed to in the grant agreement, and failure to move program participants into units within 3 months of the unit's availability, among others; HUD will also recapture grant funds remaining unspent at the end of the previous grant period when it renews a grant.*

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**ALIGNMENT WITH HUD PRIORITIES**

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**11. Prioritizing the Chronically Homeless: [Scoring Factor 11]** Please describe how your project prioritizes the chronically homeless. Include information about how many project beds are dedicated or prioritized for the chronically homeless.

- a. 1. Has project checked the box for 100% Dedicated or DedicatedPLUS in e-snaps? Please respond with either **YES** or **NO**.
- b.
  - 1. Has project dedicated 75% or more of its beds to CH? Please respond with either **YES** or **NO**.
  - 2. Does project give CH priority for admission when any bed becomes available through turnover? If any beds became available between 4/1/2020 and 3/31/2021, were they filled with individuals designated as chronically homeless? Please respond with either **YES** or **NO**.
- c. 1. Does the project dedicate 100% of beds to survivors of Domestic Violence? Please respond with either **YES** or **NO**.

**12. Coordinated Entry Participation: [Scoring Factor 12]**

- a. Between **April 2020** and **March 2021**, has your agency attended 100% of all Coordinated Entry committee meetings? Please respond with either **YES** or **NO**.
- b. Are new or pending vacancies reported within seven business days? Please respond with either **YES** or **NO**.
- c. Does the project accept all qualified referrals from the Coordinated Entry System? Please respond with either **YES** or **NO**.

**13. Housing First: [Scoring Factor 13]**

- a. Does the project check all "Housing First" boxes in the e-snaps application? Please respond with either **YES** or **NO**.
- b. Between **April 1, 2020**, and **March 31, 2021**, did any participant exit the project to a non-permanent housing destination? Please respond with either **YES** or **NO**.
- c. If **YES**, please provide an explanation itemizing the number of participants who left to each type of non-permanent housing destination AND explain the efforts taken by project staff to continue to engage that participant; if project staff *did not* continue to engage the participant, please provide further explanation. **[1000 Character Limit]**

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**COMMUNITY PRIORITIES AND COORDINATION**

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**14. Community Impact: [Scoring Factor 14]** Please describe the specific steps your agency has taken in the past twelve months, and plans to take action steps in the next 12 months, to implement CoC initiatives to prevent and end homelessness in Marin. Please describe each of the following:

- a. **Systems work (for relevant populations):** How agency collaborates with CoC and Non-CoC- funded providers to effect systems change (e.g. streamlining processes, enhancing access, engaging in inter-agency/departmental communications and initiatives, etc.) **[1000 Character Limit]**
- b. **Adding New Resources:** How agency leverages new sources of funding, external to the CoC-competition (e.g. State funding such as HEAP, CESH, etc.; Medi-Cal; Private funds, and/or others) **[1000 Character Limit]**
- c. **Advocacy:**
  - 1. How agency takes action to support the development of new housing and service opportunities (e.g., attending community meetings and providing feedback regarding community needs for future development, submitting proposals in response to RFPs for development sponsors/service providers, etc.) **[1000 Character Limit]**
  - 2. How agency provides education to the community at large and advocates for homeless resources at community meetings (e.g. Attends/participates in public events and meetings on homelessness, attends/presents at city council and Board of Supervisors meetings, etc.) **[1000 Character Limit]**
- d. **Participation in Care Coordination and Data Sharing**
  - 1. Whether the agency has a process in place for making referrals to other agencies **[1000 Character Limit]**
  - 2. How agency uses ROI to share data with other agencies, and/or shares aggregated and/or de-identified data to the CoC, to the extent allowable by all applicable laws for the program type **[1000 Character Limit]**

**15. Special Populations: [Scoring Factor 15]** Please describe how your agency demonstrates cultural competency to serve Transition-Aged Youth and LGBTQ clients in its general population beds.

- a) How agency demonstrates cultural competency (through training, protocols, etc.) to serve Transition-Age Youth clients. **[1000 Character Limit]**
- b) How agency demonstrates cultural competency (through training, protocols, etc.) to serve LGBTQ clients. **[1000 Character Limit]**

**16. Promoting Racial Equity: [Scoring Factor 16]** Please describe how your agency demonstrates cultural competency and cultural humility (through training, protocols, etc.) to serve Black, Indigenous, People of Color (BIPOC), and takes steps to eliminate identified barriers faced by persons of different races and ethnicities and those over-represented in the local population. **[1000 Character Limit]**

**Marin Continuum of Care  
2021 HUD Continuum of Care Homeless Assistance Grants**

**2021 New Project  
Local Application**

Please use this Word version of the Renewal Project Local Application questions to support submission of responses directly into PRESTO. Please answer each question to the best of your ability and be aware that narrative responses will be limited to **1000 characters** in length (including spaces), where a YES/NO or unlimited character response is not otherwise indicated. Questions which directly correspond to scoring factors are cross referenced where applicable. **If your agency will be submitting more than one new project application, please complete a separate New Project Local Application for each new project.**

To submit your responses, please attach the following two documents in one email addressed to HomeBase ([marin@homebaseccc.org](mailto:marin@homebaseccc.org)), copying Carrie Sager ([CSager@marincounty.org](mailto:CSager@marincounty.org)):

- 1) A PDF of your **draft project application exported from e-snaps**
- 2) A clear, complete, and easy to read budget for the proposed new project corresponding to this document, **using the budget template provided**. Please ensure the budget is clearly articulated, with no unnecessary or unexplained items.

**Responses are due by 12:00pm on Friday, October 1, 2021**

<b>Date</b>	
<b>Organization Name</b>	
<b>Name and Title of Person Completing this Application</b>	
<b>Organization Representative(s) Responsible for Grant Management</b>	
<b>Project Name</b>	
<b>Grant Amount Requested</b>	
<b>Funding Source:</b> <ul style="list-style-type: none"><li>• Bonus, or;</li><li>• DV Bonus</li></ul>	



## THRESHOLD CRITERIA

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**1. PROJECT TYPE:** What type of new project is being proposed? (Select one)

- ☐ **Permanent Supportive Housing (PSH):** serving 1) only chronically homeless individuals and families, OR 2) DedicatedPLUS populations, serving individuals and families in which one adult or child has a disability, including unaccompanied homeless youth;
- ☐ **Rapid Rehousing (RRH):** serving individuals, families, or unaccompanied youth;
- ☐ **Joint Transitional Housing (TH) and Permanent Housing – Rapid Rehousing (PH-RRH):** serving homeless individuals and families;
- ☐ **Homeless Management Information System (HMIS);** or,
- ☐ **Supportive Services Only (SSO) for Coordinated Entry.**

**2. HMIS IMPLEMENTATION:** CoC projects are required to participate in HMIS, unless the project is a domestic violence provider or a legal services agency in which case it must use a comparable database. (Indicate your agreement below)

- ☐ Yes, this new project will participate in HMIS or is a domestic violence provider or legal services agency that will use a comparable database

**3. COORDINATED ENTRY:** CoC projects are required to participate in Coordinated Entry, when it is available for the project type, unless the project is a domestic violence provider or a legal services agency in which case it must use a comparable database. (Indicate your agreement below)

- ☐ Yes, this new project will participate in Coordinated Entry when available or is a domestic violence provider or legal services agency that will use a comparable database

**4. PARTICIPANT ELIGIBILITY:** The project will only accept participants that can be documented as eligible for this project's program type based on their housing and disability status.

- ☐ Yes

**5. COMPLIANCE WITH FAIR HOUSING:** The project will provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.

- ☐ Yes

**6. DV PROJECTS ONLY:** The project uses trauma-informed, victim-centered approaches.

- ☐ Yes

## PROGRAM QUALITY, APPROPRIATENESS, AND READINESS

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**1A. PROGRAM DESIGN:** Please complete the appropriate set of questions below based on the project type:

**a) Permanent Housing (PSH/RRH, DedicatedPLUS) or Joint TH-RRH Projects Only [Scored Criteria 1a1]:** Please describe in **2,000 characters or fewer, including spaces** (you can draw most of the information directly from the CoC Project Application):

- The population that will be served by this project;
- The housing that will be provided;
- The training, experience, and qualifications of the staff to serve this population;
- Whether homeless representation will be included in the design and operation of the project;
- The method of service delivery, including whether efforts to ensure that culturally-competent/sensitive elements appropriate to the population will be offered (e.g., trauma-informed care) including steps to eliminate identified barriers, particularly those faced by persons of different races and ethnicities and those over-represented in the local population?;
- Whether the project will be accessible to persons with disabilities, and;
- IF the project is applying for the **Domestic Violence Bonus** funding, or otherwise intends to serve DV Survivors, whether the program design includes safety planning and confidentiality protocols, and how staff will utilize trauma-informed and client-centered approaches.
- IF the project is PH [PSH or RRH] and is applying for **Coordination with Housing and Healthcare Bonus Points [5 points]**:
  1. Whether the project will provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs
    - a. If PSH, for least 25 percent of the units in the project **OR**
    - b. If RRH, to serve at least 25 percent of the program participants anticipated to be served by the project, **AND**
  2. How the project will utilize healthcare resources to help individuals and families experiencing homelessness, documented with a written commitment from a health care organization to provide substance use treatment or recovery services to all interested program participants who qualify or to provide services equal in value to 25 percent of the funding being requested by the project. Eligibility for the project must comply with HUD program and fair housing requirements. **Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider.**

**b) Coordinated Entry Projects Only [Scored Criteria 1a2]:** Please describe in **2,000 characters or fewer, including spaces** (you can draw most of the information directly from the CoC Project Application):

- The geographic accessibility of the proposed system for all persons within the CoC's geographic area who are seeking information regarding homeless assistance;
- The strategy for advertising the project that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area;
- The standardized assessment process proposed (or the process to choose a standardized assessment system); and,

- Whether/how the system will ensure that program participants are directed to the appropriate housing and services to fit their needs.
- c) **HMIS Projects Only [Scored Criteria 1a3]:** Please describe in **2,000 characters or fewer, including spaces** (you can draw most of this information directly from the CoC Project Application):
- Whether the HMIS collects all Universal Data Elements;
  - How the project will conduct trainings and otherwise prepare projects for the new HUD Data Standards;
  - Whether/how the project will provide data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services;
  - Whether the HMIS will un-duplicate client records; and,
  - Whether the HMIS will be able to produce all HUD-required reports and provide data as needed for HUD reporting (e.g., APRs, quarterly reports, data for CAPER/ESG reporting, etc.).

### 1B. PROJECT OUTCOMES [Scored Criteria 1b]:

- **Non-DV Dedicated Projects:** Please provide a short description of the expected performance outcomes for this project; in comparison to performance outcome data from previous projects administered by this applicant, describe how these previous outcomes inform the expected outcomes for this new project. **[1,000 character limit, with spaces]**.
- **DV Dedicated Projects:** Please provide a short description of the expected performance outcomes for this *DV Bonus/DV-dedicated* project; in comparison to performance outcome data from previous projects *dedicated to serving survivors of domestic violence* administered by this applicant, describe how these previous outcomes inform the expected outcomes for this new project. **[1,000 character limit, with spaces]**.

### 1C. ALIGNMENT WITH COMMUNITY NEEDS AND PRIORITIES [Scored Criteria 1d]:

Please briefly describe the extent to which your project will align with and support CoC priorities, including **[1,000 character limit, with spaces]**:

- How the project addresses unmet community needs by serving an underserved area or population; why are existing resources insufficient to address these needs?
- How your agency furthers community priorities (e.g., through participation in regular CoC meetings, in planning processes, etc.); and,
- Whether/how the project will align with Housing First principles (no barriers to entry - e.g., sobriety, treatment, or service participation requirements - participation in Coordinated Entry, client-centered service delivery, and prioritization based on need).

## AGENCY/COLLABORATIVE CAPACITY

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### 2A. PAST PERFORMANCE [Scored Criteria 2a]:

- **All Projects:** Has your agency previously administered a project that successfully served persons experiencing homelessness as a particular subpopulation?

- ☐ Yes
- ☐ No

If you answered “Yes”, please provide a brief description of the similarity of the prior project, as well as any lessons or experiences resulting from the administration of that program that will be useful in administering the project you are applying for. **[1,000 character limit, with spaces]**.

- **DV Projects:** Has your agency previously administered a project that successfully served survivors of Domestic Violence as a particular subpopulation?

- ☐ Yes
- ☐ No

If you answered “Yes”, please provide a brief description of the similarity of the prior project, as well as any lessons or experiences resulting from the administration of that program that will be useful in administering the project you are applying for. **[1,000 character limit, with spaces]**.

**2B. AGENCY CAPACITY [Scored Criteria 2b]:** Please describe how the agency meets HUD agency capacity requirements:

- If your agency has received federal CoC funding, please select “yes” or “no” for the following (if your agency has never received federal CoC funding, please skip):
  - Has your agency voluntarily surrendered CoC funding or has the Continuum of Care reallocated CoC funding from your agency in the past three years?
    - ☐ Yes (If yes, please explain in **1,000 characters** or fewer, including spaces.
    - ☐ No
  - Are there any unresolved HUD monitoring findings, concerns, or financial audit findings related to any project of your agency?
    - ☐ Yes
    - ☐ No
  - Has HUD instituted any sanctions on any project of your agency in the past three operating years (including – but not limited to – suspending reimbursements, requiring repayment of grant funds, or de-obligating grant funds due to performance issues)?
    - ☐ Yes
    - ☐ No
  - If you answered “Yes” to either of the above, please **attach the written communications between HUD and the project** concerning those matters and describe the issue and status here, including the extent to which you have advised the Collaborative Applicant of the outstanding HUD findings or concerns. **[1,000 character limit, with spaces]**.

- If your agency has never received federal CoC funding, please describe any comparable experience your agency has in administering complex state/federal grants. **[1,000 character limit, with spaces]**.

**2C. QUALITY ASSURANCE [Scored Criteria 2c]:** Please briefly describe the following in **1,000 characters** or fewer, including spaces:

- Whether/how your agency implements evidence-based practices, including Housing First and Coordinated Entry;
- Whether/how your agency trains its staff to ensure high quality of care;
- Whether/how your agency assesses quality of service and consumer satisfaction; and,
- Whether/how your agency uses data to monitor project performance.

## **BUDGET AND TIMELINESS**

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**3B. TIMELINESS [Scored Criteria 3b]:** Please answer the following:

- For leasing, when will you start leasing units?
- For rental assistance, when will you start rental assistance?
- For construction, acquisition, or rehabilitation funds, when will you have site control? When will construction begin and be completed?
- For all types of funding, what regulatory obstacles, if any, do you anticipate confronting (e.g., tenant displacement, environmental or zoning issues)? How will you overcome these obstacles in a timely fashion?

*Note: Applicants are encouraged to begin operations as soon as possible. At a minimum, the 2021 CoC NOFA requires the following:*

- *Sponsor-based and project-based rental assistance must execute the grant agreement within 2 years. However, HUD strongly encourages all rental assistance to begin within 12 months of award.*

## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PUBLIC POSTING — PROJECTS REJECTED-REDUCED (Question 1E-5)

### BACKGROUND

The Marin CoC did not reduce or reject any projects through the Review and Rank process in 2021.

### TABLE OF CONTENTS

Document Satisfying Requirement	Page Number
Cover Sheet	1
N/A – CoC did not reduce or reject any projects in the 2021 CoC Competition	N/A

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PUBLIC POSTING — PROJECTS ACCEPTED (Question 1E-5a)

## TABLE OF CONTENTS

Document Satisfying Requirement	Page Number
Cover Sheet	1
Individual Project Applicant Notifications of Project Application Acceptance and Rank outside of <i>e-snaps</i> – October 14, 2021 <ul style="list-style-type: none"> <li>Preliminary Priority Listing was the same as Final Approved Listing, given there were no appeals</li> <li>The Preliminary Priority Listing was attached to all emails</li> </ul>	2 - 6
Public Notification of Final Priority Listing Public Posting – October 28, 2021 <ul style="list-style-type: none"> <li>Email to Marin CoC Listserv and all applicants in the local competition notifying applicants of projects to be included in the CoC's Priority Listing and submitted to HUD.</li> <li>The Final Priority Listing was attached.</li> <li>All applications submitted to the CoC were included in the CoC's Priority Listing for submission to HUD.</li> </ul>	7
Final Priority Listing Website Posting – November 1, 2021	8
Final Priority Listing Website Link – Posted November 1, 2021	9

Email notification outside of e-snaps, sent at  
least 15 days before competition deadline



Tara Ozes &lt;tara@homebaseccc.org&gt;

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## Buckelew - Notification of 2021 Recommended Priority Listing

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Tara Ozes &lt;tara@homebaseccc.org&gt;

Thu, Oct 14, 2021 at 11:35 AM

To: Kathy Sparrow <kathys@buckelew.org>, Chris Kughn <ChrisK@buckelew.org>, Adeel Ahmad <AdeelA@buckelew.org>, Connie Mann <ConnieM@buckelew.org>

Cc: Marin CoC <marin@homebaseccc.org>, "Sager, Carrie" <CSager@marincounty.org>

Dear Buckelew,

Thank you for participating in the 2021 Marin County Continuum of Care (CoC) Local Program Competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application. The Review and Rank Panel appreciated learning about your program and the work that you do in housing and providing services for persons experiencing homelessness in the community.

Attached is the Review and Rank Panel's recommended Priority Listing. After review and approval by the Homeless Policy Steering Committee (HPSC), the final version will be sent to HUD as the HPSC's funding request for 2021.

Pursuant to the approved scoring policies and tools of the Homeless Policy Steering Committee, the Panel placed your project, Marin SHP 2, in Tier 1.

The timeline for the rest of the application process is as follows:

- **Monday, November 8:** Upload Final Renewal Applications to E-Snaps after incorporating technical edits from HomeBase.

HomeBase staff will be in touch regarding any changes for your application in e-snaps once technical reviews are completed. If you have questions, please feel free to contact HomeBase at [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

Thank you,  
Tara

--

 **Homebase** | **Tara Ozes** | **Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

### **Advancing Solutions to Homelessness**

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**[Homebase COVID-19 Key Resource Guide - Click Here](#)**

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**2021 Marin Preliminary Priority Listing.pdf**  
33K

**Preliminary priority listing was  
attached to email**



**Email notification outside of e-snaps, sent at  
least 15 days before competition deadline**



Tara Ozes <tara@homebaseccc.org>

## C4DP - Notification of 2021 Recommended Priority Listing

Tara Ozes <tara@homebaseccc.org>

Thu, Oct 14, 2021 at 11:36 AM

To: Donna Garske <DGarske@c4dp.org>, Christina Schiffner <CSchiffner@c4dp.org>

Cc: Marin CoC <marin@homebaseccc.org>, "Sager, Carrie" <CSager@marincounty.org>

Dear Center for Domestic Peace,

Thank you for participating in the 2021 Marin County Continuum of Care (CoC) Local Program Competition. We appreciate the time you and your staff devoted to preparing and submitting your funding applications. The Review and Rank Panel appreciated learning about your programs and the work that you do in housing and providing services for persons experiencing homelessness in the community.

Attached is the Review and Rank Panel's recommended Priority Listing. After review and approval by the Homeless Policy Steering Committee (HPSC), the final version will be sent to HUD as the HPSC's funding request for 2021.

Pursuant to the approved scoring policies and tools of the Homeless Policy Steering Committee, the Panel placed your renewal project, Domestic Violence Housing First DV Bonus Combined, in Tier 1, and placed your new project, Domestic Violence Housing First DV Bonus Combined Expansion, at the bottom of Tier 2. Because of the ranking in Tier 2, you are eligible to appeal.

The appeals process and grounds for appeal are included in the Approved Local Competition Document attached below.

- Please note that if you intend to appeal you must submit your notice of intent to HomeBase and Carrie Sager no later than **NOON on Friday, October 15, 2021.**
- Final appeals are due by email to [marin@homebaseccc.org](mailto:marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) no later than **NOON on Wednesday, October 20, 2021.**
- All appeals will be considered by the Appeals Panel on Thursday, October 21 [TBD].

The timeline for the rest of the application process is as follows:

- **Monday, November 8:** Upload Final Renewal Applications to E-Snaps after incorporating technical edits from HomeBase.

HomeBase staff will be in touch regarding any changes for your applications in e-snaps once technical reviews are completed. If you have questions, please feel free to contact HomeBase at [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

Thank you,  
Tara

--

**Homebase | Tara Ozes | Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

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2 attachments

**Preliminary priority listing was  
attached to email**



**2021 Marin Local Competition Policies [Approved by HPSC Sept. 16, 2021].pdf**

3

Email notification outside of e-snaps, sent at  
least 15 days before competition deadline



Tara Ozes &lt;tara@homebaseccc.org&gt;

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## MHA - Notification of 2021 Recommended Priority Listing

---

Tara Ozes &lt;tara@homebaseccc.org&gt;

Thu, Oct 14, 2021 at 11:35 AM

To: Kimberly Carroll &lt;KCarroll@marinhousing.org&gt;, Samantha Guzowski &lt;sguzowski@marinhousing.org&gt;

Cc: Marin CoC &lt;marin@homebaseccc.org&gt;, "Sager, Carrie" &lt;CSager@marincounty.org&gt;

Dear Marin Housing Authority,

Thank you for participating in the 2021 Marin County Continuum of Care (CoC) Local Program Competition. We appreciate the time you and your staff devoted to preparing and submitting your funding applications. The Review and Rank Panel appreciated learning about your programs and the work that you do in housing and providing services for persons experiencing homelessness in the community.

Attached is the Review and Rank Panel's recommended Priority Listing. After review and approval by the Homeless Policy Steering Committee (HPSC), the final version will be sent to HUD as the HPSC's funding request for 2021.

Pursuant to the approved scoring policies and tools of the Homeless Policy Steering Committee, the Panel placed your projects, Shelter Plus Care 1, Shelter Plus Care 3, and Shelter Plus Care Expansion, in Tier 1.

The timeline for the rest of the application process is as follows:

- **Monday, November 8:** Upload Final Renewal Applications to E-Snaps after incorporating technical edits from HomeBase.

HomeBase staff will be in touch regarding any changes for your applications in e-snaps once technical reviews are completed. If you have questions, please feel free to contact HomeBase at [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

Thank you,  
Tara

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 **Homebase** | **Tara Ozes** | **Senior Staff Attorney****Pronouns:** She/Her/Hers**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

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**2021 Marin Preliminary Priority Listing.pdf**  
33K

**Preliminary priority listing was  
attached to email**

**Email notification outside of e-snaps, sent at  
least 15 days before competition deadline**



Tara Ozes <tara@homebaseccc.org>

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## Ritter Center - Notification of 2021 Recommended Priority Listing

---

Tara Ozes <tara@homebaseccc.org>

Thu, Oct 14, 2021 at 11:34 AM

To: Mark Shotwell <mshotwell@rittercenter.org>, Monica VanDeWalle <monica@thewritechoicenetwork.com>, English Bird <english@thewritechoicenetwork.com>, Write Choice - Randi Ganousis <randi@thewritechoicenetwork.com>

Cc: Marin CoC <marin@homebaseccc.org>, "Sager, Carrie" <CSager@marincounty.org>

Dear Ritter Center,

Thank you for participating in the 2021 Marin County Continuum of Care (CoC) Local Program Competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application. The Review and Rank Panel appreciated learning about your program and the work that you do in housing and providing services for persons experiencing homelessness in the community.

Attached is the Review and Rank Panel's recommended Priority Listing. After review and approval by the Homeless Policy Steering Committee (HPSC), the final version will be sent to HUD as the HPSC's funding request for 2021.

Pursuant to the approved scoring policies and tools of the Homeless Policy Steering Committee, the Panel placed your project, Housing First Expansion, in Tier 1.

The timeline for the rest of the application process is as follows:

- **Monday, November 8:** Upload Final Renewal Applications to E-Snaps after incorporating technical edits from HomeBase.

HomeBase staff will be in touch regarding any changes for your application in e-snaps once technical reviews are completed. If you have questions, please feel free to contact HomeBase at [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

Thank you,  
Tara

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 **Homebase** | **Tara Ozes** | **Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

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**2021 Marin Preliminary Priority Listing.pdf**  
33K

**Preliminary priority listing was  
attached to email**

**Email notification outside of e-snaps, sent at  
least 15 days before competition deadline**



Tara Ozes <tara@homebaseccc.org>

## HBOM - Notification of 2021 Recommended Priority Listing

Tara Ozes <tara@homebaseccc.org>

Thu, Oct 14, 2021 at 11:37 AM

To: LaSaunda Tate <ltate@hbofm.org>, Paul Fordham <pfordham@hbofm.org>, Mary Kay Sweeney <mksweeney@hbofm.org>, Corry-Ann Kanzenberg <ckanzenberg@hbofm.org>, tony gardner <tonygardnerconsulting@yahoo.com>

Cc: Marin CoC <marin@homebaseccc.org>, "Sager, Carrie" <CSager@marincounty.org>

Dear Homeward Bound,

Thank you for participating in the 2021 Marin County Continuum of Care (CoC) Local Program Competition. We appreciate the time you and your staff devoted to preparing and submitting your funding applications. The Review and Rank Panel appreciated learning about your programs and the work that you do in housing and providing services for persons experiencing homelessness in the community.

Attached is the Review and Rank Panel's recommended Priority Listing. After review and approval by the Homeless Policy Steering Committee (HPSC), the final version will be sent to HUD as the HPSC's funding request for 2021.

Pursuant to the approved scoring policies and tools of the Homeless Policy Steering Committee, the Panel placed your renewal projects (Housing At Last, Palm Court Consolidated, and Family Place), in Tier 1, and placed your new project, Mill Street Center 2.0 Permanent Supportive Housing, in Tier 2. Because of the ranking in Tier 2, you are eligible to appeal.

The appeals process and grounds for appeal are included in the Approved Local Competition Document attached below.

- **Please note that if you intend to appeal you must submit your notice of intent to HomeBase and Carrie Sager no later than NOON on Friday, October 15, 2021.**
- **Final appeals are due by email to [marin@homebaseccc.org](mailto:marin@homebaseccc.org) and [csager@marincounty.org](mailto:csager@marincounty.org) no later than NOON on Wednesday, October 20, 2021.**
- **All appeals will be considered by the Appeals Panel on Thursday, October 21 [TBD].**

The timeline for the rest of the application process is as follows:

- **Monday, November 8:** Upload Final Renewal Applications to E-Snaps after incorporating technical edits from HomeBase.

HomeBase staff will be in touch regarding any changes for your applications in e-snaps once technical reviews are completed. If you have questions, please feel free to contact HomeBase at [marin@homebaseccc.org](mailto:marin@homebaseccc.org).

Thank you,  
Tara

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**Homebase | Tara Ozes | Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

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**2 attachments**

**Preliminary priority listing was  
attached to email**

**6**



Tara Ozes &lt;tara@homebaseccc.org&gt;

## Final Approved 2021 CoC Competition Priority Listing

**Tara Ozes** <tara@homebaseccc.org>  
Cc: Marin CoC <marin@homebaseccc.org>  
Bcc: marin-hpsc@googlegroups.com

Sent 15+ days prior to  
submission deadline

Thu, Oct 28, 2021 at 3:26 PM

Sent to entire CoC community listserv

Dear Community Stakeholders,

Attached please find the **Final Priority Listing** for the **2021 CoC Competition**, approved yesterday by the HPSC. Thank you to the applicants and the Review and Rank panelists for all their hard work in this year's funding competition.

We will follow up shortly with the materials presented at yesterday's meeting.

Best regards,  
Tara

 **Homebase** | **Tara Ozes** | **Senior Staff Attorney**

**Pronouns:** She/Her/Hers

**p:** 415-788-7961 ext. 332 **w:** [www.homebaseccc.org](http://www.homebaseccc.org)

**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102

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 **2021 Marin Final Priority Listing.pdf**  
33K

Final CoC Priority Listing attached to email



# Homeless Policy Steering Committee

Home » Services » Boards and Commissions » Homeless Policy Steering Committee

## Upcoming HPSC Meetings & Events:

- TBD November: Meeting to set priorities for HHAP funding
- Wednesday, February 9, 2022
- Wednesday, May 11, 2022
- Wednesday, August 10, 2022
- Wednesday, November 9, 2022

## Are you homeless and in need of help?

View the [HHS Online Resource Guide](#) or call 415-473-INFO.

## HPSC News

### 2021 CoC NOFO Priority Listing Posted

The following projects are being recommended to HUD for 2021 Continuum of Care funding, approved by the Homeless Policy Steering Committee on October 27:

- [CoC Priority Listing](#) [Priority listing posted here](#)

### 2021 CoC NOFO Funding Competition Opens

The federal department of Housing and Urban Development (HUD) has released the 2021 Continuum of Care Notice of Funding Opportunity (NOFO) funding competition. For information on local process and timelines, please see the below Public Solicitation. Agencies that have not previously received funding are highly encouraged to apply.

- [Public Solicitation](#)
- [New Project Scoring Tool](#)
- [Renewal Project Scoring Tool](#)

## Meetings and Minutes

Select Year

[August 11, 2021](#) | [Agenda](#)

[July 15, 2021](#) | [Agenda](#)

[May 12, 2021](#) | [Agenda](#)

[February 10, 2021](#) | [Agenda](#) | [Minutes](#)

## Related Materials

- [CoC Governance Charter and Bylaws](#)
- [HPSC Voting Members](#)
- [CoC Written Standards of Service](#)
- [HMIS Governance Charter](#)
- [HMIS Policies and Procedures](#)
- [Coordinated Entry Policies and Procedures](#)
- [Strategic Plan: A Response to Homelessness in Marin County](#)

## Related Pages

[Homelessness in Marin](#)



Priority Listing found on Marin CoC website, posted Nov. 1, 2021

**MARIN 2021 COC PROGRAM FINAL PRIORITY LISTING**

Approved by Marin HPSC - October 27, 2021

Annual Renewal Demand with DV/CoC Bonus: \$5,295,159

Rank	Score	Agency	Project	Type	Grant Amount
<b>Tier 1</b>					
1	105	Homeward Bound	Family Place	PSH	\$ 504,227.00
2	105	Homeward Bound	Palm Court Consolidated	PSH	\$ 462,573.00
3	104	Homeward Bound	Housing at Last	PSH	\$ 769,848.00
4	103	Marin Housing Authority	Shelter Plus Care Expansion	PSH	\$ 248,004.00
5	103	Ritter Center	Housing First Expansion	PSH	\$ 220,278.00
6	102	Marin Housing Authority	Shelter Plus Care 1 & 3	PSH	\$ 1,982,323.00
7	N/A	Center for Domestic Peace	Domestic Violence Housing First DV Bonus Combined*	TH-RRH	\$ 111,604.00
8	N/A	Marin County HHS	Coordinated Entry*	CE	\$ 248,493.00
9	90	Bucklew Programs	Marin SHP 2	PSH	\$ 423,457.00
<b>TOTAL:</b>					<b>\$ 4,970,807.00</b>
<b>Tier 2</b>					
10	105	Homeward Bound	Mill Street Center 2.0 PSH (new)**	PSH	\$ 248,540.00
<b>TOTAL:</b>					<b>\$ 248,540.00</b>
<b>DV Bonus Funding</b>					
11	96	C4DP	Domestic Violence Housing First DV Bonus Combined Expansion (new)	TH-RRH	\$ 75,812.00
<b>TOTAL:</b>					<b>\$ 75,812.00</b>
<b>Planning Grant</b>					
N/A	N/A	Marin County HHS	CA-507 CoC Planning Application FY2021	Plan.	\$ 149,124.00

**Note:**

Tier 1 funding in 2021 is \$4,970,807. Tier 2 funding in 2021 is \$248,540. DV Bonus funding is \$75,812.

\*Projects automatically placed in Tier 1 because they are in their first year of operation, have less than a year of performance data, or are a CoC Priority project (e.g., CES)

\*\*In order to promote system performance by preventing returns to homelessness and promoting housing stability and retention, the Homeless Policy Steering Committee (HPSC) has determined that renewal Permanent Supportive Housing projects with a strong track record of performance, as demonstrated through their APRs and other data, may be prioritized above any new projects that have not demonstrated their ability to better enhance system performance. Performance requirements for this purpose are projects that 1) meet HUD guidelines for Housing First; 2) maintain at least an 80% occupancy rate (unless they do not yet have performance data for a full year of operation, in which case occupancy rate may not yet have achieved 80%) and 3) participate in the Homeless Management Information System.

## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: WEB POSTING — COC-APPROVED CONSOLIDATED APPLICATION (Question 1E-6)

## BACKGROUND

Web posting of Consolidated Application to be added after posting.

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Cover Sheet	1
N/A – Pending posting of Consolidated Application to Marin CoC Website	N/A

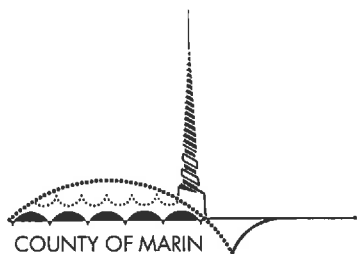


## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: HOUSING LEVERAGING COMMITMENTS (Question 3A-1a)

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Cover Sheet	1
Letter of Commitment - demonstrating Marin Health and Human Services commits to providing 15 units (of 32 total units, or 47%) for new project Mill Street 2.0 PSH	2



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Benita McLarin, FACHE  
DIRECTOR

20 North San Pedro Road  
Suite 2002  
San Rafael, CA 94903  
415 473 6924 T  
415 473 3344 TTY  
marinhhs.org

January 6, 2020

NPLH Program, Division of Financial Assistance, NOFA Section  
California Department of Housing and Community Development  
2020 W. El Camino Avenue, Suite 500  
Sacramento, CA 95833

Dear NPLH Program Staff:

The County of Marin, Health and Human Services Department is pleased to indicate its firm intent to commit site-based rental subsidies to the Mill Street Affordable Housing site to support the fifteen *No Place Like Home* (NPLH) units. The rental subsidies will be funded through County of Marin-funded site-based subsidies, Marin County Whole Person Care (WPC) funds and/or Marin Housing for Healthy California (HHC) funds. The County site-based subsidies are in process and may be committed in the near future. As of the time of writing, your department has not awarded the HHC funds, but such award is expected in the near future.

We fully expect subsidies from one or more of these funding streams to be committed prior to your preliminary scoring of this NPLH application. Also, although the HHC funds are for only five years, the County is considering longer-term continued subsidies for the NPLH units. Through at least one of these sources, we are very confident that we will have needed site-based rental subsidies in place by the time this NPLH application is scored.

<b>Project Name:</b>	Mill Street Affordable Housing Unit 190 Mill Street Center San Rafael, CA 94901
<b>Description of Assistance:</b>	Site-Based Rental Subsidies for 15 NPLH-funded units. Terms similar to Section 8 voucher/commitment terms.
<b>Value of contribution:</b>	\$677,428 – HHC – 5 year \$4,850,900 – County Site-Based Subsidies – 20 years
<b>Fund Source:</b>	HHC, WPC and/or County of Marin Site-Based Subsidies
<b>Funding terms and dates:</b>	1 year for WPC 5 years for HHC 20 years for County Site-Based Subsidies (all expected to begin upon occupancy in July 2021)

Thank you very much for your support of this project.

Sincerely,

Signature of Person Authorized to Commit Contribution  
Benita McLarin, Director

1-6-2020

Date

## MARIN CONTINUUM OF CARE (CA-507)

# FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: HEALTHCARE FORMAL AGREEMENTS (Question 3A-2a)

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Letter of Commitment – Ritter Center’s commitment to provide in-kind healthcare services to residents of Mill Street 2.0 PSH – value equivalent to 25% of funding requested for the project	2
Letter of Commitment – Marin HHS Behavioral Health and Recovery Services (BHRS) Division’s commitment to provide in-kind healthcare services to residents of Mill Street 2.0 PSH – value exceeds 25% of funding requested for the project	3
Memorandum of Understanding (MOU) between Marin HHS and Ritter Center, evidencing agreement to coordinate provision of healthcare services to residents of Mill Street 2.0 PSH (in accordance with above letters of commitment)	4 - 11



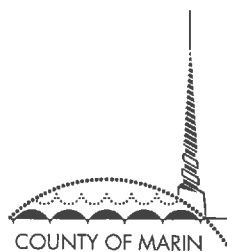
### IN-KIND MATCH COMMITMENT

The following affirms Ritter Center's commitment to provide in-kind healthcare services to residents of Homeward Bound of Marin's Mill Street Center 2.0 Permanent Supportive Housing Units in accordance with the attached Memorandum of Understanding (MOU) to be executed upon start-up of the project.

Name of organization providing the cash match	Ritter Center
Type of contribution*	<p>In-Kind Health Services as detailed in the attached MOU to include: Support in Linking to Physical Health Care:</p> <ul style="list-style-type: none"> <li>• Provide access to nurse practitioners for checkups, preventative care, and treatment for chronic diseases, such as hypertension or diabetes.</li> <li>• Make referrals to medical professionals and specialists where needed.</li> <li>• Furnish access to ongoing and drop-in substance use counseling and make referrals to substance use treatment programs where needed.</li> <li>• Provide in collaboration with Homeward Bound transition-to-wellness respite care for tenants who need extra care upon discharge from a hospital stay</li> <li>• Offer referrals to dental care.</li> </ul>
Value of the contribution	\$62,135
Name of project	Mill Street Center 2.0 Permanent Supportive Housing Units
Name of sponsor	Homeward Bound of Marin
Date the contribution will be available	Contingent on grant award available for 08/01/22-07/31/23
Name of person authorized to commit these resources	Mark Shotwell, Executive Director
Signature of person authorized to commit these resources.	<i>Mark Shotwell, Executive Director</i>
Date 10/15/21	10/08/2021

25% of the funding being requested for the project

Attachment: Draft MOU



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



January 6, 2020

Mary Kay Sweeney, Executive Director  
1385 North Hamilton Parkway  
Novato, CA 94949

Benita McLarin, FACHE  
DIRECTOR

Dear Ms. Sweeney:

20 North San Pedro Road  
Suite 2002  
San Rafael, CA 94903  
415 473 6924 T  
415 473 3344 TTY  
marinhhs.org

**Mill Street 2.0 PSH**  
property name and  
address

**Over 25% of the funding**  
being requested for the  
project

The County of Marin, Health and Human Services Department, Behavioral Health and Recovery Services (BHRS) Division, is pleased to commit approximately **\$386,069 per year** in supportive services at the Mill Street Affordable Housing site to support the fifteen *No Place Like Home* units. These services will be funded through Mental Health Services Act (MHSA).

<b>Project Name:</b>	Mill Street Affordable Housing Unit 190 Mill Street Center San Rafael, CA 94901
<b>Description of Services:</b>	Supportive service staffing on site with the full benefits of being part of the Odyssey Full Service Partnership (FSP)
<b>Value of contribution:</b>	In-kind services valued at approximately \$386,069 per year
<b>Source of funding:</b>	Mental Health Services Act (MHSA)
<b>Funding terms and dates:</b>	20 years (240 months) commencing the first month when BHRS begins to provide on-site supportive services (expected 7/2021-6/2040)
<b>Description and history of agency providing services:</b>	The County Behavioral Health Division will be the lead in providing supportive services on site through the Odyssey Full-Service Partnership (FSP) program. The Odyssey program has been an MHSA-funded county-operated FSP serving adults with serious mental illness who are homeless or at-risk of homelessness since 2008—building on the work of the county's AB2034 funded Marin's Homeless Assistance Program which had been in operation since 2001.

Thank you for your partnership. This is a very exciting project meeting a critical need in our community and we are pleased to be able to provide these supportive services.

Sincerely,

Signature of Person Authorized to Commit Contribution  
Benita McLarin, Director

*1-7-2020*

Date

**MEMORANDUM OF UNDERSTANDING**  
**Mill Street Center Affordable Housing, NPLH-Supported Units**

**Lead Service Provider**  
**Partner Service Providers**

**Background and Intent**

This Memorandum of Understanding (MOU) for services, entered into on \_\_\_\_\_, \_\_ 2020, is between the County of Marin Department of Health and Human Services (HHS), a public entity, and Ritter Center, a nonprofit corporation, collectively known as the “parties.”

- WHEREAS, the purpose of this MOU is to encourage cooperation between HHS and Ritter Center, and to further detail the separate and distinct roles and responsibilities of each party;
- WHEREAS, Homeward Bound is the owner and property manager of 32 efficiency units of affordable permanent supportive housing (PSH) 190 Mill Street, San Rafael CA 94901 also known as Mill Street Center (MSC) Affordable Housing Units, which provides PSH for extremely low-income individuals who are experiencing chronic homelessness and serious disabilities;
- WHEREAS, HHS, as the Applicant, and Homeward Bound as the Development Sponsor, are joint recipients of capital development funding from the State of California Department of Housing and Community Development (HCD) No Place Like Home (NPLH) program;
- WHEREAS, the NPLH program is designed to provide PSH for persons or households with a serious mental illness (SMI), who are either homeless, chronically homeless, or at risk of chronic homelessness, and whose income is 30% or lower of the area median income (AMI);
- WHEREAS, Homeward Bound will make available fifteen (15) efficiency units of PSH at the MSC Affordable Housing Units as NPLH-assisted units for persons described above;
- WHEREAS, the following supportive services are required to be made available to each tenant occupying an NPLH-assisted unit based upon the tenants need: case management with individual service plans, peer support activities, mental health care, substance use services, support in linking to physical health care, benefits counseling and advocacy, and basic housing retention skills (additional services are encouraged by not required);
- WHEREAS, HHS, as the project’s lead service provider (LSP), **understands and agrees that it shall coordinate the provision of or referral to of the services to tenants (based upon their needs) in the NPLH-assisted units for a minimum of 20 years;**
- WHEREAS, Ritter Center **agrees to coordinate closely with HHS in the delivery of discrete services (summarized below) based upon need to each tenant in an NPLH-assisted unit: and**
- WHEREAS, the parties understand and agree that tenant participation in services is voluntarily, and that access to or continued occupancy of the units cannot be conditioned upon service participation or upon sobriety.

**Marin HHS - Behavioral Health & Ritter Center (FQHC) agree to provide health services to each program participant, based upon need**

THEREFORE, the parties agree that it is in the best interests of all concerned to enter into this MOU.

**Guiding Principles**

The parties recognize and agree that:

- **Services build on tenants strengths and rights.** Tenants with SMI experiencing homeless, chronic homelessness, or at risk of chronic homelessness:

- Are diverse in terms of their strengths, motivation, goals, backgrounds, needs and disabilities;
- Are members of the community with all the rights, privileges, opportunities accorded to the greater community;
- Have the right to meaningful choices in matters affecting their lives; and
- Should be given the chance provide input into the design and implementation of services
- **Services are housing-oriented.** Services aim to help tenants remain housed. Service providers help people to retain or find suitable housing, build relationships with their landlords, and understand their rights and responsibilities as renters. Providers also intervene to prevent evictions.
- **Services are multi-disciplinary.** Service providers also help tenants address mental health, substance use conditions, physical health, and help with other issues like applying for Social Security benefits or gaining employment. Teams of professionals such as mental health and substance use specialists, nurses or doctors, and case managers provide care. Services must be flexible enough to address each individual tenant's needs, which may involve multiple service agencies working together. These teams also try to link people to mainstream service systems like work training, if appropriate.
- **Services are voluntary but assertive.** Services are voluntary; tenants will not lose their housing simply because they do not participate in services or are not sober. But providers offer supportive services *assertively*, which means that they will continue to show up and check on someone even if tenants don't request help.
- **Integration.** Tenants are able to live independently in their apartments, which are not separated from or segregated from other apartments in the building. Tenants in the housing should have access to public transportation, grocery stores, parks, and other neighborhood amenities common to all other residents. Services are usually provided in the client's unit or building, or at a place of their choosing in the community, and clients should not lose access to services if they choose to live somewhere else. (Less accessible services put tenants' housing and health at risk: if they are unable to travel to providers' offices, for instance, they may stop using the services.).
- **Emphasis on choice.** Services maximize tenant choice, in tenants' housing options and the services they receive. For instance, tenants can generally come and go as they please and have control over their daily schedule, like mealtimes and visitors. They also can direct the types of services they receive and the goals they set with the service provider.
- **Low barriers to entry.** Services do not require clients to hit benchmarks before moving into housing or put other screening barriers in the way. Blanket bans on people with criminal histories or bad credit, or requirements to meet goals, like employment or completing a course of treatment, before entering the housing would screen out the very people supportive housing aims to help.

## Partner Roles and Responsibilities

Eligibility for program participants in the new Mill Street 2.0 PSH project based on CoC Program fair housing requirements and not restricted by the health care service provider

### Overview

The parties agree to work together as a team to effectively meet the needs of the tenants. This level of collaboration will require exceptional, thorough and timely communication between parties. However, the parties to this MOU also understand their separate and distinct responsibilities. HHS agrees to be the Lead Service Provider (LSP), and Ritter Center agrees to be a partner service provider. The parties agree that tenant and client rights are respected and complied with not only as a matter of principle, but also as a matter of practice. The parties agree to advise one another of highly pertinent matters in the referral and placement process and understand that each is bound by confidentiality standards regarding the exchange of client information. Appropriate releases will be secured when

confidential client information needs to be shared.

#### County of Marin HHS

BHRS will have the following roles and responsibilities:

##### Staffing:

- Carry out the NPLH required and optional supportive services described below through the Odyssey Team – Homeless Outreach Full Service Partnership Program. Summary of on-site: staffing
  - 1 FTE Licensed/Mental Health Practitioner
  - .5 FTE BHRS Peer Counselor
  - .1 FTE Psychiatrist
  - .1 FTE Nurse Practitioner

##### Case management with individual service plans:

- Intensive case management services to the 15 individuals in the NPLH-supported apartments
- Support for residents in setting and achieving their own treatment goals

##### Peer support activities:

- Provide a peer support counselor with lived experience with homelessness and co-occurring substance use to furnish:
  - Recovery-focused peer support for the residents one-on-one including by facilitating the development of Wellness Recovery Action Plan (WRAP®) for those who are interested
  - Peer-led skills groups, hearing voices groups, and groups where residents have opportunity to share information, experiences, and resources with others in similar situations and build new relationships and strengthen social support networks, leading to reduced isolation
  - Build rapport, and act as an advocate and positive role model for the residents supporting them in practicing an array of coping strategies and building on their strengths and resilience.

##### Mental health care:

- Make available a Psychiatrist and nurse practitioner for medication management and support
- Furnish through the Mental Health Practitioner clinical and/or psychosocial assessments and evidence-based psychotherapy for individuals, groups and families

##### Substance use services:

- Provide Peer Counselor-led groups for people with co-occurring substance use on site and work with the Mental Health Practitioner to make additional linkages to services as appropriate.
- Make available Substance Use Services (SUS) services where needed primarily through contracts with community-based, non-profit organizations, including
  - Residential treatment for men, women and women with children;
  - Outpatient treatment for adolescents and adults;
  - Narcotic replacement therapy services;
  - Primary and secondary prevention services for adolescents and adults;
  - HIV and Hepatitis C testing and early intervention services;



- Residential and outpatient services for parolees;
  - First- and Multiple Offender Drinking Driver programs; and
  - Drug Diversion program for adults.
- Ensuring the above contractor's compliance in accordance with applicable Federal, State and local laws, statutes, rules, regulations, guidelines and ordinances.

#### Benefits counseling and advocacy:

- Engage individuals in the establishment of benefits including:
- Link individuals to the County Rapid Increase in SSI Eligibility (R.I.S.E.) program, which helps facilitate the SSI eligibility for persons with severe and persistent mental illness
- Work with the Department of Social Services to gain client access to General Relief, SNAP, and Medical benefits
- Deploy various outreach teams and a field-based clinician as needed to increase access to services, to conduct assessments, to authorize treatment through the Access Program for individuals that experience challenges obtaining services through traditional means, and to connect individuals to specialty mental health services if eligible.

#### Recreational and social activities:

Provides field trips, special events and celebrations, and linkages to clubhouses, drop-in centers, and other opportunities for social engagement

#### Obtaining access to other needed services

- Support individuals in developing individualized client plans that identify the range of services an individual may need
- Counsel individuals on the range of educational, vocational, legal, social, health, and wellness services available to them and make referrals as indicated.

#### On-site contractors:

- Retain, oversee, and enter into memoranda of understanding (MOU) with on-site contractors providing additional needed services to NPLH-eligible tenants.

#### Ritter Center

Ritter Center will have the following roles and responsibilities:

#### Support in Linking to Physical Health Care:

- Provide access to nurse practitioners for checkups, preventative care, and treatment for chronic diseases, such as hypertension or diabetes.
- Make referrals to medical professionals and specialists where needed.
- Furnish access to ongoing and drop-in substance use counseling and make referrals to substance use treatment programs where needed.
- Provide in collaboration with Homeward Bound transition-to-wellness respite care for tenants who need extra care upon discharge from a hospital stay
- Offer referrals to dental care.

## **Eligibility Determination and Tenant Selection**

Written Tenant Selection Criteria for the NPLH-funded units will be a site-specific document that summarizes the qualifying criteria for residents and provides guidelines (Income Limits, Rents, Occupancy Limits, and Preferences) to determine how many individuals can occupy each apartment type and the specific rental standards to be applied equally to each applicant. All management staff must read and understand the Resident Selection Criteria.

Summary of key resident criteria:

- Must be assessed and referred through the Marin Coordinated Entry System (CES), where individuals are prioritized on the basis of relative vulnerability and other community factors; NPLH program eligibility criteria must be met before the individual is referred to the program.
- Must be chronically homeless or at risk of chronic homelessness in accordance with applicable federal definition of “chronically homeless.”
- Household income cannot be more than 30% of area median income (AMI).
- Must be eligible for County-provided mental health services and qualify as having a Serious Mental Disorder (or as being a Seriously Emotionally Disturbed Child or Adolescent).

Housing First: The project will accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices set forth in Welfare and Institutions Code section 8255 (b).

Tenant Selection and Initial Certification: The Homeward Bound Program Coordinator will be responsible for receiving referrals from Marin CES, reviewing the eligibility determination, and making tenant selections in collaboration and coordination with agency management and HHS staff. The Program Coordinator, with support from program staff and HHS, will also be responsible for acquiring necessary documentation, establishing and maintaining a file for each tenant, and distributing all required forms. The same responsibilities will apply to recertification when indicated.

Process steps:

- Receive referral of eligibility-screened individual from Marin CES.
- Individual completes application form and provides needed verification documentation
  - Chronic homelessness or at risk
  - Income
  - Serious Mental Illness
- Orientation meeting with individual to discuss needs and preferences, program questions, and housing lease requirements.
- Final decision based upon meeting eligibility and program requirements.
- Appeals process for applicants who have been denied.
- The project will recertify tenants’ income annually.

## **Tenant Safety and Engagement**

The parties agree that safety and security for tenants are paramount concerns.

Security Minded Design:

- Traffic will enter and exit Mill Street Center from Mill Street.

- The Program Coordinator will continue the existing good neighbor relations already established through more than three decades of programming at this site.

#### Community:

Mill Street Center has been designed as a supportive community environment with space for group activities as well as private space for everyone. There will be common laundry on each floor, computer lab, meeting space, casual corners, kitchen, and staff offices on each floor.

#### Harm Reduction Policy:

Recognizing that many of the potential residents of Mill Street 2.0 struggle with substance dependence, staff will work with individuals to reduce risky behaviors, to engage in safer practices, and to maintain acceptable behavior at the site. Notwithstanding the above:

- The manufacture, sale, distribution, illegal use or possession (without a prescription) of a controlled substance with the intent to manufacture, sell, or distribute such substance, at any time in the room or on the property is prohibited;
- The engagement in any act intended to facilitate criminal activity, including drug-related criminal activity on the property is prohibited;
- Any permission given for the units, or the property, to be used for or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual undertaking the activities is the resident, is forbidden.

#### Code of Conduct:

All Mill Street Center tenants, and Homeward Bound staff, volunteers, and board members are required to sign and adhere to Homeward Bound of Marin's Code of Conduct.

Homeward Bound is dedicated to being a place of safety and dignity. Anyone involved with the agency is required to promote and safeguard these values and the following safety rules:

- Abusive or threatening verbal and body language to residents, staff, board, volunteers or anyone else on site is prohibited. Anyone involved with the project should strive to avoid discourtesy, rudeness, and disruptive behavior.
- Solicitation for and acceptance of gifts or gratuities for personal benefit by board, staff, residents, and volunteers are prohibited.
- Possession of illegal drugs on Homeward Bound of Marin's residential properties is prohibited.
- Bringing unauthorized materials such as firearms, weapons, or similar items onto Homeward Bound of Marin's properties is prohibited.
- Any form of harassment is prohibited.
- Destruction of property belonging to another is prohibited.
- Actual or threatened violence toward anyone, including domestic violence or violence against women, on Homeward Bound of Marin's property or involvement with a person who would present such a threat is prohibited
- Conduct endangering the life, safety, health, or well being of others is prohibited, even if the person did not intend to endanger anyone.

#### Communications Protocols

The parties will use daily meetings as a key tool to promote communication. In addition, given the co-location of the staff, face-to-face communication among service and property management staff will be expected to occur frequently. Electronic communication such as cell phones and e-mail will also be used. Quarterly meetings will be conducted between management and program staff of all involved parties to facilitate further communication and ad-hoc meetings may also be called.

### **Privacy and Confidentiality**

The parties agree that by virtue of this MOU and subject tenant-signed releases to share information, they will have access to tenants' confidential information. The parties further agree not to release or disclose tenant confidential information without the consent of the tenant unless authorized by law. Where appropriate, disclosure will be handled with the utmost discretion and judgment.

The parties agree to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable privacy or confidentiality laws or regulations. HHS safeguards all of its consumers' through HIPAA, which is a law requiring the County of Marin to make sure personal medical and other treatment information is kept private. The County of Marin is also required to give notice to the consumer if the County has any of personal health information, how the County may use it, or whether and how the County may give protected health information (or "PHI") to others. Marin County's Notice of Privacy Practices can be found on [https://www.marinhhs.org/sites/default/files/files/servicepages/2017\\_05/01-01\\_2017\\_notice\\_of\\_privacy\\_practices\\_final.pdf](https://www.marinhhs.org/sites/default/files/files/servicepages/2017_05/01-01_2017_notice_of_privacy_practices_final.pdf). County staff receive annual training on privacy and safeguarding practices, with their first training upon starting.

### **Additional General Terms**

#### Terms

This MOU will become effective the date of \_\_\_\_\_, 2020. Lease up is anticipated to begin \_\_\_\_\_, 2020. The parties responsibilities begin upon the start-up of services for the MSC Affordable Housing Units. This MOU will be periodically (define time period – annually, etc.) reviewed and updated to incorporate changes and clarification of roles and responsibilities.

#### Termination

Any party may terminate this MOU for any reason or no reason by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this must provide notice and a written intent to terminate to the other parties.

#### Nondiscrimination

There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry or national origin in the operation of the project of program at MSC Affordable Housing Units by any of the parties to this MOU.

#### Severability

In the event any provision of this MOU shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the MOU.

#### Amendments

This MOU may be amended only in writing and authorized by the designated representative of the parties to this MOU.

#### **Signed:**

##### ***County of Marin HHS:***

Name and Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

##### ***Ritter Center:***

Name and Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PROJECT LIST FOR OTHER FEDERAL STATUTES (Question 3C-2)

### BACKGROUND

Marin CoC is NOT 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.

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N/A – Marin CoC is not requesting to designate one or more projects to serve families with children/youth experiencing homelessness as defined by other Federal Statutes.	N/A