SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
Quarterly Status Report
Coordinated Entry (Homeless Services)

Quarterly reporting of project status is a condition of funding required by the SCCDC. Please submit this document as a signed scanned PDF before each of the due dates listed below.

Agency Name: **Catholic Charities of the Diocese of Santa Rosa**

Project Name: **Coordinated Entry**

CDC Funding Year: **2020-2021**

Reporting Due Dates and Period (*please check only one*):

	Report	Due Date	Report Period Covered
☐	1st Quarter:	Due October 10th	July 1 - September 30
X☐	2nd Quarter:	Due January 10th	July 1 - December 31
☐	3rd Quarter:	Due April 10th	July 1 – March 31
☐	4th Quarter:	Due July 10th	July 1 – June 30

(4th Qtr ONLY – include Final Quarterly Report Addendum: Summary of Other Funding Sources)

Total Number of Households* and Unduplicated Participants Assisted

***HOUSEHOLD:** All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.*
(https://www.huduser.gov/portal/glossary/glossary_all.html)

Enter the total **CUMULATIVE** number of Households, and a breakdown of the number of **CUMULATIVE** number of Adults, and Children in the households served during the Fiscal Year in the grid below.

Households (Unduplicated / Cumulative)	Total
Total Number of Unduplicated Households served in FY 20-21	2829
Total Number of Unduplicated Persons Served in FY 20-21	2829
Number of Adults counted in the number of unduplicated persons	2829
Number of Children counted in the number of unduplicated persons	0

PERFORMANCE OUTCOMES:

Using the approved outcomes sheet included with your projects' funding agreement Exhibit A, please complete the questions below.

Total number of households in program at the start of this quarter: 2216_

Number of new households who enrolled in the program this quarter: _422__

Total number of households exited the program during this quarter: ___147___

Project Goal 1

Number of households with children placed in safe housing directly from Coordinated Entry this quarter: _15__

Number of households with children placed in safe housing directly from Coordinated Entry this contract year: _37__

Number of households with children exited to permanent housing directly from Coordinated Entry this quarter: _18__

Number of households with children exited to permanent housing directly from Coordinated Entry this contract year: _39__

Discuss the efforts by the Coordinated Entry staff that led to the participants obtaining permanent housing during this quarter:

Most efforts made by Coordinated Entry staff carry over for all CE programs. Efforts are similar when working with individuals, families, and transitional age youth, but are specifically tailored for each client's circumstances and situation, and the opportunities available for that household. Coordinated Entry staff refer households to financial assistance programs to enter or keep their housing, such as Rapid Rehousing and various voucher programs, but also external referrals such as Homeless Prevention, Seasons of sharing, CAPS, or VA housing assistance. Coordinated Entry staff receive the Catholic Charities housing lists and distribute them to clients searching for housing, giving clients info on available HUD units, low-income local units, and mainstream rentals. To assist with clients entering Permanent Supportive Housing (PSH), staff has completed chronic homeless documentation and coordinates with agencies about missing information needed to assist with a client qualifying. Staff helps partner agencies to document chronic homeless status, or other eligibility factors for clients to be determined eligible. Staff also assists with locating clients for opportunities, meaning tracking the client down with existing contact information, or interpreting data on the client's HMIS dashboard to search for agencies or other staff who may know how to find the client. Many clients have no good contact information, and staff maintain contact with the most vulnerable in order to place clients quickly into openings they qualify for. Coordinated Entry also hosts case conferencing. Case conferencing identifies diverse support for clients moving into PSH and other permanent housing. In case conferencing, the main goal is to assist the most vulnerable of clients to enter PSH and to maintain their success once in PSH.

Project Goal 2

Number of households (individuals) placed in safe housing directly from Coordinated Entry this quarter: _196

Number of households (individuals) placed in safe housing directly from Coordinated Entry this contract year: _378__

Number of households (individuals) exited to permanent housing directly from Coordinated Entry this quarter: 44_

Number of households (individuals) exited to permanent housing directly from Coordinated Entry this contract year: _86___

Discuss the efforts by Coordinated Entry staff that led to the participants obtaining permanent housing during this quarter:
See answer to question above.
Also, Coordinated Entry has an ongoing collaboration with both COTS and CC Homeless Prevention programs so that when low income clients enter housing or are ineligible for Rapid Rehousing, they can still receive rental or deposit assistance. CE has also successfully

Project Goal 3

Number of families exited to permanent housing within 54 days of entering Coordinated Entry this quarter: __2___

Number of families exited to permanent housing within 54 days of entering Coordinated Entry this contract year: _6____

Number of individuals exited to permanent housing within 65 days of entering Coordinated this quarter: _11____

Number of individuals exited to permanent housing within 65 days of entering Coordinated this contract year: __19_

Discuss the efforts by Coordinated Entry staff that led to the participants increasing their income through employment and/or benefits during this quarter:

Because of the ongoing pandemic, employment is scarce for many clients and the majority of efforts related to increasing the income of clients has still been to direct them to various benefits they may qualify for. Coordinated Entry staff shares information about financial assistance programs such as GA, TANF, EDD, CARES funding, etc as well as disability income such as where to

seek assistance with SSI and SSDI. Coordinated Entry staff have especially focused on warm hand offs to CC and COTS Prevention. This quarter, CE was able to assist a client entering PSH to secure deposit assistance through CC Homelessness Prevention. There were also 4 more households that had households who were enrolled into CE due to being at risk of losing their housing were referred to Homeless Prevention and are successfully maintained their housing with the help of the CC Homeless Prevention Diversion Specialist, either through direct financial assistance or warm hand offs to services that could meet their needs. Coordinated Entry focuses highly on getting clients into shelter or other homeless service programs that provide cased management to increase income and access benefits.

Project Goal 4: HMIS (Required if using HMIS)

Based off the project's HUD Data Quality Report (DQR).

1. HUD Data Quality Question 2, error percentage: Error percentages are less than .38% for all three CE programs

If **Q2** of the DQR (Data Quality: Personally Identifiable Information) shows more than a 5% error rate, please indicate why and steps being taken to improve data quality:

2. HUD Data Quality Question 3, error percentage: Error percentages are less than .31% for all three CE programs

_____

If **Q3** of the DQR (Data Quality: Universal Data Elements) shows more than a 5% error rate, please indicate why and steps being taken to improve data quality:

3. HUD Data Quality Question 4, error percentage: _ Error percentages are less than 1% for all three CE programs

____

If **Q4** of the DQR (Data Quality: Income and Housing Data Quality) shows more than a 5% error rate, please indicate why and steps being taken to improve data quality:

4. HUD Data Quality Question 6, error percentage: _3%_

Using **Q6** of the DQR (Data Quality: Timeliness), your HMIS Timeliness Percentage must be calculated by entering the following two totals:

1. Add the total number of all Project Entry and Exit Records listed in Q6 and enter in the box to the right. (Add all 10 numbers listed)	564
2. Add the numbers listed in "7-10 days" row and "11+ days" row and enter in the box to the right. (Add all 4 numbers listed)	19
Percentage of Project Records not entered in HMIS within 6 days (HMIS Timeliness percentage automatically calculates when you right click and select "Update Field)	3%

If the HMIS Timeliness percentage in the grey box above i**s** more than 5%, please state the reason for the error rate and steps being taken to improve HMIS Timeliness in the space below:

BUDGET

Total Funding Agreement Amount: $ 383,908	Total Expended to Date: $158,127
Percentage of Total Funding Remaining: 59%	Will funds be fully expended by June 30, 2021? Yes

Narrative Update

In the space below, please include a narrative on your program's progress towards contract goals, program development, and any successes and challenges experienced this quarter.

1. Describe any collaborative efforts your organization has made with other service providers.
Coordinated Entry continue to train partners in CE enrollments and referrals as they gain new staff. Case conferencing is ongoing and allows partners to collaborate with CE and other agencies directly. CE has placed more of a focus on PSH and problem solving in case conferencing which has made these meetings productive in terms of planning next steps for specific clients and services. Because many partners are still not seeing clients in person or some at all, CE has lost many contacts for resources across the community, which has limited community collaborations and resource sharing compared to pre pandemic levels. CE hopes that as the vaccine for COVID is dispersed, shelter in place restrictions can be lifted so collaborative efforts can restart in full force.

2. Describe trainings Coordinated Entry staff attended either online or in-person.
Training offerings have slowed down during the pandemic significantly. The CE manager and staff are continuously searching for training opportunities online to supplement the trainings offered directly through CC and the county. Very few of the regular trainings that had been ongoing previously have adapted to an online forum, meaning staff is not getting the same

amount of regular training as previously. This quarter, CE staff attended Motivational Interviewing training, an additional human trafficking training, Naloxone and overdose training, APS training, HMIS trainings, and of course various COVID safety and protocol trainings. Additionally, CE has begun meeting as a team on a weekly basis, which is a training opportunity for everyone as we all share resources and ideas with each other to better serve our clients.

3. Describe any challenges your organization anticipates in achieving outcomes or meeting the terms of the Funding Agreement.

Data errors from partners are still an ongoing challenge that are anticipated to continue. CE staff have identified that there are three times as many partner agency staff entering data into CE programs as have been trained. CE staff is only aware of the errors once they are located, making fixing those errors in a timely fashion difficult. CE still does not have a Program Support staff for data clean up. Several times CE has been close to hiring Program Support and at the last minute it did not work out, making the hiring process lengthy and drawn out as we have gone through several rounds of candidates already. The CE manager and staff have reached out to partners with the most errors to attempt to address the issue.

4. Describe any program successes and challenges that have occurred over the last quarter.
   This quarter saw many challenges, and the main successes were in the CE team's capability to keep working and serving our clients amidst all the turmoil going on due to various outside factors such as the pandemic and political climate. While CE was not able to hire a Program Support this quarter, others on the team stepped up to assist where they could on HMIS errors and incomplete enrollments. CE staff continues to serve the most vulnerable in our community, even if shelter in place guidelines disallow in person drop ins currently. CE staff have coordinated with Homeless Service Center staff to allow clients who still attempt to attend in person drop ins to call the Service Navigators who had been operating those drop ins so those clients can still receive services.
   Challenges have been large this quarter, as they have been since the pandemic began. CE staff is still experiencing a large volume of calls due to the pandemic. Many of these calls are not necessarily CE related, so staff takes time finding appropriate resources for these inquiries, eating up into time they could be spending working with CE clients. CE staff was operating the only in person CE drop in site at the Homeless Service Center up until the newest shelter in place order, and now there are no in person drop in sites for Coordinated Entry in the county.

<u>Housing First</u>

In the space below, describe how your organization is implementing the Housing First approach into the Coordinated Entry program.

1. Describe how your organization ensures Coordinated Entry staff use a Housing First/Low Barrier approach.
   Training, oversight, communicating with partners around issues and mistakes in HMIS that could hinder a client's ability to participate in programs. Many partners are unaware that

mistakes in HUD touchpoints can lead to clients not appearing as eligible for many services on the CE By Names List. CE staff has been educating partners who enroll clients on the importance of the domestic violence question on the HUD start touchpoint specifically. YWCA RRH serves victims of domestic violence who have last experienced domestic violence within a certain time period. Many providers have been framing this question around physical violence, rather than the full scope of what domestic violence can entail- including harassment, emotional, or financial abuse. CE staff have made ongoing efforts to raise awareness on domestic violence with partners so this specific question is asked in a way that encourages the respondent to take into account their full range of experiences as a victim of domestic violence.

We ensure Coordinated Entry staff use a Housing First and Low Barrier approach through our ongoing training that solidifies Housing First and Low Barrier practices within the Coordinated Entry workflow. Trainings that staff have completed are outlined in question 2 above. Coordinated Entry staff also identify where barriers are observed by clients in the various programs Coordinated entry collaborates with and encourages those programs to reduce barriers. For example, Coordinated Entry staff identified an issue with capacity in COTS RRH program. The program was unable to take on non housing in hand referrals due to a lack of staff capacity. CE staff continued to encourage COTS leadership to increase RRH capacity so both programs could meet RRH referral goals. This quarter, COTS hired a second RRH case manager and is now accepting both housing in hand and housing not in hand referrals for COTS RRH.

Coordinated Entry staff continued to operate CE drop ins at HSC until the newest shelter in place restrictions. Although Coordinated Entry are unable to operate drop ins in person due to shelter in place restrictions currently, staff are available by phone during the drop in times and have coordinated with HOST staff to enable clients who still arrive at CE drop ins at HSC to call those available staff for assistance.

2. Describe what efforts are being made and challenges that are occurring to incorporate Housing First strategies into your service delivery.

The Coordinated Entry System continues to provide services to the most vulnerable. Regardless of what is going on in their life, our goal is to meet the participant where they are in an attempt to get them into safe housing as soon as possible. We work to build trust and rapport with the most vulnerable in our community, some of whom have given up hope. There were many barriers for the most vulnerable to get into any type of emergency assistance programs prior to our county's implementation of the Housing First model. Now, we are seeing more and more of the most vulnerable getting into programs more quickly. We are grateful for the County’s strong support of the Housing First model and the increasing partnership among fellow service providers. This includes further honing the incorporation of CES, HOST, public services and other efforts, so as to enroll those who are not traditionally connected to services and usually are the more vulnerable in our community.

Coordinated Entry continues to reach out to new partners and to strengthen relationships with our existing partners. Coordinated Entry also continues to encourage participation in case conferencing and open collaboration with the system’s partners.

2nd Quarter Report Only:

Please complete the Housing First Assessment Tool and enter the score in the following box. The assessment tool can be found via the following link:

https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

Score = ____60_____

Based on the assessment tool, briefly describe one strategy you will implement during the final six months of the Fiscal Year to bring your project model closer to fidelity with Housing First.

The biggest thing missing that could bring our project closer to fidelity with Housing First would be to implement a feedback process for clients to be able to voice their concerns with the Coordinated Entry System. While this is a weighty challenge to take on during the pandemic, it is clear that with limited access to contacting clients due to shelter in place guidelines, additional feedback from clients would support our abilities to locate those clients for opportunities and build rapport with them. Coordinated Entry has the materials to implement gathering feedback from clients, what is needed is direct and clear guidance on how to properly implement these tools.

4th Quarter Report Only:

Describe the results of the use of the strategy you described in the 2nd Quarterly Report, and state if the effort helped increase fidelity to Housing First.

Reasonable Accommodations

1. Enter the number of Reasonable Accommodation requests received so far during FY 20-21? ___0____
2. Of those Reasonable Accommodation requests, how many were denied? __0____
3. In the space below, please provide the justification for denial of RA requests.

Staffing Changes

Please note any significant staffing changes along with the names, titles, of new staff that occurred during this quarter in the following section.

Name: ___N/A____ _____ Name:

Title: __ _____	Title: _____
Email: ___	Email: _____
Phone: _____	Phone: _____
Replacing: ___ _____	Replacing: _____

Signature

By signing below, I certify that the information provided in this report is accurate and correct to the best of my knowledge.

Signature: _____Araceli Rivera_____Date: ___1.8.2021_____

Print Name: __Araceli Rivera_____ Title: __Assistant Director, Front Door Services_____

LEADERSHIP COUNCIL
Tom Schwedhelm, Chair
Mark Krug, Vice Chair
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Lynda Hopkins
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David Kuskie
Rebekah Sammet
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HOME SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

CONTACT
Chuck Mottern
(707) 565-7554
chuck.mottern@sonoma-county.org

Monitoring Questionnaire

Organization: Catholic Charities of the Diocese of Santa Rosa

Project Name: Coordinated Entry

FY 18-19 Contract Amount: $ 393,546

FY 19-20 Contract Amount: $ 220,884

Provide the names and job title of the staff members who will be present on the date of the monitoring:

Name	Job Title
Saskia Garcia	Grants Compliance Manager
Joseph Hegedus	Director of Shelter and Housing
Robert Daley	Assistant Director of Shelter and Housing
Allison Mayer	Program Manager, Data and Service Integration
Diane Lerma	Program Support III, Compliance

CONTRACT OVERVIEW

Funding Source – Select all that apply *(See Exhibit B-1 in your contract)*

- ☐ Emergency Solutions Grant (ESG)
- ☐ Community Development Block Grant (CDBG)
- ☐ Community Service Fund (CSF)
- ☐ Low Moderate Income Housing Asset Fund
- ☐ Homeless Emergency Aid Program (HEAP)
- ☐ California Emergency Solutions & Housing (CESH)
- ☐ Partnership HealthPlan of California (PHC)
- ☒ Other County funds

Activities covered by this award:

- ☐ Street Outreach
- ☐ Homelessness Prevention & Diversion
- ☐ Emergency Shelter
- ☐ Rapid Re-Housing
- ☐ HMIS
- ☐ Permanent Supportive Housing
- ☒ Coordinated Entry
- ☐ Winter Shelter
- ☐ Fair Housing Related Services

PROGRAM AND FACILITY OPERATIONS

Do you foresee any challenges/obstacles that may impede your ability to accomplish the objectives cited in Exhibit A of your Funding Agreement?

☐ Yes ☒ No

If yes, what challenges, obstacles, or problems did you have or do you foresee?

The continual growing number of CE referrals to newly added and existing shelter & housing providers, paired with the growing enrolment and management of the "By-names list" perpetuates the difficulty CE faces when maintaining workloads and grant obligations. That said the addition of new funding for Service Navigation should alleviate some influx of new housing providers requiring CE referrals will bring.

Another difficulty that CE often faces is the participation and full compliance of shelter & housing providers in meeting the procedures for CE and corresponding adoption of related Housing First practices in these programs. CE is often faced with difficulty in referrals and does not have a quick or meaningful tool that allows for swift, consistent and ongoing resolution of related efforts, such as after-hours admission to shelter, PSH providers rejecting referrals and/or providers admitting people to programs outside of CE referrals who are not the next most appropriate referral and vulnerable person.

Finally, while it is great to bring on other service providers funded to operate as Access Points, there is concern that without having them serve as subcontractors of the CE operator, direct oversight of their work and in turn accountability for meeting CE Policies and Procedures is diminished. As such, CE will seek the support of the CDC in this and the previously mentioned concern around compliance from Shelter & Housing providers in taking Ce referrals.

In Fiscal Year 2019-2020, have any additions or reductions in the services offered through this project occurred since from the previous Fiscal Year?

☒ Yes ☐ No ☐ NA – Not funded in FY 2018-2019

If you answered yes, please describe:

In Q4 report last year Catholic Charities reported serving 1806. In FY1920 Catholic Charities aims to serve 2000-2250 in alignment with application and funding amount.

If you answered yes, has your organization formalized the changes described above in your program policies and procedures?

☒ Yes ☐ No

Do your agency's policies state a prohibition against religious and political activities?

☒ Yes ☐ No

If you answered yes, please note the name of the board approved policy and section containing this provision:

ETH 5.001 Conduct and Ethical Practice Procedure

- Catholic Charities does not offer employment as a consideration or reward for supporting a political party or candidate for public office. Members of the Board of Directors and staff members may not represent CCDSR in partisan political activities. Members of the Board of Directors and staff members may not:

  - use their Catholic Charities position, authority or influence to interfere with or affect the result of a nomination or election to a party or public office;
  - directly or indirectly coerce, attempt to coerce, command or advise an employee to pay, lend or contribute personal services or anything of value to a party, committee, organization, agency or person for partisan political purposes or to influence any election for public or party office;
  - discriminate or threaten any employee or potential employee or beneficiary of Catholic Charities services because of his/her political affiliations or beliefs, or require any employee or potential employee, or beneficiary of Catholic Charities services, to disclose his/her political affiliations; and
  - permit the use of contributions from Catholic Charities resources to influence the development or interpretation of rules, regulations or laws proposed by any elected representative or professional official.

If you answered yes to the previous question, please describe how your organization enforces the prohibition against religious and political activities.

Prohibition against religious and political activities is a topic covered during onboarding, training, and in employee handbooks as well as program manuals. All program managers are acutely aware of this policy; we are vigilant agency-wide ensuring adherence to this requirement and have had no problems in this area.

Does your agency have a Board approved Reasonable Accommodation policy?

☒ Yes ☐ No

If you answered no, will your Board approve a Reasonable Accommodation Policy by October 31, 2019?

Has any of your staff participated in technical assistance, training, or workshops provided by the CDC?

☒ Yes ☐ No

If you answered yes, in which CDC-provided technical support, trainings, or workshops has your organization's staff participated?

Program and administrative staff participate in technical assistance trainings related to grant application preparation, implementing evidence-based practices in use throughout the local Continuum of Care, and trainings related to HMIS implementation and quality management.

What additional training would you like to see offered?

Additional trainings in specific evidence-based practices in use throughout the local Continuum of Care, or in technology solution such as HMIS/ETO software implementation would be of value.

FACILITIES (if applicable)

Does the facility where the program operates have working smoke alarms and/or sprinklers?

☒ Yes ☐ No

Are the smoke detectors designed to accommodate hearing-impaired residents?

☐ Yes ☒ No

Does your organization have an evacuation plan posted on site?

☒ Yes ☐ No

Has the building or location of the project been seismically retrofitted?

☐ Yes ☒ No

Does your agency have a board-approved disaster plan?

☒ Yes ☐ No

On a scale of 1 to 5, please rate the condition of your building(s) or facility.

☐ 1 (Poor) ☐ 2 (Below Average) ☒ 3 (Average) ☐ 4 (Above Average) ☐ 5 (Excellent)

Please list any significant deferred maintenance issues in need of attention:

Describe the role of staff and clients for facility maintenance and cleaning.

Staff and resident volunteers (TRP) are responsible for maintaining a safe, clean, and welcoming service environment (including office spaces). Staff Facility Specialists conduct monthly inspections and perform any needed maintenance.

Does your organization serve food at the facility?

☐ Yes ☒ No

If you answered yes, please describe how you ensure that staff members follow proper food handling and sanitation strategies.

HMIS PARTICIPATION

Project participates in the Sonoma County HMIS: ☒ Yes ☐ No

HMIS Project Name: **Coordinated Entry – TAY, Individuals and Family**

What is the frequency of data entry?

Catholic Charities strives to ensure that data is entered into HMIS within five (5) days after a participant has been assessed or served. CE staff completes live data entry, ensuring immediate enrolment.

Are all service provided through this project entered into the HMIS program for every participant?

☒ Yes ☐ No

If you answered No, please describe instances that may not result in the logging of services into HMIS:

What happens to the HMIS hard copy assessments once the data entry occurs?

CE does not use hard copies, all data is entered in HMIS live. Scanned ROI's etc. Are uploaded upon return to site office.

Which HMIS reports does your staff review and how frequently does this occur?

By names list report is used daily/weekly, assorted other HMIS reports such as case notes and referrals reports. All reports built by CDC HMIS Admin.

CAPER, APR, DVE, and occasionally 1-2 other reports, staff review reports quarterly or bi-monthly.

CDC REPORTING

Provide the names and job title of the staff members who complete Quarterly Reporting:

Name	Job Title
Joseph Hegedus	Director of Shelter and Housing
Saskia Garcia	Grants Compliance Manager
Jennielynn Holmes	Chief Programs Officer
Robert Daley	Assistant Director of Shelter and Housing

Allison Mayer Data Systems Manager

So far, in Fiscal Year 2019-2020, has your organization submitted Quarterly Reports on time for each quarter?

☒ Yes ☐ No

Did your organization submit Quarterly Reports for Fiscal Year 2018-2019 on time?

☒ Yes ☐ No ☐ NA – Not funded in FY 2018-2019

Do you experience challenges completing and submitting CDC Quarterly Reports accurately and on time?

☒ Yes ☐ No

If you answered yes, please briefly describe the challenges, you experience:

Catholic Charities waits to pull program data until the 5th of the month to ensure that data entry is accurate and up-to-date. This leaves less than 5 days to pull reports for all CDC projects, compile information into the reporting template, send the reports for internal review, and send the reports to the CDC. Having until the 15th rather than the 10th would dramatically reduce pressures on staff responsible for completing reports. Additionally this last quarter we experienced the sudden departure of the CE program manager and had to ensure ongoing supervision of program while at the same time allocating the report work to other staff who were not as directly informed or involved.

RECORDS MAINTENANCE

Do your agency's policies describe a records retention and disposal policy?

☒ Yes ☐ No

If you answered yes, please note the name of the board approved policy and section containing this provision:

Record Retention Policy

Are files stored in a secure location, accessible only by designated staff?

☒ Yes ☐ No

NON-DISCRIMINATION

Are there policies or procedures to ensure non-discrimination, both to employees and in the provision of services?

☒ Yes ☐ No

If you answered yes, please note the name of the board approved policy and section containing this provision:

Discrimination Prohibition policy, Employee Handbook, and Client Rights Policy

Are all sites accessible to the disabled and elderly, including parking lots and restrooms?

☒ Yes ☐ No

Does your organization have a board-approved Minority & Women-Owned Business Enterprise policy?

☒ Yes ☐ No

If you answered yes, please note the name of the board approved policy and section containing this provision:

Procurement Policy

When purchasing goods or services, what steps are included to identify potential minority and women-owned business before making the purchase decision, and how do you document these actions in agency records?

Positive efforts shall be made by CCDSR include small businesses, minority-owned, veteran's-owned, and women's-owned business enterprises, whenever possible, in the solicitation process. CCDSR will consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, women's and veteran's business enterprises.
CCDSR will also encourage contracting with consortiums of small businesses, minority-owned firms, women's and veteran's business enterprises when a contract is too large for one of these firms to handle individually.
CCDSR will also use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms, women's and veteran's business enterprises.
Documentation of which businesses were considered for various projects will be kept in accounting files. A minimum of 2 business are considered for purchases $150,000 or under. A formal bid process will occur for purchases over $150,000.

FINANCIAL MANAGEMENT SYSTEMS (Completed by accounting staff)

Was a contract modification or budget modification requested so far during FY 2019-2020?

☐ Yes ☒ No

Does your organization plan to submit a budget modification request during FY 2019-2020?

☐ Yes ☒ No

Did your organization submit any contract or budget modifications during FY 2018-2019?

☐ Yes ☒ No ☐ NA – Not funded in FY 2018-2019

Were submitted reimbursement requests for this project at least once per quarter during FY 19-20?

☒ Yes ☐ No

Did the submission of reimbursement requests occur at least once per quarter for this project during FY 18-19?

☒ Yes ☐ No ☐ NA – Not funded in FY 2018-2019

Enter the name(s) of staff members responsible for the completion and submission of CDC reimbursement requests.

Name	Job Title
Maureen Aggio	Grants Staff Accountant

Do you experience any challenges or problems completing reimbursement requests?

No

Has your accounting staff reviewed the Subrecipient Agreement between your agency and the CDC?

☒ Yes ☐ No

Did your organization submit the most recent audit to the CDC?

☒ Yes ☐ No

Did the agency's most recent audit reveal any findings or Concerns? Has the agency received an additional management letter outlining any concerns or recommendations?

☒ Yes ☐ No

Does your organization process payroll internally or by an outside payroll processing company?

☐ Internally ☒ Externally

Does your agency use time and activity reports to measure the time split between various activities?

☒ Yes ☐ No

If so, does your organization allocate salary expenses to various funding sources based on the time and activity reports?

☒ Yes ☐ No

How does your agency separate the transactions of the CDC-funded project from other projects? (Separate checking account, fund accounting system, other)

Each grant is tracked in Abila MIP, our fund accounting system, with a unique source code.

Are the revenues and expenditures for programs funded by the CDC in line with the original projected budget provided in the application?

☒ Yes ☐ No

If not, please explain the changes.

Does your agency receive federal funds from any other agency besides the CDC? Please list.

Catholic Charities of California, Catholic Charities USA, Napa Health and Human Services, City of Napa, United Way, US Department of Homeland Security, Verity Pass-thru

Is your agency familiar with OMB Circular A-122: Cost Principles for Non-Profit Organizations?

☒ Yes ☐ No

Does your organization generate income for your agency?

☒ Yes ☐ No

If you answered yes, please describe any uses of program income (i.e., auxiliary sources of income such as a fee for services, room rental or seminar admission fees).

Fee for immigration services and rent for permanent supportive housing units generate income which funds program staff and operations of the facilities.

Have you disposed of any assets in the past 24 months?

☐ Yes ☒ No

If you answered yes, please provide the inventory tracking for the equipment or assets discussed in this section.

If you answered yes, please state the equipment or assets purchased with federal funding received from the CDC.

How long are purchase records maintained?

Under agency policy, files are kept for seven (7) years after closing unless otherwise mandated by law or specific grant agreement.

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
COMMUNITY DEVELOPMENT PROGRAM

Quarterly Status Report
Public Services Programs
(Projects funded with CDBG, ESG, CESH, CSF, LMIHAF, TOT, R&R, HEAP funds)

Quarterly reporting of project status is a required condition of funding by the SCCDC. Please submit this document in two electronic formats, one copy as a signed scanned PDF and a second in the MS Word format. The data presented each quarter **should reflect the numbers served CUMULATIVELY during the Fiscal Year**, beginning July 1, 2019 and ending through the quarter for which you are reporting on.

Agency Name: **Catholic Charities of the Diocese of Santa Rosa**

Project Name: **Coordinated Entry**

CDC Funding Year: **2019-2020**

Reporting Due Dates and Period (*please check only one*):

	Report	Due Date	Report Period Covered
☐	Quarter Rpt:	Due October 10th	July 1 - September 30
☐	Quarter Rpt:	Due January 10th	July 1 - December 31
☐	Quarter Rpt:	Due April 10th	July 1 March 31
☒	Quarter Rpt:	Due July 10th	July 1 – June 30

(4th Qtr ONLY – Please include Final Quarterly Report Addendum: Summary of Other Funding Sources)

1. **Total Number of *Households and Unduplicated Participants Assisted**
***HOUSEHOLD:** All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (https://www.huduser.gov/portal/glossary/glossary_all.html)*

1a. Enter the total **CUMULATIVE** number of Households, and a breakdown of the number of **CUMULATIVE** number of Adults, and Children in the households served during the Fiscal Year in the grid below.

Households (Unduplicated / Cumulative)	Total
Total Number of Unduplicated Households served in FY 19-20	2791
Total Number of Unduplicated Persons Served in FY 19-20	3432
Number of Adults counted in the number of unduplicated persons	3432
Number of Children counted in the number of unduplicated persons	NA

2. **INCOME DETERMINATION:**
Complete the table below indicating the income categories of the **CUMULATIVE** number of PERSONS assisted during Fiscal Year 2019-2020.

Cumulative No. of Persons Assisted	Below 30% (Extremely Low)	31% to 50% (Very Low)	51% to 80% (Low Income)	Over 80% (Non-low Moderate)	Null Data - Counted as over 80% AMI
3432	3119	215	49	10	39

3. **RACE/ETHNICITY DETERMINATION:**
Complete the table below to indicate the total number of individuals in each race/ethnicity category. The total of the first column below should equal the **CUMULATIVE** number of persons directly assisted in #2 above. Calculate the total of the second column **CUMULATIVELY** from July 1, 2019.

RACE/ETHNICITY DATA	(Total) No. of persons served per category	No. of Hispanic persons per category
White	2451	301
Black or African American	242	12
Asian	27	2
American Indian/Alaskan Native	267	154
Native Hawaiian/Other Pacific Islander	29	5
American Indian or Alaska Native and White	195	91
Asian and White	12	2
Black/African American and White	27	4
American Indian/Alaska Native & Black/African	12	4
Other multi-racial	41	16
Client Doesn't Know/Refused/Data Not Collected	129	53
Total number assisted: (**must equal the total number of persons in Q#1 and Q#2 above**)		3432

4. **HMIS**
   a. **For HMIS Participating Programs:**

      i. Was HMIS data used to report create this report?
      ____X___Yes _____No

   b. **If this program participates in the EtO HMIS, please attach your HUD Data Quality Report (DQR) for the period reported on this quarterly form.**

      i. If **Q2** of the DQR (Data Quality: Personally Identifiable Information) shows more than a 5% error rate, please indicate why:

      Error percentages are ≤ 0.28% for all three CE Programs.

ii. If **Q3** of the DQR (Data Quality: Universal Data Elements) shows more than a 5% error rate, please indicate why:

Error percentages for all three programs are ≤ 0.30%.

iii. If **Q4** of the DQR (Data Quality: Income and Housing Data Quality) shows more than a 5% error rate, please indicate why:

Error percentages for all three programs are ≤ 0.36%.

iv. Using **Q6** of the DQR (Data Quality: Timeliness), your HMIS Timeliness Percentage must be calculated by entering the following two totals:

1. Add the total number of all Project Entry and Exit Records listed in Q6 and enter in the box to the right. (Add all 10 numbers listed)	3098
2. Add the numbers listed in "7-10 days" row and "11+ days" row and enter in the box to the right. (Add all 4 numbers listed)	88
Percentage of Project Records not entered in HMIS within 6 days (HMIS Timeliness percentage automatically calculates when you right click and select "Update Field)	2.8%

If the HMIS Timeliness percentage in the grey box above i**s** more than 5%, please state the reason for the error rate in the space below:

HMIS Timeliness percentage is < 5%.

c. For non-HMIS Programs:

i. Indicate the data source used to compile the information reported:

_____

ii. Please attach documentation of the achievements reported in this document, per your annual funding agreement.

5. Performance Outcomes (cumulative):

Using the approved outcomes sheet included with your projects' funding agreement Exhibit A, please complete the table below indicating the actual number of project participants who have achieved outcomes from July 1, 2019 through the reporting period.

Outcome Identifier	Project Goal	Actual Outcomes Achieved from July 1, 2019 through this report period
1	Assist homeless families to quickly resolve housing crisis Goal 1(a) – 40% of households w/children placed in safe housing Goal 1(b) – 21% of households exited directly to permanent housing	Total number targeted to achieve this outcome as stated in Scope of Work: 207 Number who achieved Outcome(s): 231 Total number targeted to achieve this outcome as stated in Scope of Work: 109 Number who achieved Outcome(s): 144
2	Assist homeless individuals to quickly resolve housing crisis Goal 2(a) – 78% of households (individuals) placed in safe housing Goal 2(b) – 21% of households (individuals) exit directly to permanent housing	Total number targeted to achieve this outcome: 2,274 Number who achieved Outcome(s): 990 Total number targeted to achieve this outcome as stated in Scope of Work: 612 Number who achieved Outcome(s): 407
3	Decrease average number of days between program entry and permanent housing placement Goal 3(a) – Families – 54 days or less to permanent housing Goal 3(b) – Individuals – 65 days or less to permanent housing	Total number targeted to achieve this outcome: 54 days Average number of days for Families: 192 days Total number targeted to achieve this outcome as stated in Scope of Work: 65 days Average number of days for Individuals: 282 days
4	HUD Data Quality Report: fewer than 5% errors on questions 2, 3 and 4; on question 6, fewer than 5% of project entry or project exit records in more than 6 days.	Question 2: ≤ 0.28% Question 3: ≤ 0.30% Question 4: ≤ 0.36% Question 6: 2.8%

6. **Outcome Universe Determination**

In the space below, please describe how the number eligible to achieve each outcome was determined.

The report used to collect data for section 1 was the Annual Performance Report which was generated in HMIS for all three programs within the Coordinated Entry System: Families, Individuals, and Transition Age Youth. While the APR does include data on race for section 2, it does not include all the categories that are requested. Therefore, the Quarterly Report was generated for section 2 and 3 in HMIS for all three programs.

For goals 1 and 2, the CE Referrals and Dismissals was used. The AVG Days Between Start and Successful Exit was used to complete goal 3 and the Data Quality Report was used to complete goal 4. Reports were completed separately for each CE Program.

7. **Narrative Update**

In the space below, please include a narrative on your program's progress towards contract goals, program development, and any successes and challenges experienced this quarter. **(Required)**

Goal #1:

Throughout the remainder of the fiscal year, CE continued to surpass the targeted goals with 231 families placed in safe housing and 144 achieving permanent housing. This is 5% more families in safe housing and 7% more in permanent housing in comparison to the targeted goal. This success is short from that of Q4 FY18-19 since it had 5% more families housed in comparison to this quarter (FY19-20). Outcomes may not reflect the true number of housed families since some of the 98 families that got dismissed, due to no contact, could be housed. In addition, the challenges brought on by the current pandemic may have had a potential impact on outcomes.

Goal #2:

This quarter, CE served 131 more individuals in comparison to Q3 (FY 19-20). Out of 2,915 individuals, 990 were placed into safe housing and 407 individuals exited to permanent housing. While an increase was witnessed in both safely housed and permanently housed individuals in comparison to last quarter, this fiscal year (19-20) had 154 less individuals in safe housing and 91 less in permanent housing than in FY 18-19. As mentioned last quarter, CE did see a reduction of referrals for shelter after Q2 and once again in this quarter with Covid-19. Like families, housing outcomes for individuals may have been higher if some of the 490 individuals that got dismissed, due to no contact, maybe actually housed.

Goal #3:

The average days to successful exit into housing has increased 3 days for families, but decreased for individuals by 36 days. While the average days to housing improved for individuals, there are several challenges that hinder the ability to find housing. Along with the challenges of Covid-19, many participants need case management to find affordable housing in a tight rental market and rental assistance that is long term. As part of a trauma informed agency, it should be expected that the road to housing for many of our clients will be a difficult process that takes time. Often that time period goes beyond what is set in our goals. Therefore, without additional resources and housing, outcomes can only improve so much.

As the number of served participants grows, data errors also continue to be a challenge that affects outcomes. CE is actively working with providers and staff to increase data accuracy, particularly for

dismissals. This will ensure that exits are accurately reflecting exit status and in turn will help decrease the average days to successful exit. CE has also gone through staff changes with the departure of two Service Navigators and the challenge of training staff remotely. Once CE is fully staffed and trained, this will help with data accuracy. However, factors such as lack of affordable housing, inadequate shelters, and data errors, the set goals for CE become more challenging to obtain. Progress is expected, but the mentioned challenges continue to limit that progress.

8. Housing First

In the space below, please describe your organization's efforts and challenges implementing the Housing First approach at your program. Please describe what efforts you are making or planning on to incorporate this strategy into your services delivery. **(Required)**

As we move forward with full implementation of the Coordinated Entry System, we continue to provide services to the most vulnerable. Regardless of what is going on in their life, our goal is to meet the participant where they are at an attempt to get them into safe housing as soon as possible. We work to build trust and rapport with the most vulnerable in our community, some of whom have given up hope. There were too many barriers for the most vulnerable to get into any type of emergency assistance programs prior to our county's implementation of the housing first model. Now, we are seeing more and more of the most vulnerable getting into programs quickly. We are grateful for the Counties strong support of the housing first model, the increasing partnership among fellow service providers, and the momentum that Housing First implementation continues to gain. This includes further hone the incorporation of CES, HOST, public services and other efforts, so as to enroll those who are not traditionally connected to services and usually are the more vulnerable in our community.

In addition, CES has developed the Case Conferencing Committee, which meets bi-weekly to discuss people experiencing homelessness that may not be connected to CES but are highly vulnerable, as well as those who are in CES, but not may be accurately assessed by the VI and benefit from such case conferencing to adjust vulnerability accordingly.

8a. 2nd Quarter Report Only:

Please complete the Housing First Assessment Tool and enter the score in the following box. The assessment tool can be found via the following link:

https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

Score = _____

Based on the assessment tool, briefly describe one strategy you will implement during the final six months of the Fiscal Year to bring your project model closer to fidelity with Housing First.

8b. 4th Quarter Report Only:

Describe the results of the use of the strategy you described in the 2nd Quarterly Report, and state if the effort helped increase fidelity to Housing First.

Coordinated Entry has seen a decrease in PSH rejections with The CES Housing First Task group having fully implemented the appeal process for both agencies and clients alike. This has done what we had hoped and has allowed a venue for impartial third-party review. Clients are now able to bring forward their concerns around rejections in a more streamlined, easy fashion. This has increased the fidelity of housing first within providers and gives CES a venue to present cases which in turn has created a line of communication with CDC and agencies alike to ensure that all policies and procedures are being followed. CES continues to focus on educating clients and agencies around new processes to unsure that both are aware of process and options. Although we were not able to reach our goal of expanding CES formal processes for participants to offer input, this is something we will be putting great effort into next FY. With the need in the county for CES services/providers growing it is imperative to foster opportunities for improvement/feedback in the form of participation evaluations, process evaluation, quality assurance etc. CES has tools in place, the intent will be to make these more robust and more readily available to clients/agencies.

9. <u>Reasonable Accommodations</u>

a. Enter the number of Reasonable Accommodation requests received so far during FY 19-20?

N/A

b. Of those Reasonable Accommodation requests, how many were denied? N/A

c. In the space below, please provide the justification for denial of RA requests.

10. Staffing Changes

Please note any significant staffing changes along with the names, titles, of new staff that occurred during this quarter in the following section.

Name:	_Robby Moore_____	Name:	_Oliva Harrison _____
Title:	_____Service Navigator _____	Title:	_Service Navigator_____
Email:	___Rmoore@srcharities.org___	Email:	__Oharrison@ksrcharities.org_____
Phone:	_____N/A_____	Phone:	_____N/A_____
Replacing:	__Terri Musser ___	Replacing:	___New Employee_____

Signature

By signing below, I certify that the information provided in this report is accurate and correct to the best of my knowledge.

Signature: Araceli Rivera **Date:** 7/10/2020

Print Name: Araceli Rivera **Title:** Assistant Director Front Door Services

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
COMMUNITY DEVELOPMENT PROGRAM

Quarterly Status Report
Public Services Programs
(Projects funded with CDBG, ESG, CSF and homeless-dedicated LMIHAF funds)

Quarterly reporting of project status is a required condition of funding by the SCCDC. The CD Committee will receive periodic updates on your project status based on the information provided in this Quarterly Report. Please submit this document in two electronic formats, one copy as a signed scanned PDF and a second in the MS Word format. The data presented each quarter **should reflect the numbers served cumulatively during the Fiscal Year**, beginning July 1, 2018 and ending through the quarter for which you are reporting on.

Agency Name: **Catholic Charities**

Program Title: **Coordinated Entry**

CDC Funding Year: **2018-2019**

Reporting Due Dates and Period (*please check only one*):

	Report	Due Date	Report Period Covered
☐	1st Quarter Rpt:	Due October 10th	July 1 - September 30
☐	2nd Quarter Rpt:	Due January 10th	July 1 - December 31
☐	3rd Quarter Rpt:	Due April 10th	July 1 – March 31
☒	4th Quarter Rpt:	Due July 10th	July 1 – June 30

(4th Qtr ONLY – Please include Final Quarterly Report Addendum: Summary of Other Funding Sources)

1. Total Number of *Households and Unduplicated Participants Assisted

***HOUSEHOLD:** All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (https://www.huduser.gov/portal/glossary/glossary_all.html)*

1a. Enter the total **cumulative** number of Households, and a breakdown of the number of **cumulative** number of Adults, and Children in the households served during the Fiscal Year in the grid below.

Households (Unduplicated / Cumulative)	Total Fam/Ind/Tay=T
Total Number of Unduplicated Households served in FY 18-19	616/2324/217=3157
Total Number of Unduplicated Persons Served in FY 18-19	616/2324/217=3157
Number of Adults counted in the number of unduplicated persons	616/2324/217=3157
Number of Children counted in the number of unduplicated persons	N/A

2. **INCOME DETERMINATION:**

Complete the table below indicating the income categories of the **cumulative** number of PERSONS assisted during Fiscal Year 2018-2019.

Cumulative No. of Persons Assisted	Below 30% (Extremely Low)	31% to 50% (Very Low)	51% to 80% (Low Income)	Over 80% (Non-low Moderate)
FAM 616	569	37	9	1
IND 2324	2153	114	17	40
TAY 217	206	9	1	1
Total 3157	**2928**	**160**	**27**	**9**

3. **RACE/ETHNICITY DETERMINATION:**

Complete the table blow to indicate the total number of individuals in each race/ethnicity category. The total of the first column below should equal the **cumulative** number of persons directly assisted in #2 above. Calculate the total of the second column **cumulatively** from July 1, 2018.

RACE/ETHNICITY DATA	(Total) T No. of persons served per category Fam / Ind / TAY / **Total**				No. of Hispanic persons per category Fam / Ind / TAY / Total			
White	423	1,767	116	**2306**	135	180	20	**335**
Black or African American	49	143	19	**211**	3	5	1	**9**
Asian	7	25	1	**33**	1	2	0	**3**
American Indian or Alaska Native	46	122	42	**210**	21	57	38	**116**
Native Hawaiian or Other Pacific Islander	5	21	3	**29**	0	5	1	**6**
American Indian/Alaska Native & White	53	118	15	**186**	31	49	12	**92**
Asian & White	1	6	0	**7**	0	0	0	**0**
Black or African American & White	7	18	5	**30**	1	1	2	**4**
American Indian/Alaska Native & Black or African American	2	5	3	**10**	0	1	1	**2**
Other Multi-Racial	12	15	6	**33**	4	6	1	**11**
(Race) Client Doesn't Know/Refused/Data Not Collected	11	84	7	**102**	10	21	3	**34**
Total number assisted (**must equal the total number of persons in Q #1 and #2 above**):	**616**	**2,324**	**217**	**3157**	**206**	**327**	**79**	**612**

4. **HMIS**

   a. **For HMIS Participating Programs:**

      i. Was HMIS data used to report create this report?
      __x_Yes _____No

   b. ****If this program participates in the EtO HMIS please attach your DVE report for the period reported on this quarterly form.**

      i. **Also if the DVE report included shows more than a 5% error rate – please indicate why:**

N/A DVE reports not used with CES

c. For non-HMIS Programs:

i. Indicate the data source used to compile the information reported:
_____

ii. Please attach documentation of the achievements reported in this document, per your annual funding agreement.

5. <u>Performance Outcomes (cumulative)</u>:
Using the approved outcomes sheet included with your projects' funding agreement Exhibit A, please complete the table below indicating the actual number of project participants who have achieved outcomes from July 1, 2018 through the reporting period.

Outcome Identifier	Project Goal	Actual Outcomes Achieved from July 1, 2018 through this report period

1	Assist newly homeless **families** to quickly resolve housing crises	Total number targeted to achieve this outcome: 40% of HH's (157 of 392 HHs with children) placed in safe housing; 21% HH (82 of 392) exited directly to permanent Housing by resolving homeless crisis:
		
		Number who achieved Outcome(s):
		
		• 50% of HH's (310/616) placed in safe housing;
		  o 113 emergency shelter
		  o 31 Rapid Rehousing
		  o 154 families achieved permanent housing without an emergency intervention.
		  o 2 were placed into Permanent supportive housing
		  o 10 were safely relocated
		• 32% HH (197/616) exited directly to permanent Housing by resolving homeless crisis.

2	Assist homeless individuals to quickly resolve housing crises	Total number targeted to achieve this outcome: 83% of HH's (883 of 1069 HH without children) will be placed in safe housing; 21% (225 of 1069 HHs without children) exited directly to permanent housing by resolving homeless crisis. Number who achieved Outcome(s):

		• 45% of unsheltered participants (1144/2541 persons – TAY & IND) were placed in safe housing;
		  o 996 individuals
		  o 148 Transitioned aged youth
		• 19% of participants (498/2541) entered transitional or permanent housing.
		  o 350 individuals
		  o 148 transitioned aged youth

3	Decrease average number of days between program entry and permanent housing placement.	Families: retain 2018-19 performance of average 54 days to permanent housing placement. Individuals: target average 65 days to permanent housing placement. Outcome • Families 105 • Individuals 169 • TAY 121 Average 132 days

6. **Outcome Universe Determination**

In the space below, please describe how the number eligible to achieve each outcome was determined.

The report use to collect data for sections 1, 2 and 3 was generated in HMIS using the Consolidated Annual Performance and Evaluation Report (CAPER) for all three programs within the Coordinated Entry System: Families, Individuals and Transitioned Aged Youth.

For outcomes 1 and 2 we used the report generated in HMIS called CE Referrals and Dismissals, pulling each report from the appropriate program.

Outcome number 3 did not have a report generated that the Coordinated Entry Operator could access. This information was provided by CDC HMIS Coordinator, Daniel Overbury-Howland, and provided through email.

Narrative Update

In the space below, please include a narrative on your program's progress towards contract goals, program development, and any successes and challenges experienced this quarter. **(Required)**

Goal #1:

Our yearly projected outcome for placing families into safe housing is 40% of 392 households. For this reporting period, 31% HH (166/539) exited directly to permanent Housing and 48% of HH's (259/539) placed in safe housing.

The Coordinated Entry team has met and exceeded CDC defined goals for this reporting period. With a total of 50% (310/616) of the households served have been placed into safe housing. The steady increase in successful housing placements can be again a result of the increase in RRH funds, Housing Authority Vouchers and focus on follow ups. RRH referrals continue to increase as well as new agencies coming on board. Availability for RRH will be more available and will continue to show increases in the next fiscal year. The Housing Authority vouchers continued to increase in 4th quarter. The Coordinated Entry team continues to put a large emphasis on follow ups to insure dismissals and families housed are being captured in an accurate and timely manner.

Goal #2:

In the fourth quarter of 2018-2019 reporting year, CES safely housed 45% of unsheltered individual participants (1144/2541 persons- 996 Individuals & 148 Transitional aged youth). In addition, 19% of participants (498/2541 persons) entered transitional or permanent housing (350 individuals and 148 transitioned aged youth).

Although the 45% does not meet the projected goal of 78% there continues to be a steady increase in safe housing placements. CES has placed 19% of participants in permanent housing in quarter four 2018-2019. This is a 4% increase from last quarter and an almost 10% increase from quarter four 2017-2018. CES have doubled permanent housing placements from quarter four 2017-2018.

CES believes these positive increases are due to several reasons. Having better communication with providers on when units become available thus giving CES staff more time to identify referrals and as a result reducing time for referrals to be sent. Increased communication with shelters in regards to shelter placement & timeliness of referrals requested. Showing increase from previous quarter in clients placed in safe housing; shelter placement specifically quarter three 2018-2019 Individuals 793 TAY 126 to quarter four 2018-2019 996 individuals, 148 TAY.
With expansion of new service providers with RRH and PSH availability and upcoming openings for More service navigators CES hopes to see the increase of participants placed in safe and permanent housing continue on to the FY 2019-2020.

Goal #3
The outcomes for this reporting period are Families average is 105 days down from 190 days; Individuals is 169 days, down from 190 days; and TAY is 121 days, up from 121 days to permanent housing placement. The average time from entering CES to a permanent housing placement is now 132 days, down from 167 days.

Though CES did not meet the goal target of 65 days numbers have been steadily decreasing and have lowered 35 days from quarter three to quarter four. This decrease can be attributed to several factors.

With CES now having a Data Coordinator we are able to focus more time on accurate data and making contact with agencies/clients when placement is attained. Although partnering agencies are in contact with CES as clients are housed I believe having a better system to inform CES when housing is obtained aside from an email/client follow it would also add to the decrease in time as it would be in real time and not later logged without accurate dates.
TAY has stayed at 121 days due to the limited housing stock in Sonoma County and the fact that TAY enrolled in CES have either a very limited or fixed monthly income, making it nearly impossible to afford the rents in Sonoma County without a rental subsidy or the potential benefit of dual incomes/children's benefits that some families in CES have. The current rental market is flooded with people who had housing prior to the fires. This makes it much more difficult for participants with low income, bad credit and any type of eviction history to obtain housing.

7. **Housing First**

In the space below, please describe your organization's efforts and challenges implementing the Housing First approach at your program. Please describe what efforts you are making or planning on to incorporate this strategy into your services delivery. **(Required)**

As we move forward with full implementation of the Coordinated Entry System, we continue to provide services to the most vulnerable. Regardless of what is going on in their life, our goal is to meet the participant where they are at and attempt to get them into safe housing as soon as possible. We work to build trust and rapport with the most vulnerable in our community, some of whom have given up hope. There were too many barriers for the most vulnerable to get into any type of emergency assistance programs prior to our county's implementation of the housing first model. Now, we are seeing more and more of the most vulnerable getting into programs quickly. We are grateful for the county's strong support of the housing first model, the increasing partnership among fellow service providers, and the momentum that Housing First implementation continues to gain. This includes further honing the incorporation of CES, HOST, public services and other efforts, so as to enroll those who are not traditionally connected to services and usually are the more vulnerable in our community.

In addition, CES has developed the Case Conferencing Committee, which meets bi-weekly to discuss people experiencing homelessness that may not be connected to CES but are highly vulnerable, as well as those who are in CES but not may be accurately assessed by the VI and benefit from such case conferencing to adjust vulnerability accordingly.

8. **Staffing Changes**

Please note any significant staffing changes along with the names, titles, of new staff that occurred during this quarter in the following section.

9. **Signature**

By signing below, I certify that the information provided in this report is accurate and correct to the best of my knowledge.

Signature: Jennielynn Holmes **Date: 7/9/2019**

Print Name: Jennielynn Holmes **Title: Chief Program Officer**

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
COMMUNITY DEVELOPMENT PROGRAM

Quarterly Status Report
Public Services Programs
(Projects funded with CDBG, ESG, CSF and homeless-dedicated LMIHAF funds)

Quarterly reporting of project status is a required condition of funding by the SCCDC. The CD Committee will receive periodic updates on your project status based on the information provided in this Quarterly Report. Please submit this document in two electronic formats, one copy as a signed scanned PDF and a second in the MS Word format. The data presented each quarter **should reflect the numbers served cumulatively during the Fiscal Year,** beginning July 1, 2018 and ending through the quarter for which you are reporting on.

Agency Name: West County Health Centers, Inc.

Program Title: Coordinated Entry Access Points

CDC Funding Year: 2018-2019

Reporting Due Dates and Period (*please check only one*):

Report	Due Date	Report Period Covered
☐ 1st Quarter Rpt:	Due October 10th	July 1 - September 30
☐ 2nd Quarter Rpt:	Due January 10th	July 1 - December 31
☐ 3rd Quarter Rpt:	Due April 10th	July 1 – March 31
☒ 4th Quarter Rpt:	Due July 10th	July 1 – June 30

(4th Qtr ONLY – Please include Final Quarterly Report Addendum: Summary of Other Funding Sources)

1. **Total Number of *Households and Unduplicated Participants Assisted**

   ***HOUSEHOLD:** All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (https://www.huduser.gov/portal/glossary/glossary_all.html)*

   1a. Enter the total **cumulative** number of Households, and a breakdown of the number of **cumulative** number of Adults, and Children in the households served during the Fiscal Year in the grid below.

Households (Unduplicated / Cumulative)	Total
Total Number of Unduplicated Households served in FY 18-19	268
Total Number of Unduplicated Persons Served in FY 18-19	268
Number of Adults counted in the number of unduplicated persons	268
Number of Children counted in the number of unduplicated persons	0

2. **INCOME DETERMINATION:**

Complete the table below indicating the income categories of the **cumulative** number of PERSONS assisted during Fiscal Year 2018-2018.

Cumulative No. of Persons Assisted	Below 30% (Extremely Low)	31% to 50% (Very Low)	51% to 80% (Low Income)	Over 80% (Non-low Moderate)
	267			1

3. **RACE/ETHNICITY DETERMINATION:**

Complete the table blow to indicate the total number of individuals in each race/ethnicity category. The total of the first column below should equal the **cumulative** number of persons directly assisted in #2 above. Calculate the total of the second column **cumulatively** from July 1, 2018.

RACE/ETHNICITY DATA	(Total) No. of persons served per category	No. of Hispanic persons per category
White		
Black or African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian or Alaska Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaska Native & Black/African		
Other multi-racial		
Total number assisted **(must equal the total number of persons in Q #1 and #2 above)**:	267	

4. **HMIS**

   a. **For HMIS Participating Programs:**

      i. Was HMIS data used to report create this report?
      __X_____Yes _____No

   b. ****If this program participates in the EtO HMIS please attach your DVE report for the period reported on this quarterly form.**

      i. **Also if the DVE report included shows more than a 5% error rate – please indicate why:**

   c. **For non-HMIS Programs:**

      i. Indicate the data source used to compile the information reported:
      _____

ii. Please attach documentation of the achievements reported in this document, per your annual funding agreement.

5. **Performance Outcomes (cumulative):**
Using the approved outcomes sheet included with your projects' funding agreement Exhibit A, please complete the table below indicating the actual number of project participants who have achieved outcomes from July 1, 2018 through the reporting period.

Outcome Identifier	Project Goal	Actual Outcomes Achieved from July 1, 2017 through this report period
1	WCHC staff will enter participants into the Coordinated Entry system including VI_SPDAT, HUD Entry Assessment, case notes, and uploading of the CoC Release of Information	Total number targeted to achieve this outcome as stated in Scope of Work: __250_____ Number who achieved Outcome(s): ___261 YTD__
2	WCHC staff will track and report the number of individuals diverted from services	Total number targeted to achieve this outcome: _50_____ Number who achieved Outcome(s): __20
3		Total number targeted to achieve this outcome: _____ Number who achieved Outcome(s): _____

6. **Outcome Universe Determination**
In the space below, please describe how the number eligible to achieve each outcome was determined.

West County Health Centers operate a Homeless Healthcare Center in downtown Guerneville with an average enrollment of 250 individuals. Across the entire organization, our electronic heath records indicate that there are 336 additional people in the larger West County area who may be homeless or inadequately housed.

7. **Narrative Update**
In the space below, please include a narrative on your program's progress towards contract goals, program development, and any successes and challenges experienced this quarter. **(Required)**

In the fourth quarter of this reporting period WCHC continued to offer CE at four locations; two in Guerneville, one in Occidental and one in Sebastopol. Additionally, we have conducted outreach to the Graton Day Labor Center in order to promote and enroll people in Coordinated Entry. At the completion of this funding cycle, it became apparent that almost all CE assessments offered by our staff were occurring in the Third Street House Homeless Healthcare Center. In the future, we intend to continue to offer CE enrollment at the Third Street House only. Although we did not apply for funding in 2019/2020 fiscal year, we recognize the value of housing as a healthcare measure and are committed to offering CE to our patients in the future, as dictated by demand.

Becoming a referral source for WCCS housing programs has been both an asset and a hindrance. The ability to work directly with the housing program staff to identify and refer eligible CE clients has significantly shorten the time between when a unit becomes available and when CE clients are referred and accepted into housing. However, this has significantly increased the amount of time our Third Street House Access Coordinator spends working on CE. In the future it may be necessary for the CE operator to take back responsibility for WCCS housing referrals.

Progress –

To date, 207 West County Health Center patients are enrolled in Coordinated Entry. We have learned that much of the time spent on Coordinated Entry activities comes after the assessment is completed. Supporting patients mental and physical health needs while addressing their Social Determinates of Health in preparation for housing placement is critical to their long-term success. For this reason, our mutli-disciplinary team meets weekly to review cases and progress toward housing.

We have developed internal case conferencing schedules to support individuals on the CE list. Each week a Physician, Nurse, Medical Assistant, Access Coordinator, Office Manager and the Site Director meet to review CE patients and create customized care plans. Our Lead Psychiatrist, Dr. Michael Kozart also joins the meeting when needed.

8. Housing First

In the space below, please describe your organization's efforts and challenges implementing the Housing First approach at your program. Please describe what efforts you are making or planning on to incorporate this strategy into your services delivery. **(Required)**

West County Health Centers has a long history of providing person centered care to over 12,000 people annually. Housing First is a principle which fits squarely in our care delivery model. Our most prominent effort to contribute to the county-wide focus on Housing First philosophies is our integrated health and housing service site. West County Health Centers Homeless Healthcare program has invited West County Community Services to co-locate their Rapid Rehousing Program with our health center. Research strongly suggests that integrated systems of care offer patients with complex needs the "no wrong door for entry" that is critical to success. By co-locating services, the housing and healthcare systems can provide warm hand-offs within the same visit.

West County Health Centers is deeply invested in addressing Social Determinates of Health in their patient population. Studies indicate that only 10% of factors contributing to health outcomes are related to the quality and access to medical care they receive. A full 50% of contributing factors are related to environment and socio-economic factors. These influences are widely known as Social Determinates of Health. Housing, transportation insecurity and food insecurity are just a few examples of the social determinates which influence long term health outcomes of our patient population. Quickly finding and retaining affordable, supportive housing is critical to a person's ability to participate in their own health management. For this reason, West County Health Centers embraces Housing First as a critical tool to stabilize chronic health conditions in this complex population.

9. Staffing Changes

Please note any significant staffing changes along with the names, titles, of new staff that occurred during this quarter in the following section.

Name:	Name:
Title:	Title:
Email:	Email:

Phone:

Replacing: N/A

Phone

Replacing: N/A

- NOTE: Jed Heibel, Community Programs Director, and Nurse Care Manager, Natalie Hogan, both left the agency in June 2019. We have not yet hired their replacements.

10. Signature

By signing below, I certify that the information provided in this report is accurate and correct to the best of my knowledge.

Signature: Mary C. Szecsy **Date:07/10/2019**

Print Name: Mary E. Szecsy **Title:** CEO.

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
Quarterly Status Report
Street Outreach Project (Homeless Services)

Quarterly reporting of project status is a condition of funding required by the SCCDC. Please submit this document as a signed scanned PDF before each of the due dates listed below.

Agency Name: **InterFaith Shelter Network**

Project Name: **Sonoma Valley Coordinated Entry Access Points**

CDC Funding Year: **2020-2021**

Reporting Due Dates and Period (*please check only one*):

Report	Due Date	Report Period Covered
☐ 1st Quarter:	Due October 10th	July 1 - September 30
☒ 2nd Quarter:	Due January 10th	July 1 - December 31
☐ 3rd Quarter:	Due April 10th	July 1 – March 31
☐ 4th Quarter:	Due July 10th	July 1 – June 30

(4th Qtr ONLY – include Final Quarterly Report Addendum: Summary of Other Funding Sources)

Total Number of *Households and Unduplicated Participants Assisted

***HOUSEHOLD:** All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (https://www.huduser.gov/portal/glossary/glossary_all.html)*

Enter the total **CUMULATIVE** number of Households, and a breakdown of the number of **CUMULATIVE** number of Adults, and Children in the households served during the Fiscal Year in the grid below.

Households (Unduplicated / Cumulative)	Total
Total Number of Unduplicated Households served in FY 20-21	34
Total Number of Unduplicated Persons Served in FY 20-21	46
Number of Adults counted in the number of unduplicated persons	38
Number of Children counted in the number of unduplicated persons	8

PERFORMANCE OUTCOMES:

Using the approved outcomes sheet included with your projects' funding agreement Exhibit A, please complete the questions below.

Total number of households in program at the start of this Quarter: 19

Number of new households who enrolled in the program this Quarter: 15

Number of households exited from the program this Quarter: 6

Project Goal 1

Number of individual adults entered in to Coordinated Entry: 38

Number of families entered in to Coordinated Entry: 4

Project Goal 2

Number of households exited to permanent housing directly from Street Outreach this Quarter: 0

Number of households exited to permanent housing directly from Street Outreach this contract year: 0

Discuss the efforts of the Street Outreach Project that led to the participant obtaining permanent housing during this Quarter:

During this reporting period IFSN Street Outreach focused on operating a remote Access Point to serve the Sonoma Valley. By working closely with local services providers throughout the Sonoma Valley, IFSN was able to successfully operate this Access Point.

Project Goal 3

Number of households who entered into a sheltered location (Emergency Shelter, detox, TH, etc.) this Quarter:

Total number of unsheltered persons who entered into a sheltered location (Emergency Shelter, detox, TH, etc.) this contract year:

Discuss the efforts of the Street Outreach Project that led to the participant obtaining shelter during this Quarter:
The main area of focus for this quarter for the Street Outreach Project was to offer safe and accessible services to those in need throughout the Sonoma Valley. By offering flexible hours and

remote access, IFSN sought to limit barriers to program participation and maintain both client and staff safety. These flexible hours along with collaborative efforts with local services providers, enabled IFSN to assist participants get into available shelter beds and various RRH projects.

Project Goal 4: HMIS

Based on the project's HUD Data Quality Report (DQR) for the period reported on this quarterly form.

1. HUD Data Quality Question 2, error percentage: N/A

If **Q2** of the DQR (Data Quality: Personally Identifiable Information) shows more than a 5% error rate, please indicate why and steps taken to improve data quality:

Data Quality Reports were not available during this reporting period.

2. HUD Data Quality Question 3, error percentage: N/A

If **Q3** of the DQR (Data Quality: Universal Data Elements) shows more than a 5% error rate, please indicate why and steps to be taken to improve data quality:

Please see response to question 4.1.

3. HUD Data Quality Question 4, error percentage: N/A

If **Q4** of the DQR (Data Quality: Income and Housing Data Quality) shows more than a 5% error rate, please indicate why and steps taken to improve data quality:

Please see response to question 4.1.

4. HUD Data Quality Question 6, error percentage: N/A

Using **Q6** of the DQR (Data Quality: Timeliness), your HMIS Timeliness Percentage must be calculated by entering the following two totals:

1. Add the total number of all Project Entry and Exit Records listed in Q6 and enter in the box to the right. (Add all 10 numbers listed)	N/A
2. Add the numbers listed in "7-10 days" row and "11+ days" row and enter in the box to the right. (Add all 4 numbers listed)	N/A
Percentage of Project Records not entered in HMIS within 6 days	**!Zero Divide**

(HMIS Timeliness percentage automatically calculates when you right-click and select "Update Field")	

If the HMIS Timeliness percentage in the grey box above is more than 5%, please state the reason for the error rate and steps to be taken to improve HMIS Timeliness in the space below:

Please see response to question 4.1.

BUDGET

Total Funding Agreement Amount: $48,675.68	Total Expended to Date: $16,206.30
Percentage of Total Funding Remaining: 66.7%	Will funds be expended by June 30, 2021? Yes

Narrative Update

In the space below, please include a narrative on your program's progress towards contract goals, program development, and any successes and challenges experienced this Quarter.

1. Where are Street Outreach services being conducted and when:

   Due to the current COVID-19 pandemic, Street Outreach services were primarily conducted remotely. IFSN's Sonoma Valley Access Point was available Tuesdays and Thursdays from 10:00 am to 2:00 pm and by appointment Monday through Thursday.

2. Describe any collaborative efforts your organization has made with other service providers.

   Through collaborative efforts with Sonoma Overnight Support (S.O.S.) staff and other local service providers, IFSN was able to successfully increase access and utilization of local resources as well as enrollment into the Coordinated Entry System.

3. Describe any trainings that your street outreach staff members attended either online or in-person.

   IFSN street outreach staff completed Catholic Charities' Coordinated Entry Access Point training during this reporting period.

4. Describe any challenges your organization anticipates in achieving outcomes or meeting the terms of the Funding Agreement.

   Due to the global pandemic, IFSN could not operate its Access Point from the normal S.O.S. location and had to move Access Point efforts to remote access. This in turn caused a significant decrease in Access Point utilization and led to decreased enrollment numbers in comparison to previous fiscal years.

5. Describe any program successes and challenges that have occurred over the last Quarter.

   The IFSN Street Outreach team successfully operated a remote Access Point that continues to be utilized throughout the Sonoma Valley region. Through collaborative efforts with other local organizations, IFSN has continued to refer clients to homeless services throughout the county.

Housing First

In the space below, describe how your organization is implementing the Housing First approach into the Street Outreach program.

1. Describe how your organization ensures Street Outreach staff use a Housing First/Low Barrier approach.

   IFSN's Street Outreach staff utilizes approved screening tools such as the VI-SPDAT to ensure that program participants are referred to resources on a basis of vulnerability and needs. IFSN ensures that Street Outreach staff receives appropriate training from Coordinated Entry staff in order to provide our clients with Housing First/Low Barrier focused services.

2. Describe efforts made to incorporate Housing First/Low Barrier strategies, and any challenges experienced incorporating Housing First strategies into your services delivery.

   To ensure Housing First/Low Barrier strategies were incorporated into IFSN's service delivery, IFSN Street Outreach staff all participated in trainings offered by Catholic Charities Coordinated Entry staff.

2nd Quarter Report Only:

Please complete the Housing First Assessment Tool and enter the score in the following box. The assessment tool may be found via the following link:

https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

Score = 172

Based on the assessment tool, briefly describe one strategy you will implement during the final six months of the Fiscal Year to bring your project model closer to fidelity with Housing First.

4th Quarter Report Only:

Describe the results of the use of the strategy you described in the 2nd Quarterly Report, and state if the effort helped increase fidelity to Housing First.

Reasonable Accommodations

1. Enter the number of Reasonable Accommodation requests received so far during FY 20-21? [0]
2. Of those Reasonable Accommodation requests, how many were denied? [0]
3. In the space below, please provide the justification for the denial of RA requests.

Staffing Changes

Please note any significant staffing changes along with the names, titles, of new staff that occurred during this Quarter in the following section.

Name:	_____	Name:	_____
Title:	_____	Title:	_____
Email:	_____	Email:	_____
Phone:	_____	Phone:	_____
Replacing:	_____	Replacing:	_____

Signature

By signing below, I certify that the information provided in this report is accurate and correct to the best of my knowledge.

Signature: _____ **Date:** 1/11/2021

Print Name: Beth Henigan **Title:** Program Director

Race (HUD)	Count of Clients	Count of Clients (Hispanic)	Count of Clients (Non-Hispanic)	Count of Clients (Unknown Ethnicity)	Race Split
American Indian or Alaska Native	5	3	2		4.81%
American Indian or Alaska Native;White	1	1			0.96%
Asian	2		2		1.92%
Asian;White	1		1		0.96%
Black or African American	1		1		0.96%
Black or African American;White	1		1		0.96%
Client Doesn't Know	1	1			0.96%
Native Hawaiian or Other Pacific Islander	1		1		0.96%
White	91	10	81		87.50%
Sum:	**104**	**15**	**89**		**100.00%**

Age	Count of Clients
Adults over 18	104

Local Income Level (CDBG, ESG and CSF Grantees)	Count of Clients
0-30% (Extremely Low)	96

Sum:	**104**

31-50% (Very Low)	5
51-80% (Low Income)	2
	1
Sum:	**104**

1 Client familes	2 Client families	3 Client Families	4 Client Families	5 Client Families	6 Client Families	7 Client Families	8+ Client Families
6							0

	Female	Male	Sum:
18-24	2	1	**3**
25-34	10	13	**23**
35-44	14	15	**29**
45-54	10	15	**25**
55-61	3	3	**6**

62 and over	5	13	**18**
Sum:	**44**	**60**	**104**

Participant Enterprise Identifier	Name
[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]
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Local Income Level (CDBG, ESG and CSF Grantees)

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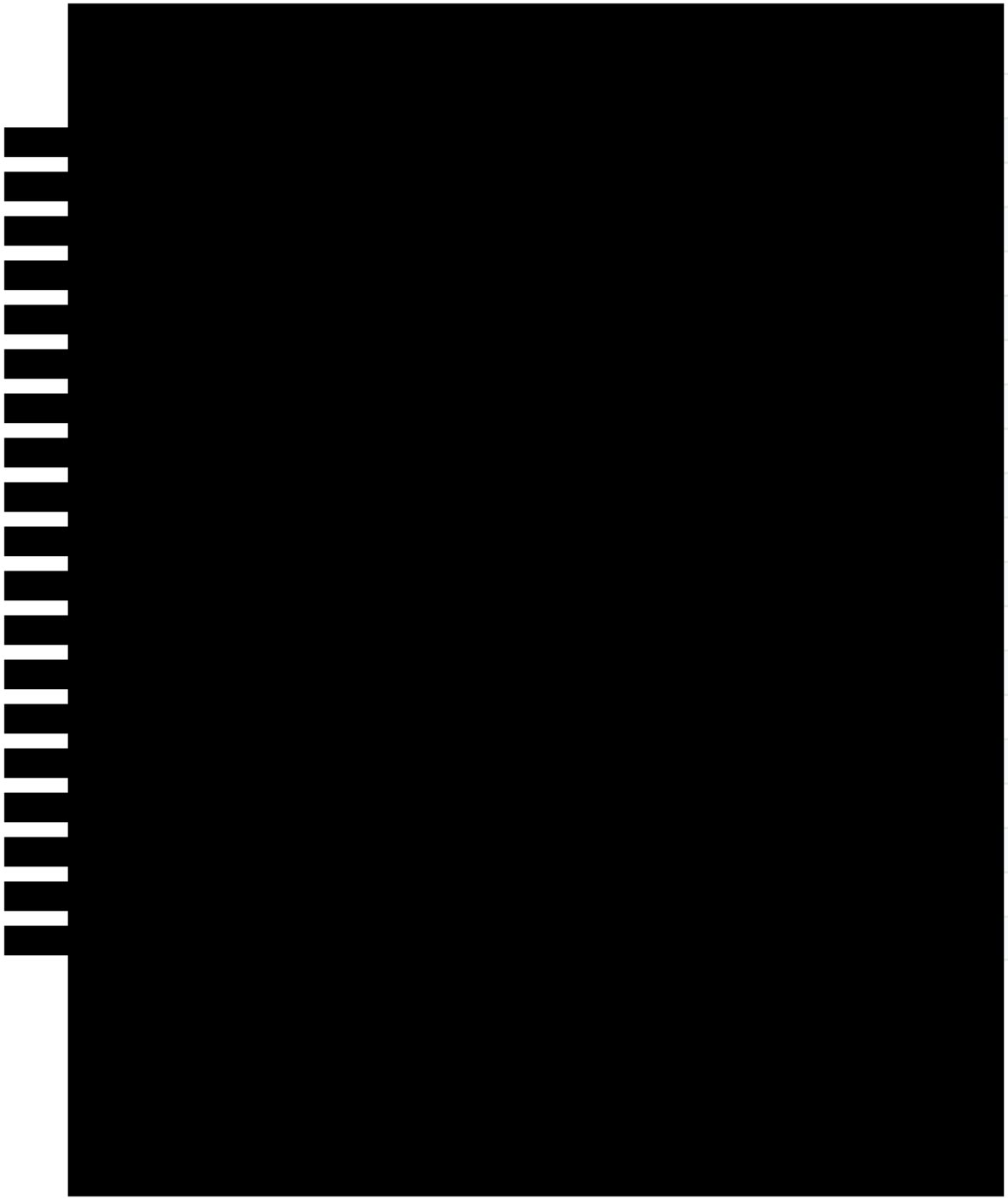

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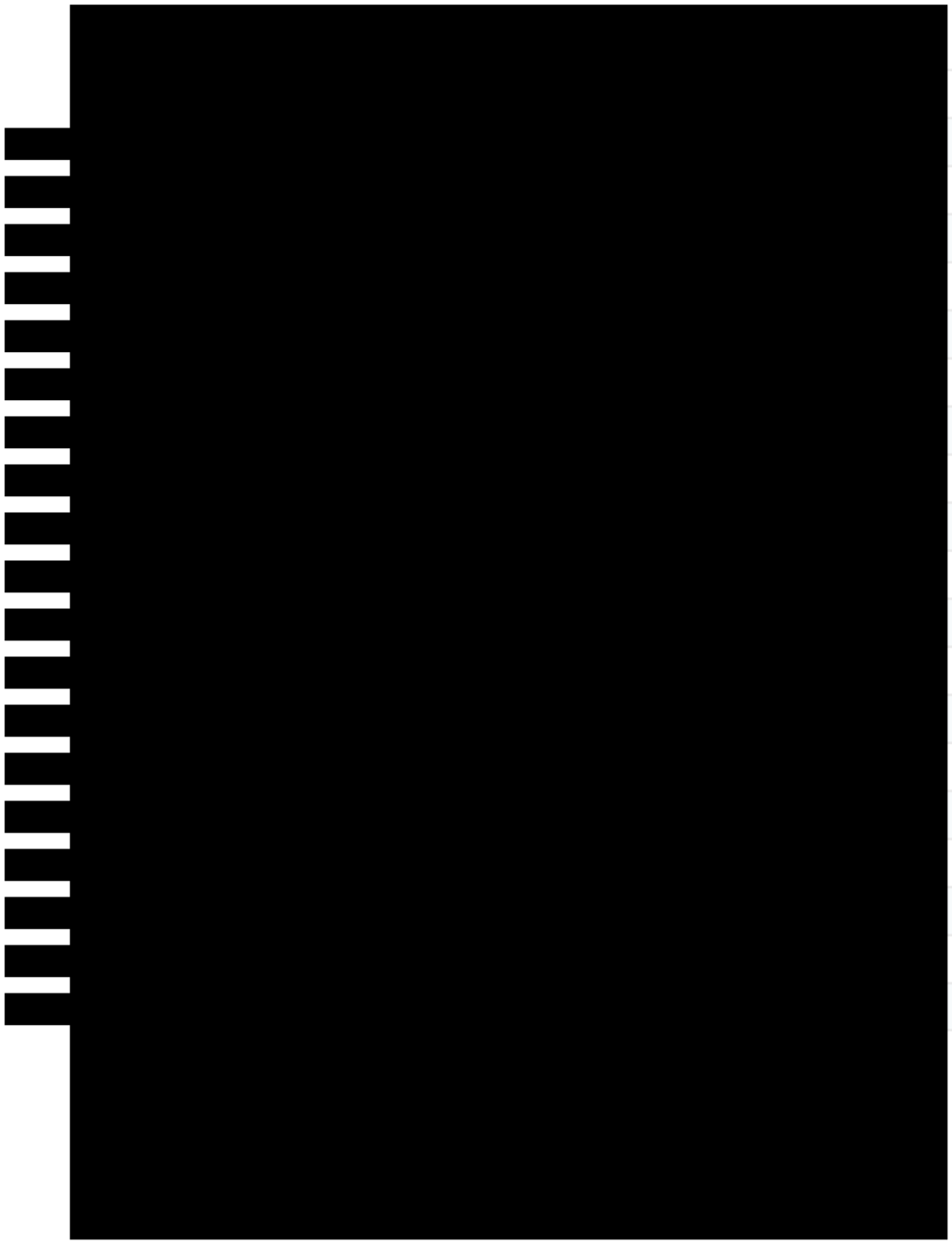

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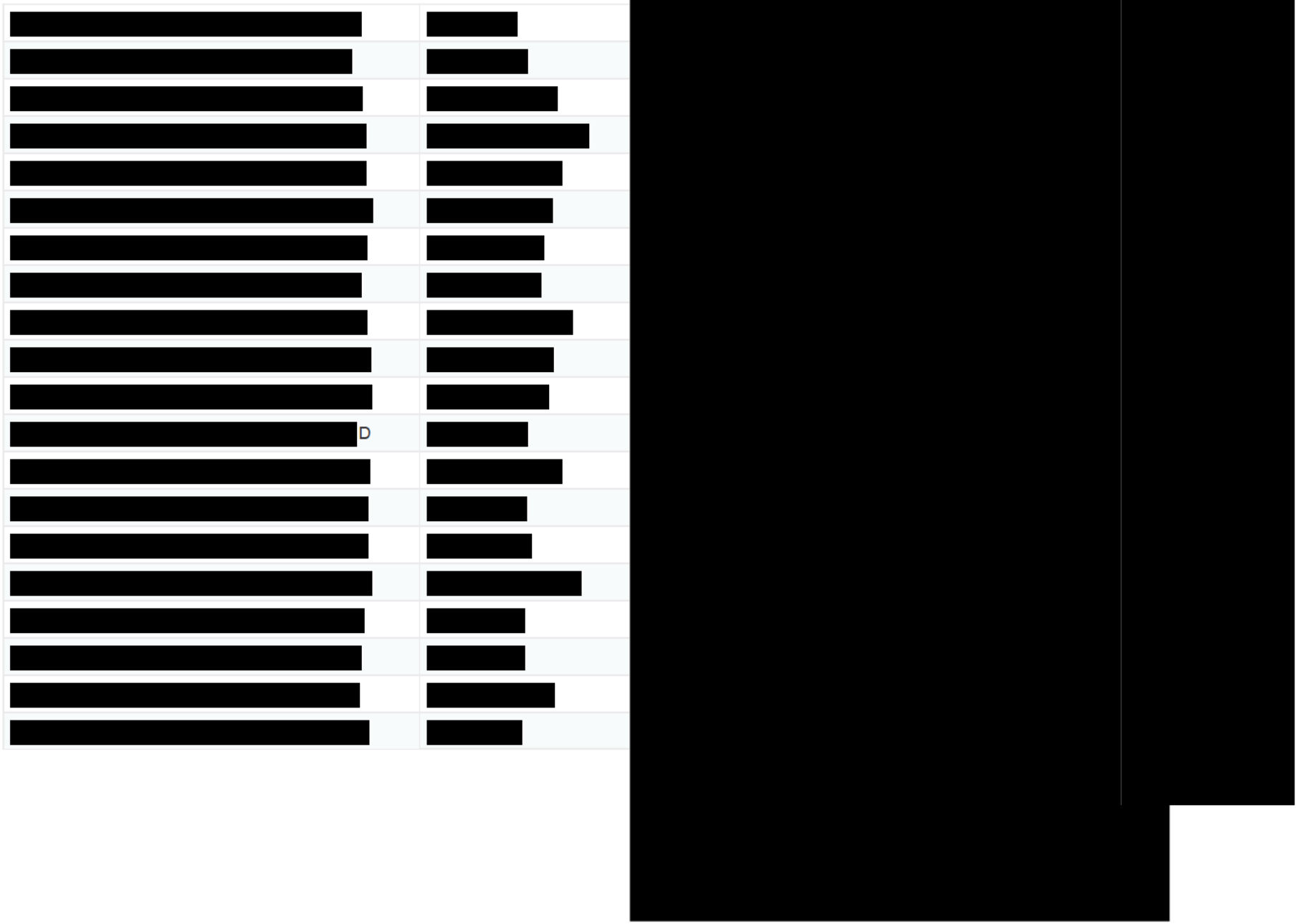

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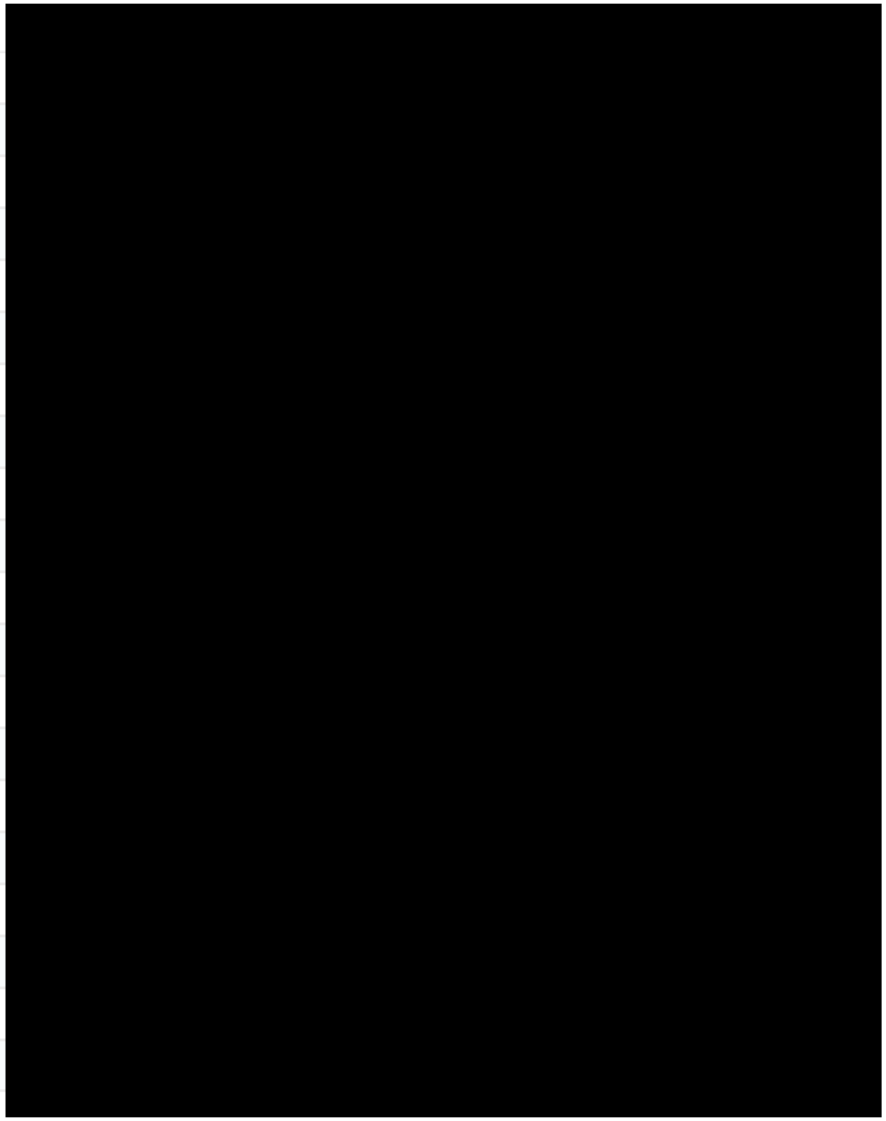

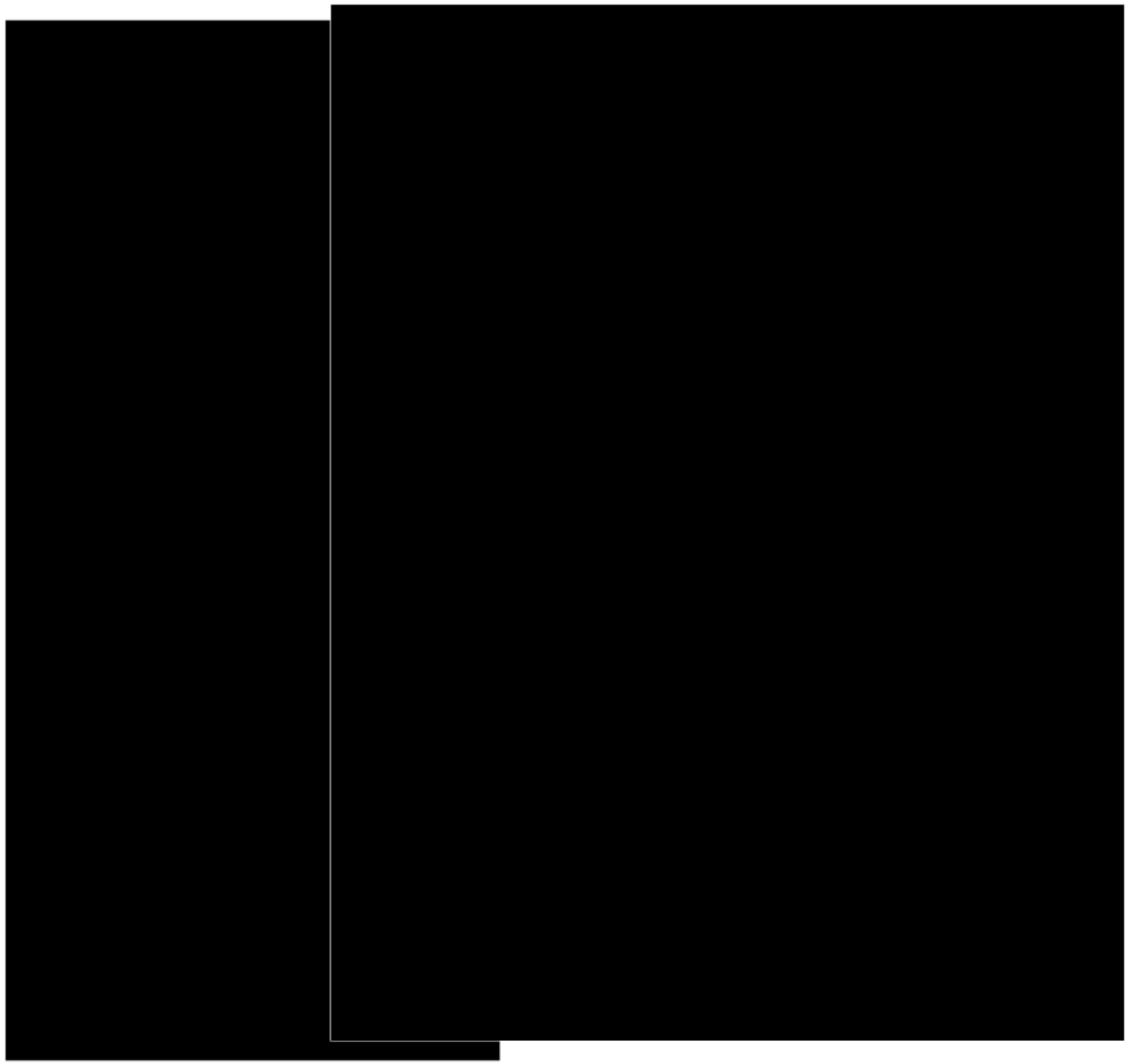

Family Name	Family Enterprise Identifier	Name	Participant Enterprise Identifier
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Participant Enterprise Identifier	Name	Program Start Date	Program Name
[redacted]		[redacted]	Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Families
			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Families
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			Sono - CoC, Coordinated Entry for Individuals
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			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Individuals
			Sono - CoC, Coordinated Entry for Individuals

Unique Enrollment Number	Program End Date
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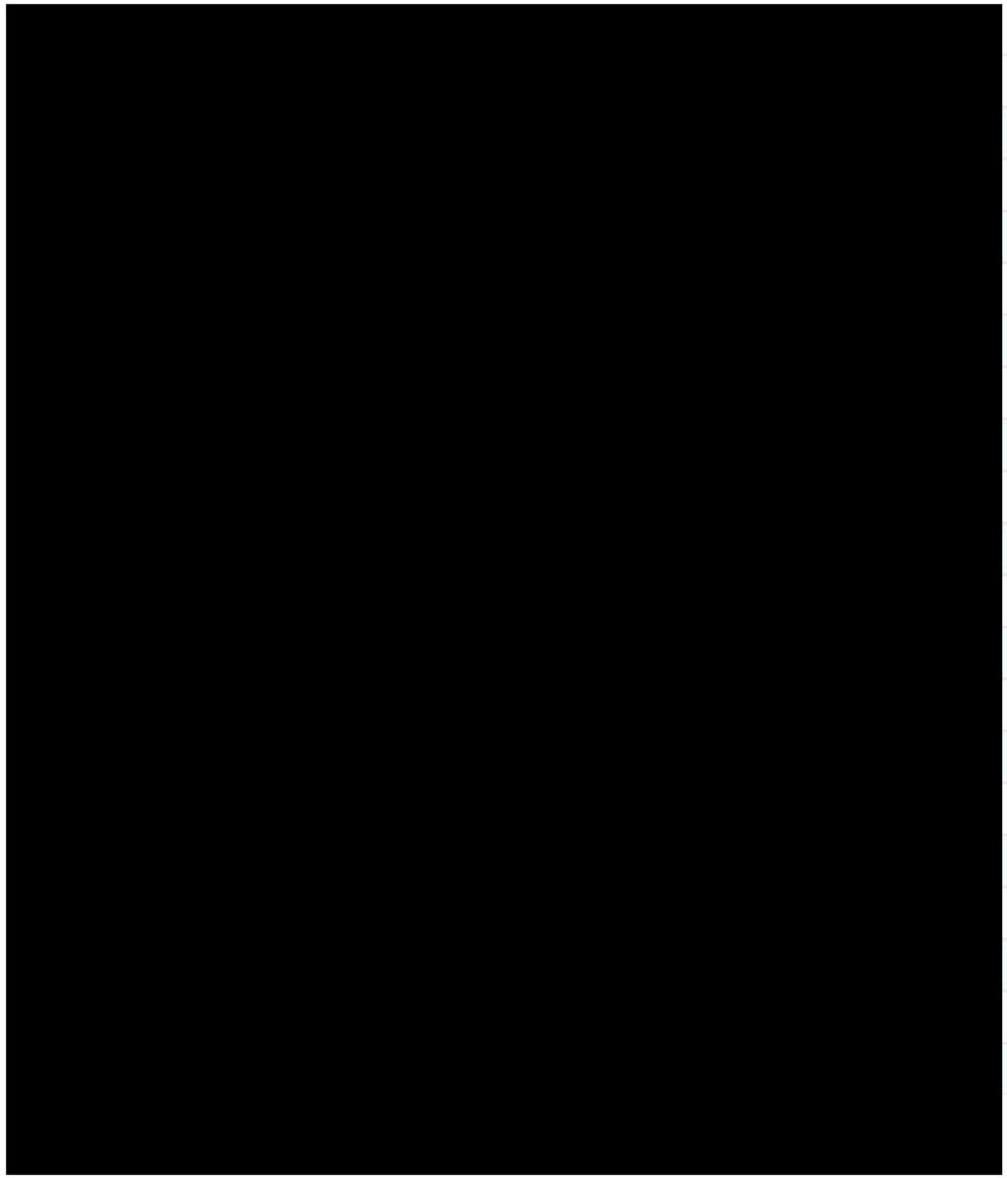

8/15/19	Sono - CoC, Coordinated Entry for Individuals
8/15/19	Sono - CoC, Coordinated Entry for Individuals
8/15/19	Sono - CoC, Coordinated Entry for Individuals
8/21/19	Sono - CoC, Coordinated Entry for Individuals
8/22/19	Sono - CoC, Coordinated Entry for Individuals
8/22/19	Sono - CoC, Coordinated Entry for Individuals
8/22/19	Sono - CoC, Coordinated Entry for Individuals
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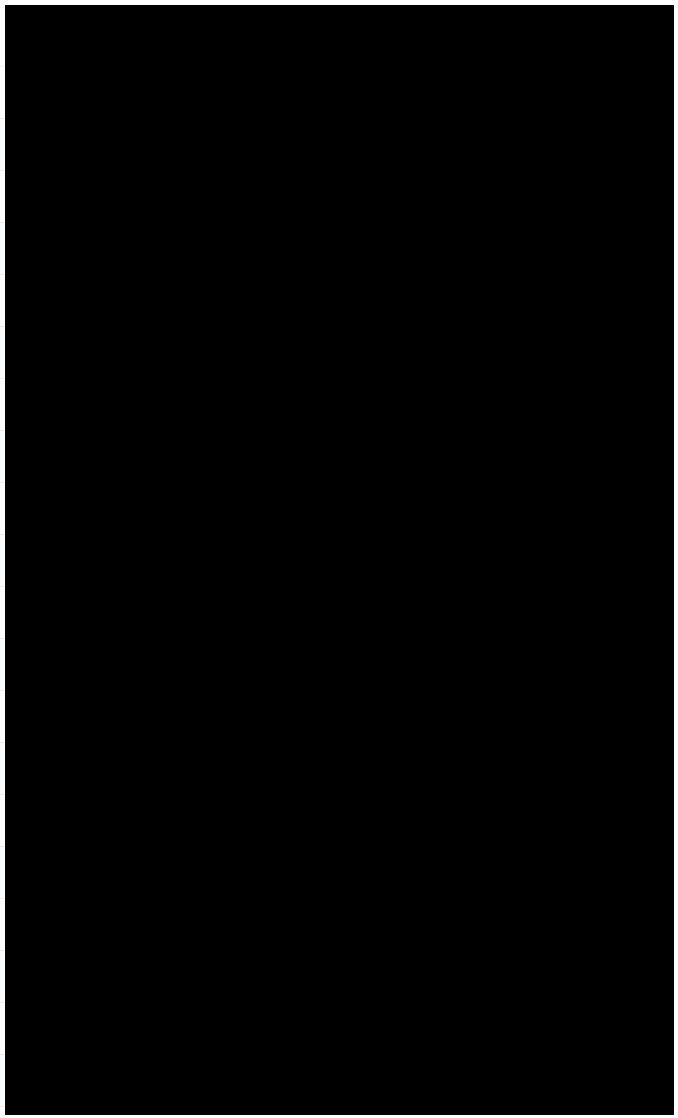

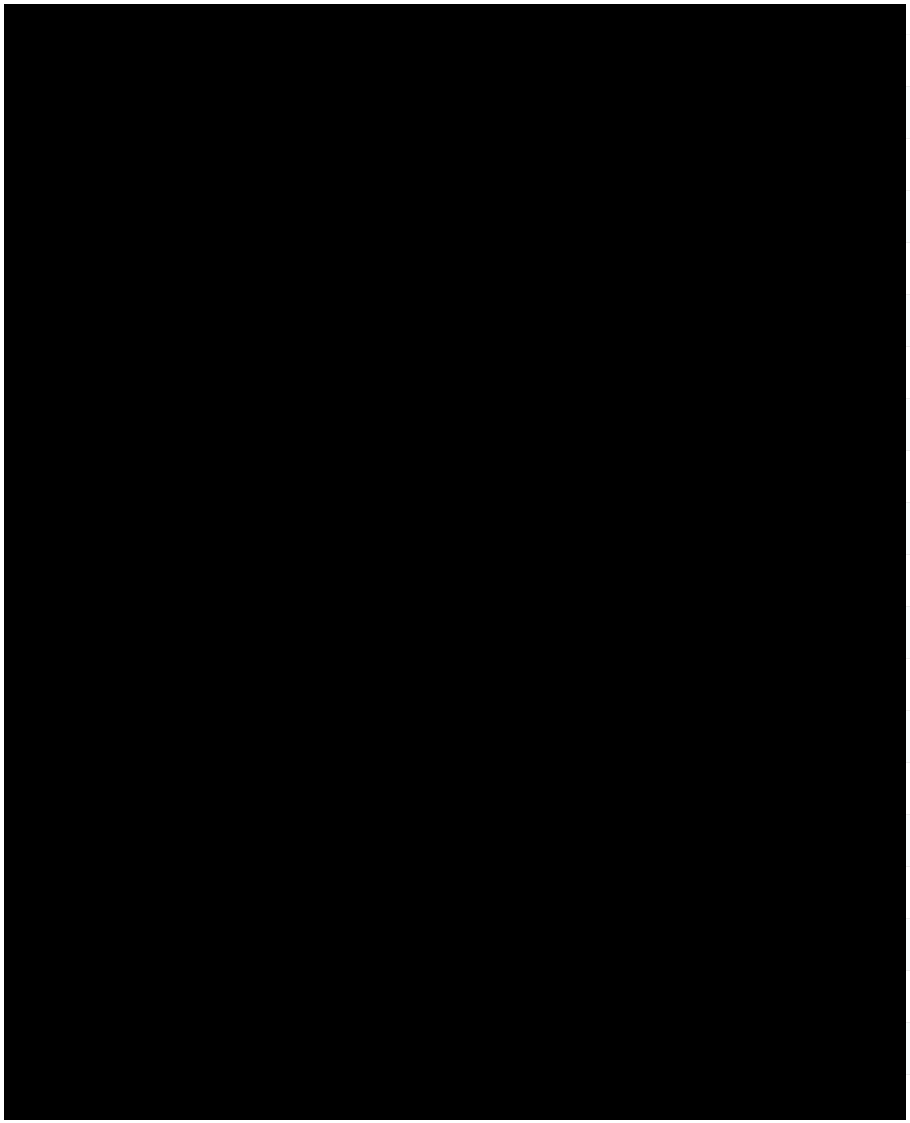

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9/12/19	Sono - CoC, Coordinated Entry for Individuals
9/17/19	Sono - CoC, Coordinated Entry for Families
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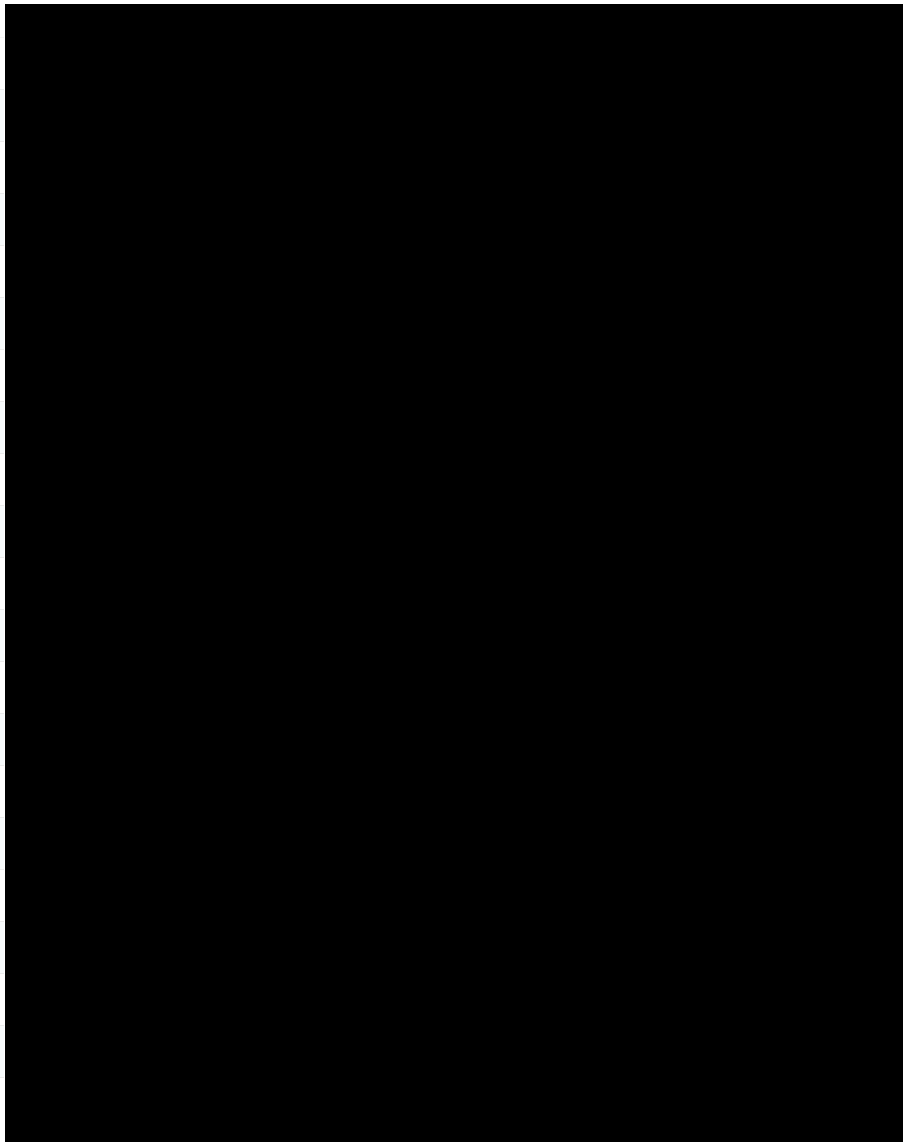

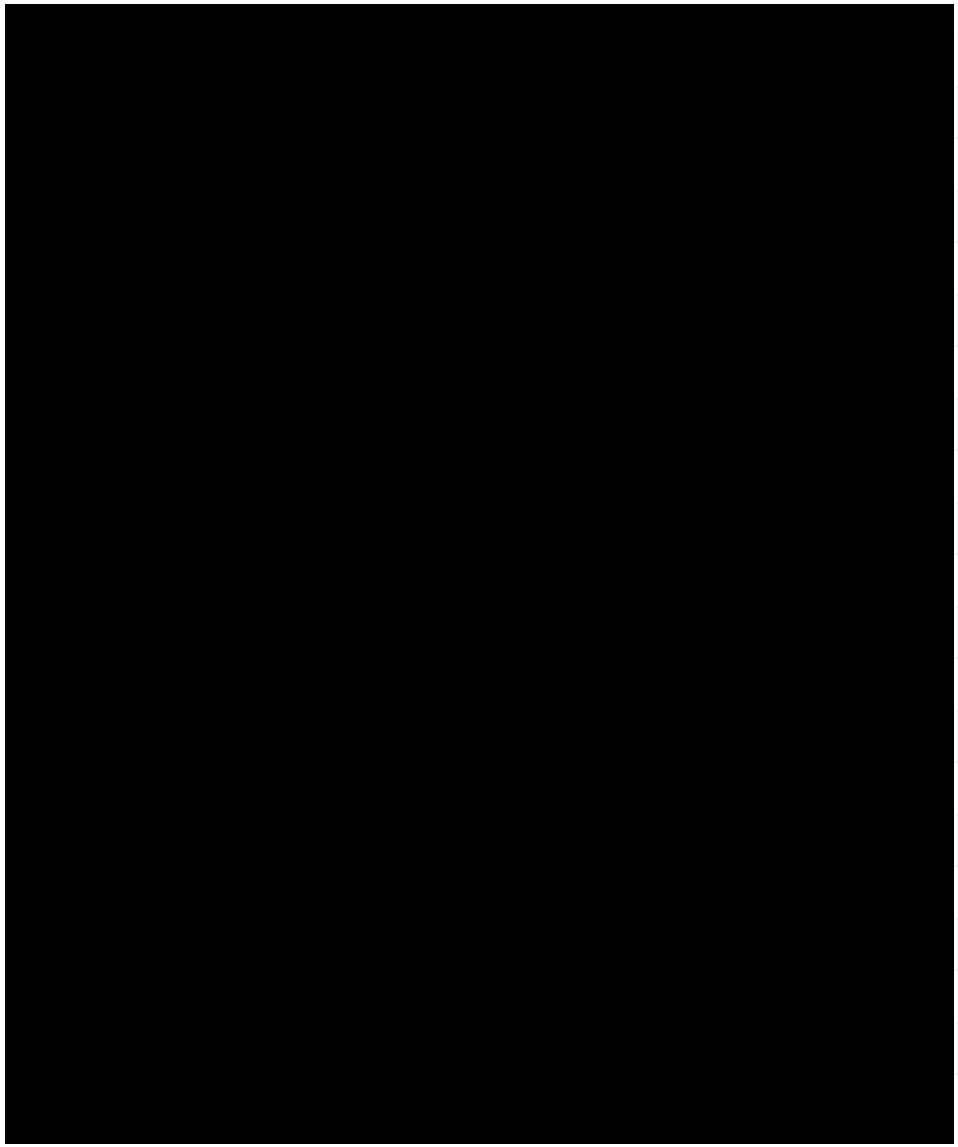

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	10/23/19	Sono - CoC, Coordinated Entry for Individuals
	11/4/19	Sono - CoC, Coordinated Entry for Individuals
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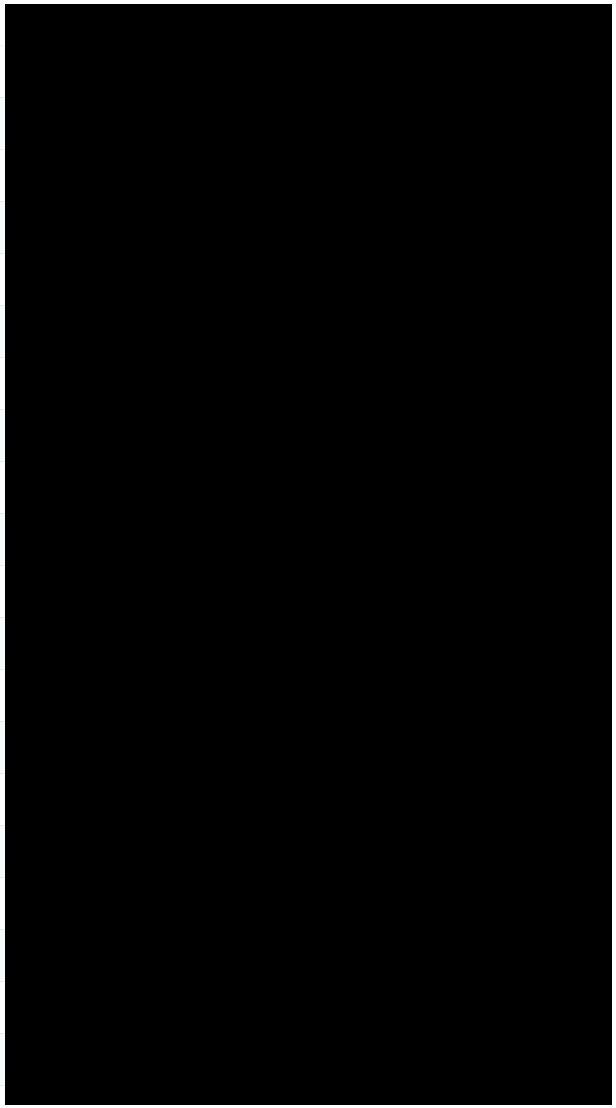
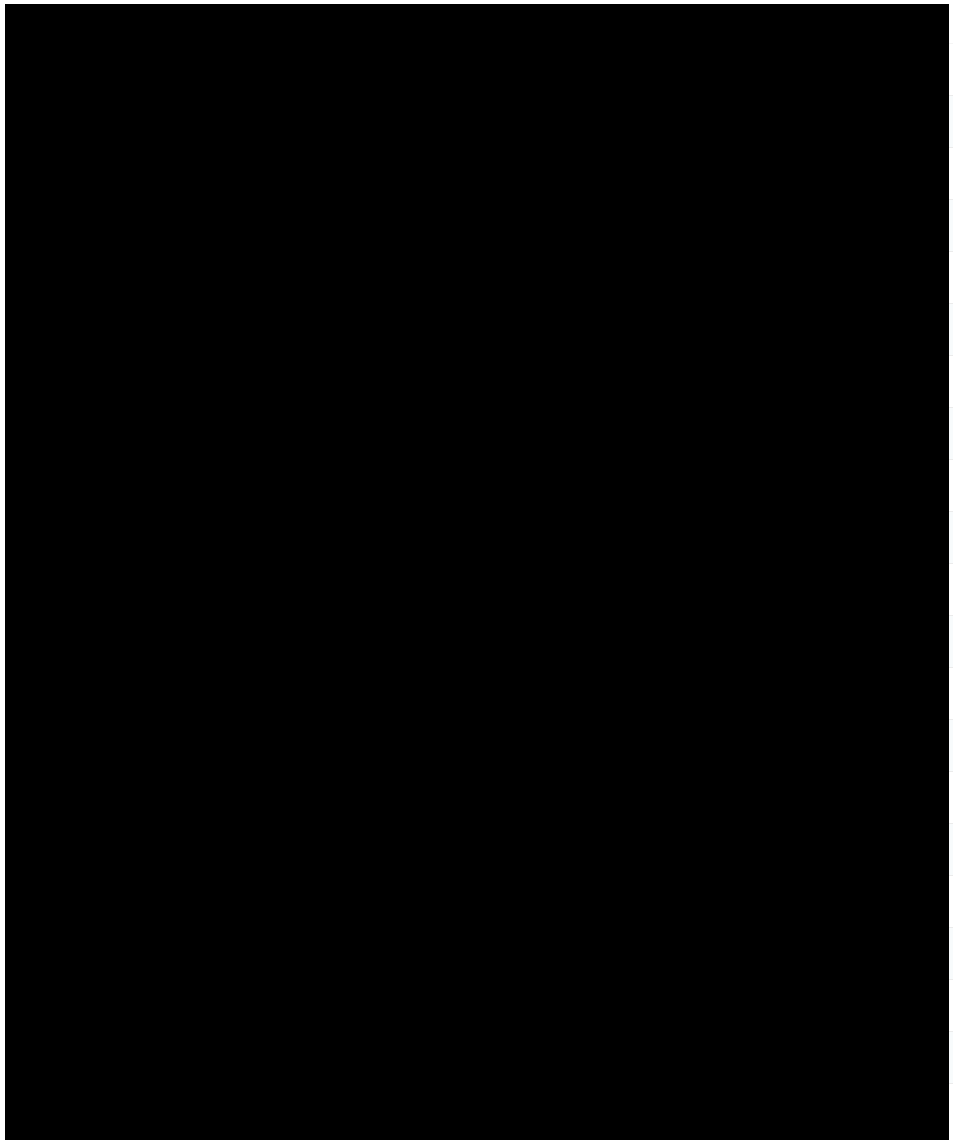
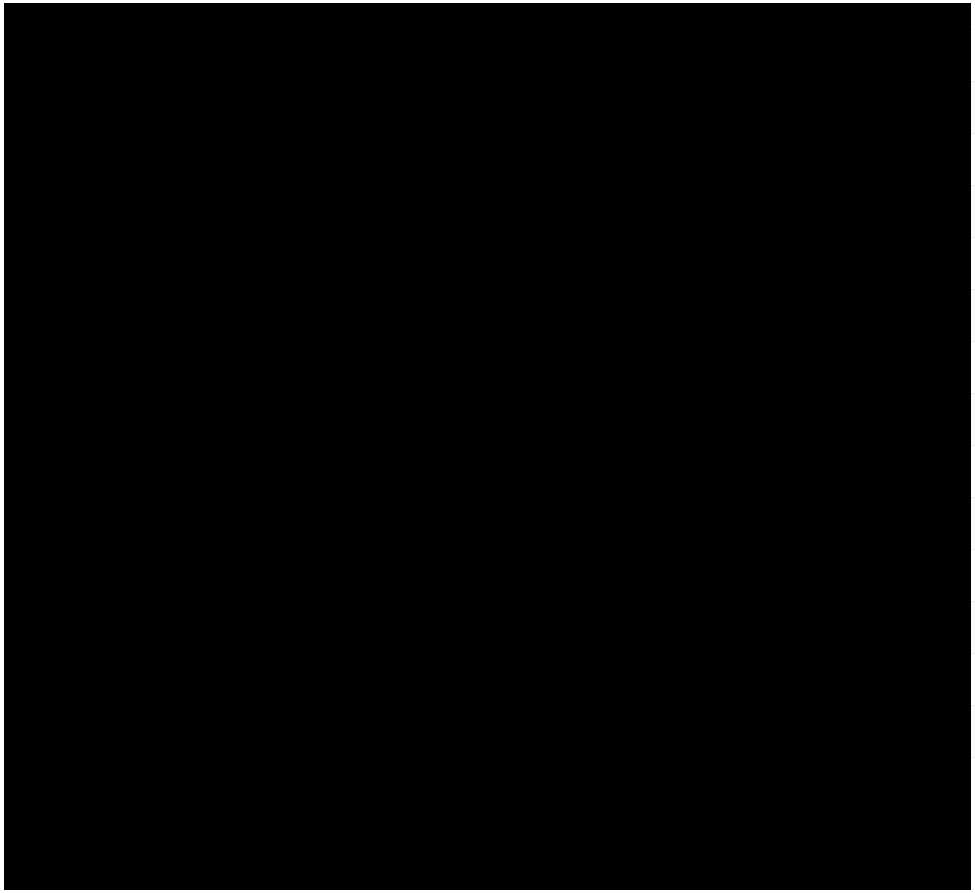
	12/10/19	Sono - CoC, Coordinated Entry for Individuals
	12/12/19	Sono - CoC, Coordinated Entry for Individuals
	12/12/19	Sono - CoC, Coordinated Entry for Individuals
	12/17/19	Sono - CoC, Coordinated Entry for Individuals
	1/7/20	Sono - CoC, Coordinated Entry for Individuals





1/14/20	Sono - CoC, Coordinated Entry for Individuals
1/14/20	Sono - CoC, Coordinated Entry for Individuals
1/21/20	Sono - CoC, Coordinated Entry for Individuals
1/21/20	Sono - CoC, Coordinated Entry for Individuals
1/23/20	Sono - CoC, Coordinated Entry for Individuals
1/23/20	Sono - CoC, Coordinated Entry for Individuals
2/4/20	Sono - CoC, Coordinated Entry for Individuals
2/4/20	Sono - CoC, Coordinated Entry for Families
2/5/20	Sono - CoC, Coordinated Entry for Families
2/5/20	Sono - CoC, Coordinated Entry for Families
2/5/20	Sono - CoC, Coordinated Entry for Families
2/6/20	Sono - CoC, Coordinated Entry for Families
2/6/20	Sono - CoC, Coordinated Entry for Families
2/10/20	Sono - CoC, Coordinated Entry for Families
2/12/20	Sono - CoC, Coordinated Entry for Families
2/13/20	Sono - CoC, Coordinated Entry for Families
2/13/20	Sono - CoC, Coordinated Entry for Individuals
2/13/20	Sono - CoC, Coordinated Entry for Families
2/20/20	Sono - CoC, Coordinated Entry for Individuals
2/25/20	Sono - CoC, Coordinated Entry for Families



2/27/20	Sono - CoC, Coordinated Entry for Families
2/27/20	Sono - CoC, Coordinated Entry for Individuals
3/2/20	Sono - CoC, Coordinated Entry for Families
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/3/20	Sono - CoC, Coordinated Entry for Individuals
3/5/20	Sono - CoC, Coordinated Entry for Families
3/9/20	Sono - CoC, Coordinated Entry for Individuals
3/9/20	Sono - CoC, Coordinated Entry for Individuals
3/10/20	Sono - CoC, Coordinated Entry for Individuals
3/11/20	Sono - CoC, Coordinated Entry for Individuals