

California Emergency Solutions and Housing (CESH) Program

2018 Application



**State of California
Governor Edmund G. Brown Jr.**

**Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency**

**Ben Metcalf, Director
Department of Housing and Community Development**

**NOFA Section, CESH Program
2020 West El Camino Avenue, Suite 650, Sacramento, CA 95833
CESH Program Email: CESH@hcd.ca.gov**

**Final Filing Date for November 2018 Award: 9/27/2018 at 5:00 p.m.
Final Filing Date: 10/15/2018 at 5:00 p.m.**



Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities

Tammy Moss Chandler, MPH, MBA, Director

Anne Molgaard, J.D., Chief Operations Officer



October 26, 2018

California Department of Housing and Community Development
Division of Financial Assistance, NOFA Section
Emergency Solutions and Housing Program
2020 West El Camino Ave, Suite 500
Sacramento, CA 95833

Letter of Interest – County of Mendocino

To Whom It May Concern:

With this letter, the Mendocino County Health and Human Services Agency (HHSA) hereby expresses our commitment to act as the administrative entity on behalf of the Mendocino County Homeless Services Continuum of Care (MCHSCoC, CA-509) for the California Emergency Solutions and Housing (CESH) funding opportunity available as a result of SB 850 (Chapter 48, Section 4, Statutes of 2018).

Mendocino County HHSA will distribute funds from this allocation as directed by the MCHSCoC Governing Board, according to the requirements and eligible activities of CESH funding. Both Mendocino County HHSA and the MCHSCoC are committed to supporting activities and projects that adhere to California's Housing First Policies.

Please see the attached Draft Resolution and Board Agenda Summary, scheduled for approval by the Board of Supervisors on November 13, 2018, acknowledging our commitment.

Yours truly,

A handwritten signature in cursive script that reads "T Moss Chandler".

Tammy Moss Chandler, Director
Mendocino County Health and Human Services Agency

[illegible]

CoC Certification of AE Designation to Administer Funds

By signing below, the CoC Representative certifies
CoC to administer 2018 CESH funds.

The Mendocino County Health & Human Services Agency

is designated by the

Certification of AE Designation to Administer Funds

Maya Stuart
Printed Name of CoC Authorized Representative

Co-Chair
Title


CoC Authorized Representative Signature

10/25/2018
DATE

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The Mendocino County Health & Human Services Agency

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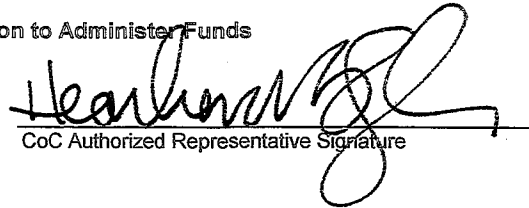
Certification of AE Designation to Administer Funds

Heather Blough

Printed Name of CoC Authorized Representative

CoC Co-Chair

Title



CoC Authorized Representative Signature

10/24/2018

DATE

Coordinated Entry Process Self-Assessment

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a coordinated entry (CE) process—and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC's area must use that CE process. The requirement was established in the 2012 CoC Program interim rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) interim rule (24 CFR 576). Details of the requirement, as well as additional policy considerations, are provided there and in several documents issued by HUD since:

- HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)
- HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)
- Coordinated Entry Policy Brief (2015)
- CoC Program interim rule: 24 CFR 578.7(a)(8)
- ESG interim rule: 24 CFR 576.400(d)
- HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

Based on these documents, this tool identifies aspects of coordinated entry that HUD has determined are **Required**, as well as other aspects of CE functionality, operations, or management that it has **Recommended**

as good practice but not required. Some unique design features of CE may be appropriate for some subpopulations or geographic areas but are not universally applicable across all CoCs; these are identified as **Optional**. The source document(s) for each Required item is noted in **bold**, and for each Recommended item if appropriate.

CoCs can use this **Coordinated Entry Self-Assessment** as a reference to help them identify key aspects of CE design, implementation, and management; compare this list against their existing CoC plans and/or practices to gauge the extent to which the CoC currently includes these elements; and as a general outline for a set of policies and procedures a CoC must adopt to support the ongoing management of CE processes and functions.

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Version 1.1

This document is Version 1.1, which replaces the original version posted on the HUD Exchange on January 23, 2017. This Version 1.1 reflects the following changes:

1. **Section A. Planning.** Item #1 has been updated to correct the date that CoCs are expected to achieve full compliance with Coordinated Entry requirements established by the Notice. The correct date is January 23, 2018.
2. **Section C. Assessment.** Item #9 has been updated to correct an earlier error in citation. The privacy protections noted in the requirement are from HUD's Coordinated Entry Notice: Section II.B.12.f.
3. **Section E. Referral.** Item #2, in "*Referrals to Participating Projects*," has been moved from Required to Recommended. The CoC's Coordinated Entry policies and procedures used to prioritize homeless persons within the CoC's geographic area for referral to housing and services must be made publicly available and must be applied consistently throughout the CoC's area for all subpopulations. HUD *recommends* that each CoC homeless assistance project also make its prioritization policies and procedures publicly available. That is, the requirement is at the CoC level, not the individual project level.

A. PLANNING

| | | ASSESSMENT NOTES |
|------------------|--|--|
| *** Required *** | Deadline for Compliance. 1. CoC establishes or updates its coordinated entry process in full compliance with HUD requirements by January 23, 2018. CoC Program interim rule: 24 CFR 578.7(a)(8) HUD Coordinated Entry Notice: Section I.B | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| | Core Requirements since 2012. CoC's coordinated entry process meets the requirements (below) established by the CoC Program interim rule. CoC Program interim rule: 24 CFR 578.3 & 24 CFR 578.7(a)(8) | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| | 2. CES covers the entire geographic area claimed by the CoC. 3. CES is easily accessed by individuals and families seeking housing or services. 4. CES is well-advertised. 5. CES includes a comprehensive and standardized assessment tool(s). 6. CES provides an initial, comprehensive assessment of individuals and families for housing and services. 7. CES includes a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers. | <i>among partners - needs improvement in community.</i> |

| | | ASSESSMENT NOTES |
|---------------------|---|--|
| <div>Required</div> | <p>Core Requirements.</p> <p>8. CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, has established and consistently follows written standards for providing Continuum of Care assistance which can guide the development of formalized policies and procedures for the coordinated entry process:</p> <ul style="list-style-type: none"> • Written standards provide guidance for evaluating individuals' and families' <u>eligibility for assistance</u> under 24 CFR Part 578. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>transitional housing</u> assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>rapid rehousing</u> assistance. • Written standards provide guidance for determining what percentage or <u>amount of rent</u> each program participant must pay while receiving rapid rehousing assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>permanent supportive housing</u> assistance. <p style="text-align: right;">CoC Program Interim rule: 24 CFR 578.7(a)(8)</p> <p>9. CoC and each ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.</p> <p style="text-align: right;">CoC Program Interim rule: 24 CFR 578.7(a)(8) ESG interim rule: 24 CFR 576.400(d) and (e)</p> | <div>✓</div> <div>✗</div> <div>✗</div> |
| | <p>Full Coverage.</p> <p>10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:</p> <ul style="list-style-type: none"> • The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and • How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different. <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.1</p> | <div>☐</div> <div>2/2</div> |

A. PLANNING

| | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|--|--|------------------|
| <p>Marketing.</p> <p>11. CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.</p> <p style="text-align: center;">CoC Program interim rule: 24 CFR 578.93(c) ESG Program interim rule: 24 CFR 576.407(a) and (b)</p> <p>12. Coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5 HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)</p> <p>13. Coordinated entry written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5</p> | <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | |

Nondiscrimination.

14. CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

HUD Coordinated Entry Notice: Section I.D



ASSESSMENT NOTES



** Required **

B.

Required

Emergency Services.

6. CoC's CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes.

HUD Coordinated Entry Notice: Section II.B.7

7. CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

HUD Coordinated Entry Notice: Section II.B.7.b

Prevention Services.

8. CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.

HUD Coordinated Entry Notice: Section II.B.8

Full Coverage.

9. CoC's access points cover and are accessible throughout the entirety of the geographic area of the CoC.

HUD Coordinated Entry Notice: Section II.B.1

Marketing.

10. CoC's written coordinated entry policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

HUD Coordinated Entry Notice: Section II.B.5.c



ASSESSMENT NOTES



more crisis staff needed as awareness grows.



we need increased access in Anderson Valley & North County



B. ACCESS

| | | ASSESSMENT NOTES |
|--|-------------------------------------|--|
| 11. CoC's written CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters). | <input checked="" type="checkbox"/> | |
| HUD Coordinated Entry Notice: Section II.B.5.c | | |
| 12. CoC's access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP). | <input type="checkbox"/> | language line access. |
| HUD Coordinated Entry Notice: Section II.B.5.d | | |
| Safety Planning. | | |
| 13. CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. | <input checked="" type="checkbox"/> | |
| HUD Coordinated Entry Notice: Section II.B.10 | | |
| Street Outreach. | | |
| 14. Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. | <input type="checkbox"/> | currently no street outreach funded by ESG or CoC - but all outreach through independent agencies or other non-profit are linked |
| HUD Coordinated Entry Notice: Section II.B.6 | | |

| | | ASSESSMENT NOTES |
|-------------|--|---|
| Recommended | Accessibility. 15. CoC's access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of Federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location. | <input checked="" type="checkbox"/> |
| | 16. CoC's access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance. | <input checked="" type="checkbox"/> |
| Optional | Access Models. 17. CoC's access points provide virtual entry where individuals and families experiencing a housing crisis may present for initial assessment screening (e.g. a 211 or other hotline systems that screens and directly connects callers to appropriate crisis housing and service providers in the area). | <input type="checkbox"/> |
| | 18. CoC has multiple access points, each assigned to a specific sub-region within the CoC. 19. CoC has partnered with neighboring CoCs to create a single access point covering the multi-CoC region. 20. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered for the following subpopulations: <ul style="list-style-type: none"> • Adults without children; • Adults accompanied by children; • Unaccompanied youth; • Households fleeing or attempting to flee domestic violence; or • Persons at risk of homelessness. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | 21. CoC has a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area. | <input checked="" type="checkbox"/> |

increasing connections to appropriate svc. through HMIS.

individual agencies do - no choices yet.

no.

B. ACCESS

| | | ASSESSMENT NOTES |
|----------|---|--|
| Optional | <p>Prevention Services.</p> <p>22. CoC's CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.8</p> | <input checked="" type="checkbox"/> <p>Under construction new resource center in County seat scheduled for Feb. 2019</p> |
| | <p>Safety Planning.</p> <p>23. Victim service providers funded by CoC and ESG program funds are not required to use the CoC's coordinated entry process, but CoC- and ESG-funded victim service providers are allowed to do so. Or, victim service providers may use an alternative coordinated entry process for victims of domestic violence, dating violence, sexual assault, and stalking.</p> <p><i>*Note – if an alternative CE process is used for victims of domestic violence, dating violence, sexual assault and stalking, that alternative process must meet HUD's minimum coordinated entry requirements.</i></p> | <input checked="" type="checkbox"/> |

| | | ASSESSMENT NOTES |
|----------|--|-------------------------------------|
| Required | Assessment Process. 1. CoC consistently applies one or more standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the community. HUD Coordinated Entry Notice: Section II.B.2.a | <input checked="" type="checkbox"/> |
| | 2. CoC's written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. HUD Coordinated Entry Notice: Sections II.B.2.g.1 and II.B.3 | <input checked="" type="checkbox"/> |
| | 3. CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. HUD Coordinated Entry Notice: Section II.B.4 | <input checked="" type="checkbox"/> |
| | Assessor Training. 4. CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures. HUD Coordinated Entry Notice: Section II.B.14 | <input checked="" type="checkbox"/> |

ongoing

C. ASSESSMENT

| | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|--|--|------------------|
| <p>5. CoC's coordinated entry process training curricula includes the following topics for staff conducting assessments:</p> <ul style="list-style-type: none"> • Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations; • Requirements for use of assessment information to determine prioritization; and • Criteria for uniform decision-making and referrals. <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.14</p> | <input checked="" type="checkbox"/> | |
| <p>Client-Centered.</p> <p>6. Participants must be informed of the ability to file a nondiscrimination complaint.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.12.g</p> | <input checked="" type="checkbox"/> | |
| <p>Participant Autonomy.</p> <p>7. CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options.</p> <p><i>*Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility.</i></p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.11</p> | <input checked="" type="checkbox"/> | |
| <p>Privacy Protections.</p> <p>8. CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.12</p> <p>9. CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.12.f</p> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |

Assessment Process.

10. CoC uses locally specific assessment approaches and tools that reflect the characteristics and attributes of the CoC and CoC participants.
11. CoC uses a valid, tested, and reliable assessment process which gathers only enough participant information to determine the severity of need and eligibility for housing and related services.
12. CoC uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.
13. CoC employs a phased approach to assessment which segments the collection of participant information into the following stages:
 - Initial Triage – resolving the immediate housing crisis; identification of the CoC crisis response system as the appropriate system to address the potential participant's immediate needs.
 - Diversion and/or Prevention Screening – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care.
 - Crisis Services Intake – information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.
 - Initial Assessment – information to identify a participant's housing and service needs with the intent to resolve participant's immediate housing crisis.
 - Comprehensive Assessment – information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant's vulnerability and prioritization for assistance.
 - Next Step/Move On Assessment – information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies.
14. CoC employs a Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.



ASSESSMENT NOTES

- ☐ currently use of VI-SPDAT - drafts
- ☒ are in process for more customized
- ☒ we are still learning to do this well
- ☒

C. ASSESSMENT

Recommended

Assessor Training.

15. All staff administering assessments use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and ✓
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations. →

16. All assessment staff are trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.

17. All Assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of participant assessment.



ASSESSMENT NOTES



needs improvement

Client-Centered.

18. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

19. Assessment questions are adjusted according to specific subpopulations (i.e. Youth, Individuals, Families, and Chronically Homeless) and responses to questions. For example, if a participant is under the age of 18 questions related to Veteran status and experience with the armed services can be skipped.

20. Assessment questions and instructions reflect the developmental capacity of participants being assessed.

21. CoC's assessment process incorporates a person-centered approach, including the following:

- Assessments are based in part on participant's strengths, goals, risks, and protective factors.
- Tools and assessment processes are easily understood by participants.
- Assessments are sensitive to participants' lived experience.
- Participants are offered choice in decisions about location and type of housing.
- Participants are able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.



in process

| | | ASSESSMENT NOTES |
|-------------|---|---|
| Recommended | Incorporating Mainstream Services. 22. CoC includes relevant mainstream service providers in the following activities: <ul style="list-style-type: none"> • Identifying people at risk of homelessness; • Facilitating referrals to and from the coordinated entry process; • Aligning prioritization criteria where applicable; • Coordinating services and assistance; and • Conducting activities related to continual process improvement. | <input checked="" type="checkbox"/> <input type="checkbox"/> — not consistent yet. |
| | 23. CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be made and received. | <input type="checkbox"/> — not yet. |
| Optional | Assessment Process. 24. CoC uses a publicly available, rather than locally specific, standardized assessment tool(s) to facilitate their assessment process (e.g. VI-SPDAT or vulnerability index-service prioritization decision assistance tool). 25. CoC allows Veteran Affairs (VA) partners to conduct assessments and make direct placements into any homeless assistance program, with the method for doing so included in the CoC's coordinated entry policies and procedures and written standards for affected programs. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| | Street Outreach. 26. Street outreach activities incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts. | <input checked="" type="checkbox"/> |

D. PRIORITIZATION

| | | ASSESSMENT NOTES |
|----------|--|--|
| Required | <p>Core Requirements.</p> <p>1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area:</p> <ul style="list-style-type: none"> Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations. CoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made. CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4. <p><i>*Note – Refer to HUD Prioritization Notice: CPD-16-11 for detailed guidance on prioritizing persons experiencing chronic homelessness and other vulnerable homeless populations in permanent supportive housing.</i></p> <p>HUD Coordinated Entry Notice: Section II.B.3</p> | <input checked="" type="checkbox"/> |
| | <p>2. CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.</p> <p>HUD Coordinated Entry Notice: Section II.B.3</p> | <input checked="" type="checkbox"/> <p>needs updating next year.</p> |
| | <p>Emergency Services.</p> <p>3. CoC's written CE policies and procedures clearly distinguish between the interventions that <u>will not</u> be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that <u>will</u> be prioritized, such as permanent supportive housing (PSH).</p> <p>HUD Coordinated Entry Notice: Section II.B.7</p> | <input checked="" type="checkbox"/> |

DO PRIORITIZATION

| | | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|----------------|--|-------------------------------------|------------------|
| ** Required ** | Nondiscrimination. 4. CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status. CoC's written policies and procedures for CE document how determining eligibility is a different process than prioritization. <i>*Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).</i> HUD Coordinated Entry Notice: Sections I.D and II.B.2.g(2) | <input checked="" type="checkbox"/> | |
| | 5. CoC's written CE policies and procedures document process for participants to file a nondiscrimination complaint. HUD Coordinated Entry Notice: Section II.B.12.g | <input checked="" type="checkbox"/> | |
| | 7. CoC's written policies and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options. HUD Coordinated Entry Notice: Section II.B.9 | <input checked="" type="checkbox"/> | |
| | Prioritization List. 8. If the CoC manages prioritization order using a "Prioritization List," CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards. HUD Coordinated Entry Notice: Section II.B.3 | <input checked="" type="checkbox"/> | |
| | Prevention Services. 9. If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services. HUD Coordinated Entry Notice: Section II.B.8 | <input checked="" type="checkbox"/> | |

Recommended

referrals are within
60 days - inventory
is scarce so
housing takes longer
(generally)

D PRIORITIZATION

| | | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|-------------|---|-------------------------------------|------------------|
| Recommended | 15. In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a referral to the next available unit. | <input checked="" type="checkbox"/> | |
| Optional | Prioritization Process. 16. CoC establishes scoring criteria that translate the participant's current living situation and barriers impacting participant's ability to obtain and/or maintain housing into a numerical score that can also be used to inform the referral process. | <input checked="" type="checkbox"/> | |

| | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|--|--|---|
| <div data-bbox="90 630 121 820" data-label="Text">Recommended</div> <p>Referrals to Participating Projects.</p> <p>6. CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process.</p> <p>7. Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.</p> <p>8. Non HUD-funded CoC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/entity.</p> <p>9. CoC's written CE policies and procedures include standardized criteria by which a participating project may justify rejecting a referral.</p> <p>10. CoC's written CE policies and procedures document uniform process for managing rare instances of referral rejection, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.</p> <p>11. Upon referral, CoC participants receive clear information about the project they are referred to, what participants can expect from the project, and expectations of the project.</p> <p>12. CoC identifies a referral entity, agency, CoC-subcommittee, or other decision-making entity empowered by the CoC to manage the process of referring participants to available CoC housing and supportive services.</p> <p>13. If a CoC participant is prioritized for permanent supportive housing (PSH) but no PSH resources are available, that participant is offered any other CoC resource available in the CoC's geographic area.</p> <p>14. CoC establishes a minimum set of participant information associated with a referral and which will be shared by a referring agency/entity with the project receiving the referral.</p> <p>15. CoC establishes alternate processes to identify suitable options when projects reject a participant and when participants reject a project.</p> | <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p>will be improved + kept up to date + more consistently w/ need system.</p> <p>increased outreach to CoC agencies</p> <p>+ support.</p> |

E. REFERRAL

| | | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|-------------|---|---|--------------------|
| Recommended | <p>16. CoC employs a 'Housing Navigator' function to ensure efficient and effective enrollment, and subsequent movement from one CoC project to another. While specific 'Housing Navigator' functions will vary from CoC to CoC, typical duties include the following:</p> <ul style="list-style-type: none"> • Work closely with referral agencies regarding eligibility determination. • Develop a Housing Stability Plan. • Complete housing applications. • Perform housing search and placement. • Outreach to and negotiations with landlords. • Assisting with submitting rental applications and understanding leases. • Addressing barriers to project admissions. | <input checked="" type="checkbox"/> | |
| | <p>Participant Autonomy.</p> <p>17. CoCs incorporate a person-centered approach into the referral process. That approach is documented in CoC's written policies and procedures for coordinated entry management. A person-centered approach includes:</p> <ul style="list-style-type: none"> • Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need. • Clear expectations concerning where participants are being referred, entry requirements, and services provided. | <input checked="" type="checkbox"/> | |
| Optional | <p>Referrals to Participating Projects.</p> <p>18. CoC establishes referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or served.</p> <p>19. CoC transmits participant referral information electronically, via the CoC's HMIS or other data management system.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> | with system new |

DATA MANAGEMENT

| | | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|-------------|---|---|------------------|
| Required | Core Requirements. 1. When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8). HUD Coordinated Entry Notice: Sections II.B.3 and II.B.13 | <input checked="" type="checkbox"/> | |
| | Privacy Protections. 2. CoC's written CE policies and procedures include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. HUD Coordinated Entry Notice: Section II.B.12 3. CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. HUD Coordinated Entry Notice: Sections II.B.12.c and II.B.13 4. If using HMIS to manage coordinated entry functions, CoC ensures all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data. HUD Coordinated Entry Notice: Section II.B.12 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| Recommended | HMIS Use. 5. CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process. | <input checked="" type="checkbox"/> | |
| | Privacy Protections. 6. CoC only shares participant information and documents when the participant has provided written consent. | <input checked="" type="checkbox"/> | |

F. DATA MANAGEMENT

| | | ASSESSMENT NOTES |
|----------|--|--|
| Optional | Data Systems Management. 7. CoC imports and exports data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, healthcare services, etc.). 8. CoC integrates data between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams. 9. CoC manages and maintain a list of referral resources in a systematic way that encourages high data quality and utilizes the AIRS Taxonomy to ensure uniformity in naming and describing resources. | <input checked="" type="checkbox"/> <input type="checkbox"/> in process w/ new HR <input type="checkbox"/> request for funding in CESA ap <input type="checkbox"/> in process |
| | HMIS Functionality. 10. CoC automates coordinated entry processes including resource prioritization, prioritization list management, and eligibility determination. | <input checked="" type="checkbox"/> |

EVALUATION

| | | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|----------------|---|-------------------------------------|------------------|
| ** Required ** | Core Requirements. 1. CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. HUD Coordinated Entry Notice: Section II.B.15 | <input checked="" type="checkbox"/> | |
| | Evaluation Methods. 2. CoC ensures through written CE policies and procedures the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures. HUD Coordinated Entry Notice: Section II.B.15 | <input checked="" type="checkbox"/> | |
| | Privacy Protections. 3. CoC ensures adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation. HUD Coordinated Entry Notice: Section II.B.12 | <input checked="" type="checkbox"/> | |
| Recommended | Evaluation Methods. 4. CoC incorporates system performance measures or other evaluation criteria into their required annual coordinated entry evaluation plan. | <input checked="" type="checkbox"/> | |

G. EVALUATION

| | <input checked="" type="checkbox"/> | ASSESSMENT NOTES |
|--|-------------------------------------|--|
| <div data-bbox="86 516 117 703" data-label="Text">Recommended</div> <p>5. CoC ensures that evaluation is part of the implementation planning process from the inception of CE:</p> <ul style="list-style-type: none"> • Determine which aspects of the effectiveness of the system will be measured. • Determine which aspects of the process will be evaluated for fidelity to the policies and procedures. • Determine how to gather data to track the selected measures. • Determine whether and how to use the evaluation results to inform other aspects of the system planning and monitoring. | <input type="checkbox"/> | <p>evaluation needs updated - not incorporated in new system plans.</p> |
| <p>Stakeholder Consultation.</p> <p>6. CoCs employ multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:</p> <ul style="list-style-type: none"> • Surveys designed to reach either the entire population or a representative sample of participating providers and households; • Focus groups of five or more participants that approximate the diversity of the participating providers and households; and • Individual interviews with participating providers and enough participants to approximate the diversity of participating households. | <input type="checkbox"/> | <p>in process</p> |

DRAFT

COUNTY OF MENDOCINO



**ABBREVIATED CONSOLIDATED PLAN:
CONTINUUM OF CARE FOR THE HOMELESS**

November 1, 2016 – October 31, 2021

Lead Agency:

Mendocino County Health and Human Services Agency-Social Services Branch

COUNTY OF MENDOCINO

ABBREVIATED CONSOLIDATED PLAN (ACP)

CONTINUUM OF CARE FOR THE HOMELESS

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DRAFT

I. GENERAL

A. Executive Summary

Five Year Strategic Plan Executive Summary

The Mendocino County Abbreviated Consolidated Plan is a five-year plan covering FY 2016-FY 2021 and is required by the U.S. Department of Housing and Urban Development (HUD). The Mendocino County Abbreviated Consolidated Plan has been prepared to summarize and illustrate activities included in the County's Continuum of Care service and delivery system for the homeless and to ensure county government and other county entities are eligible to apply for Continuum of Care funding from the U.S. Department of Housing and Urban Development (HUD).

Mission: Mendocino County's Continuum of Care mission is to create an effective continuum of housing and support services for the homeless of Mendocino County.

Continuum of Care goals are as follows:

- Assist homeless persons to obtain affordable housing;
 - Integrate the county's providers of service to the homeless and link them with providers of housing, to create a comprehensive program to alleviate homelessness.
- Increase the number of emergency shelter beds, particularly in geographically remote areas of the county, and strengthen the emergency services system.
- Assist individuals and families facing eviction to retain housing.
- Strengthen the support services system for homeless families and individuals in transitional and permanent supportive housing.
- Increase the number of decent, safe, sanitary, and affordable subsidized permanent housing units, and decent, safe, sanitary, and affordable subsidized permanent units offering support services, for the disabled homeless and those disabled persons at-risk of homelessness without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability.
- Preserve and retain the affordable housing stock.
- Increase the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence. The Abbreviated Consolidated Plan serves the following functions:
 - A planning document for the Mendocino County Continuum of Care (is consistent with jurisdictional planning documents such as the Housing Element);
 - A strategy to be followed in carrying out HUD programs; and
 - An action plan that provides a basis for assessing performance.

The Abbreviated Consolidated Plan is organized as follows;

- The Abbreviated Consolidated Plan is a strategic plan that includes 6 main sections:
 - General, Description of Need, Homeless Assistance Needs and Strategy, Homeless Assistance Resources, Market Characteristics, and Strategic Goals.

The Abbreviated Consolidated Plan was developed by the Continuum of Care Lead Agency Mendocino County in consultation with the Mendocino County Homeless Services Continuum of Care (MCHSCoC) consisting of public and private entities, including governmental and nonprofit organizations knowledgeable about the needs of Mendocino County residents experiencing homelessness, and private citizens interested in, or affected by, the housing and community development activities discussed in the plan.

B. Background and Program Summary

The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify an individual's or family's needs and help them connect with facilities and services.
- Immediate emergency shelter and safe, decent alternatives to homelessness.
- Transitional housing with appropriate support services to help people reach and maintain independent living. Such services may include job training and placement, substance abuse treatment, mental health services, and independent living skills training.
- Permanent housing or permanent supportive housing facilities and services.

The Mendocino County Continuum of Care system is managed and coordinated by the MCHSCoC (Please see Figure 1, MCHSCoC Membership on page 5). The MCHSCoC represents a collaboration of thirty primary decision making organizations, 48 committee/sub-committee participating member organizations and seven community organizations convened and facilitated by the Lead Agency Mendocino County Health and Human Services Agency (HHSA). The role and responsibility of the MCHSCoC is to develop, plan, and coordinate resources and systems in order to reduce homelessness in Mendocino County and assist the county's residents experiencing homelessness achieve residential stability. The primary organizations serve as the policy setting body for the Supportive Housing Program (SHP) and Shelter-Plus Care (S+C) Program.

In the mid-eighties, the Mendocino County Housing Task Force was established as the first local MCHSCoC body dedicated to the needs of the homeless. The Mendocino County Board of Supervisors assigned the Task Force to study the needs of homelessness in the county, assess conditions and challenges faced by the homeless and make recommendations for action. In 1993, many of those participating on the Housing Task Force convened as the Homeless Services Planning Group to respond to that year's HUD Notice of Funding Availability for McKinney funding for the homeless. As a result, the Seamless Transition Empowerment Program (STEP) was established which fixed the MCHSCoC as the group responsible for county-wide planning and oversight of services and resources for the homeless. The STEP Program has been since defunded as of 2015.

The MCHSCoC is the Governing Board decision-making body of the Mendocino MCHSCoC. MCHSCoC meets monthly and includes at least thirty organizations from across the County. The MCHSCoC is led by a Governing Board that makes many of the MCHSCoC's decisions. In 1993, the HSPG became the official homeless-coordinating body for the community, but the group tracks its lineage as far back as the mid-1980's when the Board of Supervisors first appointed the MCHSCoC's predecessor the Mendocino County Housing Task Force.

The MCHSCoC addresses the County's geographic division by hosting monthly MCHSCoC meetings, meeting on the coast as needed. To keep the two groups aligned, a few people attend both meetings. This structure seems to be effective for the MCHSCoC and indicates flexibility and best use of scarce resources. North County is largely isolated from the rest of the County, and is not largely reflected in the MCHSCoC planning process, although there have been several efforts to increase homelessness planning in that area in the past. That part of the County is made up of mostly Indian Reservations, and generally there is a lack of interest or commitment in that area to increasing homeless services, due to the prevalence of other serious concerns.

The MCHSCoC meetings cover a range of topics and community concerns, including program outcomes, referrals, data collections, and agency announcements. Of note, the groups discuss several types of funding (including several types of HUD funding, showing a large degree of coordination among different funding sources). The primary activities of the MCHSCoC are case conferencing, insuring a continuum of housing and services, meeting HUD obligations, and applying for HUD or other funding.

All MCHSCoC members sign a code of conduct and confidentiality statement, and the MCHSCoC developed steps to address any breaches of confidentiality.

Governance

The MCHSCoC Governing Board sets MCHSCoC policy, sets agendas for the full MCHSCoC meetings, and determines project priorities. The group rates and assesses project performance through site visits, reviewing appropriate documentation (audits, leverage letters, APRs, etc.), and surveying clients. The group works both by consensus and by voting, with members abstaining if a conflict of interest exists.

Membership

Regarding MCHSCoC membership, the MCHSCoC has found success in a degree of informality. All agencies or organizations that serve individuals and families experiencing homelessness in the County are encouraged to join the MCHSCoC. Membership includes a number of non-profits (77 percent of membership is private), including some focused on youth, and several county agencies. The County Veteran Services Officer also participates, and the new HUDVASH vouchers are likely to increase veteran representation in MCHSCoC activities. Faith-based organizations are helpful on the coast with providing emergency housing and services. Members identified a need for additional participation by representatives from community health clinics, substance use services, vocational training programs, and the Native American population.

The MCHSCoC has detailed, written, formal Policies and Procedures which cover service rules for HUD-funded programs, MCHSCoC confidentiality, services provision and documentation, referral policies, MCHSCoC-wide case management plans, program rules, and definitions. This manual is an important first step in formalizing the MCHSCoC and unusual in a MCHSCoC of this size.

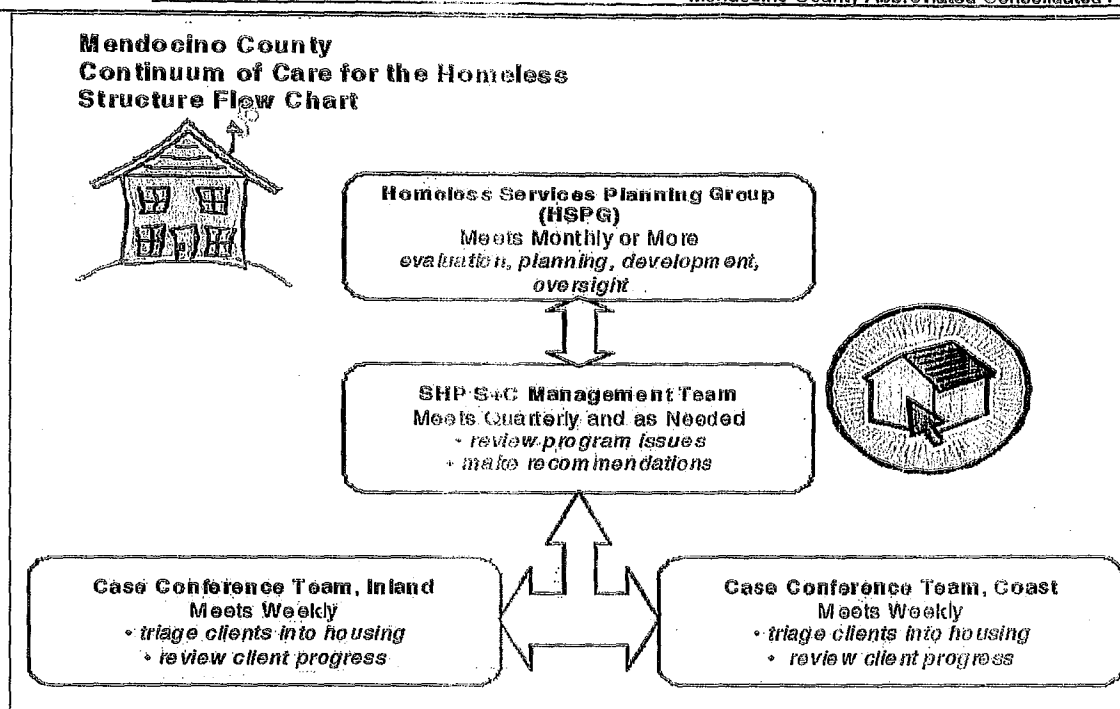
Figure 1: MCHSCoC Membership

| AGENCY | Organization Type | MEMBERSHIP |
|--|--------------------------|-----------------|
| North Coast Opportunities | Non-Profit | Advisory |
| Salvation Army | Non-Profit | Advisory |
| MCHHSA-Nursing | Local Government Agency | Advisory |
| Willits Community Services | Non-Profit | Advisory |
| Legal Services of Northern California | Non-Profit | Advisory |
| Northern Circle Indian Housing Authority | Non-Profit | Advisory |
| City of Fort Bragg | Local Government Agency | Advisory |
| Mendocino County Office of Education (MCOE) | Local Government Agency | Advisory |
| Community Care | Non-Profit | Advisory |
| Wes Chesbro's Office | State Representative | Advisory |
| Mendocino County Health and Human Services Agency (4-Reps.) | Local Government Agency | General Member |
| Yokayo Tribal Council | Local Government Agency | General Member |
| Emallo Foundation | Non-Profit | General Member |
| Individual | Local Community Member | General Member |
| Individual | Local Community Member | General Member |
| Mendocino County Aids Viral Hepatitis Network (MCAVHN) (1-Rep) | Non-Profit | General Member |
| Ukiah Valley Medical Center (UVMC) (2-Representatives) | Non-Profit (Hospital) | General Member |
| North Bay Veterans Resource Center (2-Representatives) | Non-Profit | General Member |
| Plowshares | Non-Profit | General Member |
| Mendocino County Board of Supervisors (1-Representative) | Local Government Agency | General Member |
| Mendocino County Youth Project (MCYP) | Non-Profit | General Member |
| Community Development Commission (CDC) (1-Representatives) | Public Housing Authority | General Member |
| Ford Street Project (FSP) | Non-Profit | General Member |
| Rural Communities Housing Development Corporation (RCHDC) | Non-Profit | General Member |
| Project Sanctuary | Non-Profit | Governing Board |
| CDC (1-Representative) | Public Housing Authority | Governing Board |
| MCAVIN (1-Representative) | Non-Profit | Governing Board |
| Love in Action | Faith Based Group | Governing Board |

| | | |
|--|-------------------------|-----------------|
| Redwood Children's Services | Non-Profit | Governing Board |
| Manzanita Services | Faith Based Group | Governing Board |
| Mendocino Community Health Clinics, Inc. (2-Representatives) | Health Services | Governing Board |
| Veterans Association | Non-Profit | Governing Board |
| Individual | Community Member | Governing Board |
| Mendocino County Superior Court | Local Government Agency | Governing Board |
| City of Ukiah | Local Government Agency | General Member |
| Hospitality House | Non-Profit | Governing Board |
| Hospitality Center | Non-Profit | Governing Board |
| Round Valley Indian Health Center | Clinic | General Member |
| Redwood Regional Center | Non-Profit | General Member |
| Pinoleville Pomo Nation Vocational Rehabilitation | Non-Profit | General Member |

The Abbreviated Consolidated Plan was developed with involvement of the MCHSCoC, which includes county government, public agencies, private non-profits, and community groups. Ideas and subsequent goals have been developed at retreats, strategic planning sessions and regional sub-groups of the entire membership. Citizen participation was invited at three public hearings held in Ukiah, Fort Bragg and Willits.

Figure 2:



Mendocino County Continuum of Care for the Homeless Structure Flow Chart

II. DESCRIPTION OF NEED

A. Mendocino County Geographic and Economic Profile

Mendocino County is a rural area in the north coast region of California, approximately 100 miles north of the San Francisco Bay Area. The county comprises approximately 3,878 square miles of land making it the 14th largest county (out of 58) in California. In 2015, the density of persons per square mile is 23 compared to 238.9 persons per square mile in California¹. The Coastal Mountain Range, a formidable geographic barrier, divides the coastal and interior regions of the county. On the eastern side of the range lies Mendocino County's interior which consists of a series of deep valleys running north and south. Fifty percent of Mendocino County's population (87,628²) lives in the area known as the interior region's "Greater Ukiah area". Ukiah, the county seat, is located on Highway 101, a major artery out of the San Francisco Bay Area. Twenty-two percent of the population lives in the northern interior region, which includes Willits. The remaining 28 percent live in the coastal region. The city of Fort Bragg is the largest community and business center for the coastal area. Fort Bragg is a one-and-one-half-hour drive from Ukiah.

Mendocino County's economy is primarily service-based. The county is a chronically depressed rural area. Jobs are few, housing is scarce and expensive in comparison to wage levels, and the services that are available are limited. Mendocino County's rates of poverty and unemployment consistently run higher than rates for California as a whole. The 2015 median household income³ of \$42,980 was only 70 percent of the statewide median (\$61,818). The median household income in 2000 was \$47,493, a 9.0 percent decrease. The 2015 poverty level for Mendocino County was 20.4 percent compared to a statewide poverty level of 16.3 percent. The unemployment rate for 2017 was 5.6 percent with the previous 12 month period of 6.0 percent and the current 10 month period of 5.6 percent (from July 2016). As of April 2017, Mendocino County had 2,110 unemployed people out of a work force of 37,138. The state's unemployment rate was 5.2 percent; the national rate for April was 4.7 percent with, Mendocino County at 5.6 percent⁴.

¹U.S. Census Bureau, "State and County Quick Facts", Mendocino County Quick Facts from the U.S. Census Bureau, last revised May 1, 2017, http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml² Ibid. ³Ibid⁴

Recent census estimates for 2015⁵ indicate that 20.4 percent of all of the households in the county have incomes below poverty level; with 28.1 percent of children age 0 – 17 are living in poverty. An estimated 8,050 (9.2 percent of the 2015 population) residents received public assistance which includes CalWorks, Foster Care, Welfare to Work and CalFresh (food stamps). Over 22 percent of county residents are Medi-Cal recipients, and almost 40.5 percent of the county's population is considered no longer in the labor force⁶. One indicator of the extent of the poverty in the geographical regions of the county is the number of households receiving CalFresh (food stamps) in each area (See Figure 3 following, data gathered December 2016 Mendocino County Health and Human Services Agency).

Figure 3: Mendocino County CalFresh (food stamp) Geographic Distribution as of December 2016

| Area of County | Total Cases | Percent of Total | Communities |
|---------------------------|-------------|------------------|--|
| North County | 1555 | 25% | North County: Willits Extreme North County: Laytonville, Branscomb, Leggett, Piercy, Covelo, Dos Rios, and Longvale |
| Ukiah Area - South Inland | 3248 | 51% | Ukiah Area – South Inland: Ukiah, Redwood Valley, Calpella, Potter Valley Anderson Valley Area: Boonville, Philo, Navarro, and Yorkville |
| Coast | 1518 | 24% | North Coast: Rockport, Westport, Cleone, Fort Bragg, Caspar, Mendocino, Little River, Albion, Elk, Comptche South Coast: Point Arena, Manchester, Anchor Bay, Gualala, and Sea Ranch |
| COUNTY TOTALS | 6321 | 100% | |

B. Nature and Extent of Homeless Population

In May 2005 the County of Mendocino, with funding from the Cities of Ukiah, Willits and Fort Bragg, contracted with Applied Survey Research to organize and implement the first countywide survey of homeless people. A Point-in-Time (PIT) count survey of homeless persons has been conducted biennially since. The PIT is conducted during the last 10 days of January nationwide.

The 2017 Mendocino County Homeless Census and Survey identified a total count of 1,238 individuals and families experiencing homelessness during the time period of the count. There were 1,078 persons, or 87.1 percent unsheltered in the point-in-time street census, and 160 persons, or 12.9 percent, counted in the sheltered census.

The methodology used for the study has been cited as a recommended approach by the U.S. Department of Housing and Urban Development (HUD). The first component of this methodology was a peer-oriented, point-in-time count of street and sheltered homeless people conducted on January 26, 2017. The street count included a systematic canvassing of Mendocino County. This enumeration was performed between 5 a.m. and 9 a.m., with afternoon and evening enumeration conducted for special groups.

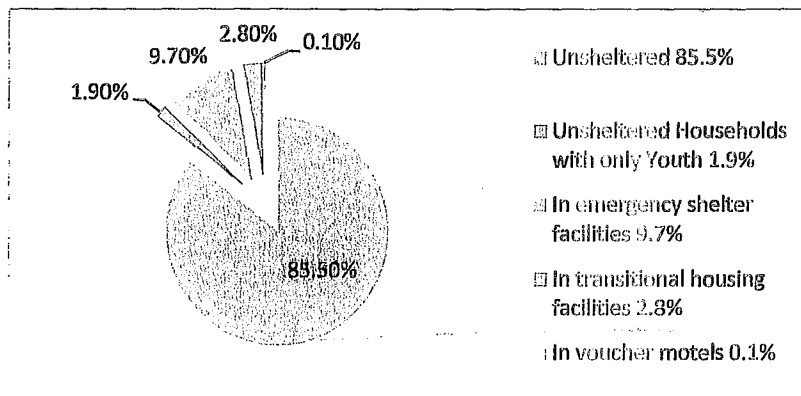
⁵ U.S. Census Bureau; "Small Area Income & Poverty Estimates, Estimates for California counties, 2015," Final release date for these estimates: December 15, <http://www.census.gov/cqi-bin/saipe/saipe.cqi>

⁶ Mendocino County Community Health Status Report, 2012, Published by the Mendocino County Department of Public Health.

Figure 4: 2017 PIT Count

The following tables from the Census and Survey illustrate the total number of homeless by location:

| Setting | Individuals | Persons in Families | Total Persons | Percent |
|--|-------------|---------------------|---------------|---------------|
| Unsheltered | 1048 | 11 | 1059 | 85.5% |
| Unsheltered Households with only Youth | 24 | 0 | 24 | 1.9% |
| In emergency shelter facilities | 96 | 24 | 120 | 9.7% |
| In transitional housing facilities | 19 | 14 | 53 | 2.8% |
| In voucher motels | 2 | 0 | 2 | 0.1% |
| Totals | 1189 | 49 | 1238 | |
| Percent of Totals | 96% | 4% | | 100.0% |



| | |
|--|-------------|
| Unsheltered (Street Count) | 1078 |
| Sheltered (Emergency, Transitional Housing, Motel Vouchers and Domestic Violence facilities) | 160 |
| Total | 1238 |

Based on the 2017 census population estimate from the Federal U. S. Census Bureau, the 2017 PIT homeless count represents 1.4 percent of Mendocino County's total population of 87,628.

The California Research Bureau estimates that approximately 118,142 people are homeless in California (2016) at any one time (approximately one-half percent of the general population), and estimates the number of people who experience homelessness over the course of a year to be between one and two million people, or between 3 percent and 4 percent of the state's population⁸. The Urban Institute estimates the number of people who experience homelessness over the course of a year in the United States to be approximately 3.5 million people, or about one percent of the United States' total population⁹.

Though the national mean rate of homelessness in 2010 was just under 18 persons per 10,000, there are a number of MCHSCoC's with very high rates-the ten highest rates between 96 and 216 people per 10,000. While seven out of ten of the highest rates of homelessness are Urban, only three are big cities. Detroit, MI has the highest rate of homelessness in the United States, with over 216 people per 10,000. Mendocino County, CA and Monroe County, Tn.; following at second and third, with 147 and 145 homeless people per 10,000 respectively¹⁰. From the 2017 PIT count, Mendocino County has a ratio of 141 homeless per 10,000 population residents.

⁷It should be noted that like almost all homeless surveys, the respondent sample was not truly random. The fact that over 43 percent of the observed homeless population was surveyed creates confidence in the findings.

⁸Foster, Lisa K. and Snowdon, Patricia, *Addressing Long-Term Homelessness: Permanent Supportive Housing*, California Research Bureau, August 2012.

⁹National Coalition for the Homeless article: *How Many People Experience Homelessness?*, NHC Fact Sheet #2, *National Coalition for the Homeless*, September 2002.

¹⁰Henry, Megan, and Sermons, M William, *Geography of Homelessness*, National Alliance to End Homelessness March 2010

Of the 1238 individuals in the Mendocino County 2017 PIT count, there were 260 surveys taken. Thirty-one percent of respondents indicated this is the first time they became homeless. Twenty-six percent have been homeless for less than six months with 15 percent homeless from six months to a year. Forty-two percent of respondents indicated either mental health issues, or alcohol/drug abuse as the primary precipitator of homelessness. Many of these individuals and families are in a cycle of crisis and experiencing recurring homelessness, needing economic stability, treatment, and primary health care.

Description of Homeless (HUD):

A person or family is considered homeless only when he/she/ they reside in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

Chronically Homeless Person or Family (HUD):

An unaccompanied homeless individual (18 or older) with a disabling condition or a family with at least one adult member (18 or older) who has a disabling condition, who lives in a place not meant for human habitation, a safe haven, or emergency shelter and has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.¹¹

For the purposes of the 2017 Mendocino County Point in Time (PIT) Count and Survey, a "disabling condition" is defined as a physical or mental disability (including depression), alcohol or drug addiction, HIV/AIDS, or chronic health conditions. Based on the 1,238 homeless persons in the PIT Count, approximately 8.9 percent (110) experience chronic homelessness in Mendocino County at a given point in time. It is estimated that on any given night Mendocino County has a chronically homeless population of approximately 100-125. It should be noted that the chronically homeless percentage is applied only to the census population that may be considered chronically homeless by the guidelines listed previously. This figure is low in comparison to a recent PIT Count in 2016, where the state of California was noted to have 39 percent of its homeless population to be defined as Chronically Homeless¹²,¹³, with the State of Nevada having the lowest noted population of Chronically Homeless at 5 percent.

¹¹Description of homeless and chronically homeless person or family is prior to the *HEARTH Act* signed into law, May 2009 Federal Register/Vol 76 No.233/Friday December 4, 2011 Rules and Regulations pp.75994-76019

¹²United States Interagency Council on Homelessness, *"Ending Chronic Homelessness in 2017"*, HUD figures from 2014
¹³*The Annual Homeless Assessment Report to Congress Part 1*, pg. 63, November 2016

Local History Perspective

Ukiah and Inland Mendocino County: Until the 1970's, one of California's largest mental hospitals was located in Ukiah. When the State closed the hospital, scores of patients were released into the community without adequate provision for their housing or care. Many of these still live in the area, forming the core of the Seriously Mentally Ill (SMI) homeless population in the area.

The northern portion of the county extends to the Round Valley/Covelo area, with a large Native American population, and an increasing lack of accessibility to resources the farther north one travels. The effects of poverty are perhaps most severe in this isolated region where the poorest county residents and the homeless do not have ready access to resources.

Mendocino County Coast: The coastal area of Mendocino County (which includes ten communities scattered along a 90 mile stretch of remote coastal highway), like the county as a whole, is economically depressed. The decline of the timber and fishing industries to near elimination, has exacerbated poor economic conditions; and as a result, there are increasing numbers of families and individuals becoming homeless and in need of assistance. Like the inland areas of the county, the Mendocino County coast attracts homeless people from urban areas because of the beaches and campgrounds that are available during the relatively moderate year-round climate.

Finally, through anecdotal evidence provided by General Assistance, Adult Protective Services and Children's Protective Services case workers, it is clear that the further from the main population areas one travels to the remote areas of the county, the more severe the hardship faced by homeless residents becomes, due to lack of access to housing and support services.

III. HOMELESS ASSISTANCE NEEDS AND STRATEGY

A. Background

Until the collapse of the mortgage industry (2007-08), Mendocino County experienced a major influx of middle and upper-middle class people migrating from urban areas, thereby creating a serious housing shortage. As a result, housing costs skyrocketed. The demand for housing created a landlord's market, in which people compete for rental units as they become available. Given the local housing shortage and escalating housing costs, those who lose their housing as a result of a personal economic crisis have a difficult time competing in the housing market with people who can provide strong references and an eviction-free record. The mortgage industry collapse has caused homeowners to foreclose and enter into the rental market. Those who have a long history of homelessness and those who have become involved in the cycle of recurring homelessness have almost no chance. Many have bad credit ratings, have been evicted in the past, or simply have no way to raise the first and last month's rent and security deposit most landlords require.

B. Vacancy Rate

Despite the growth in the number of rental units in the unincorporated area, the rental vacancy rate declined then went up again between 1990 and 2016. On the other hand, the vacancy rate for ownership units increased slightly (Table 2-23). Vacancy rates for both renter and homeowner units are lower in the cities and higher in the unincorporated areas according to the 2015 Census estimates. The California Department of Finance (DOF) utilizes a different methodology for calculating vacancy rates and consequently, reports a different vacancy rate. Since 2000, vacancy rates in the county have increased to 16.3 percent for the entire time period. According to the DOF, nearly 6,060 units of all types across unincorporated Mendocino County were vacant. Given the range of time between 2000 and present and the events that transpired over the past decade (a building boom followed by a foreclosure surge), the homeowner vacancy rate is almost certainly higher than the 2.2 percent identified below.

Table 2-23: Vacancy Rate

| TABLE 2-23 Vacancy Rate-Housing Element July 2015 (U.S. Census Bureau) | | | |
|---|--|------|------|
| Housing Tenure | Vacancy Rates Unincorporated Mendocino County | | |
| | 1990 | 2000 | 2015 |
| Homeowner Vacancy Rate | 1.2% | 1.4% | 2.2% |
| Rental Vacancy Rate | 7.2% | 3.3% | 5.3% |

Source: 2015 U.S. Census Housing Profile

Among the most troubling challenges facing Mendocino County is how to stabilize and house chronically homeless people who struggle with disabilities such as severe mental illness, chronic substance abuse and health problems including HIV infection and AIDS. Many of these repeatedly cycle between the streets, emergency shelters, jails, and hospital emergency rooms, often receiving costly but ultimately ineffective crisis intervention and rarely accessing the intensive community services they need to end recurrent episodes of homelessness and effectively treat their chronic health problems.

To break the cycle of recurring homelessness, families and individuals need crisis intervention, shelter and support services buttressed by the security of transitional housing, and the opportunity to develop skills leading to independent living and permanent housing. The disabled, and very low income families with children, need access to subsidized permanent housing like S+C and Section 8. The MCHSCOC has constructed a coordinated system of supportive services to address both the immediate needs and the underlying issues related to homelessness to improve residential stability, increase skill levels and income, and provide greater self-determination for homeless families and disabled individuals. The SHP program "structure" has a foundation and a framework.

C. Homeless Assistance Needs

Since the implementation of the STEP program in 1995, caseloads have consistently been larger than originally anticipated. The capacity rates are over the proposed numbers in the SHP-STEP Grant Applications. **The funding ended in 2015, so this information is for historical value.**

Project Capacity

| STEP Grant | 2007/2008 | Capacity Rates | 2008/2009 | Capacity Rates |
|--------------------------|-----------|----------------|-----------|----------------|
| Families-75 | 88 | 109% | 78 | 104% |
| Adults in Families-90 | 127 | | 108 | |
| Children in Families-135 | 144 | | 133 | |
| Individuals-90 | 155 | 172% | 125 | 139% |

The Homeless Management Information System (HMIS) data collection requirements changed in March 2010. The Annual Performance Report (APR) format changed for the 2015/2016 reporting year based on the new HMIS data standards and persons served is calculated over the entire grant year.

Number of persons served during the operating year (2015-2016).

| | Total | Without Children (Individuals) | With Children and Adults (Families) |
|----------|-------|-----------------------------------|--|
| Adults | 308 | 233 | 75 |
| Children | 121 | 0 | 121 |
| Total | 429 | 233 | 196 |

Since 1998, SHP-funded case management has been severely under-funded. The original SHP STEP grant funded in 1995 was written with the case management portion to be implemented by the staff of the resource centers, focused specifically on moving clients through the County Continuum of Care for shelter and housing. In 2015, this grant was unfunded. The effect of this entirely eliminated SHP-funded case management and Homeless resource centers and providers of supportive and treatment services to pick up all case management activities.

In 2008 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law on May 20, 2009 and reauthorized the McKinney-Vento Act to make some key changes. The first change is the definition of homelessness. The regulation on HUD's definition of homelessness was included in the HEARTH Act has been released. This had a broad impact on programs serving persons who are experiencing homelessness. As the HEARTH Act is activated in communities, hope is that these issues will be addressed.

The regulation provides guidance to determining whether a person is homeless under any of four categories.

1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were homeless immediately prior to entering that institution.
2. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, in 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category.
3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children and unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 91 or more days, have had three or more moves in the last 90 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
4. People who are fleeing or attempting to flee domestic violence to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

The HEARTH ACT changed:

- What was the "Continuum of Care" (MCHSCoC) with a few more responsibilities, became the "Collaborative Applicant" (CA)
- CA can receive some funds to do the work it is required to do (up to 3 percent of MCHSCoC grant)
- CA can take on more responsibilities (key tasks related to grants management and oversight) and receive even more funding (up to 6 percent).

D. Other gaps in the Mendocino County Homeless Services Continuum of Care for the Homeless include:

- Emergency shelter beds for those homeless residing in the North County
- Battered women's shelter on the Mendocino Coast;
- Affordable permanent housing countywide.

Support Services:

- Adequate treatment options for homeless persons with a dual diagnosis of serious mental illness and substance abuse;
- Adequate substance abuse treatment for MediCal recipients and other low-income homeless residents;
- Job training and placement tailored to address the special needs of the chronically homeless;
- Intensive case management for individuals and families experiencing homelessness, to reduce recidivism and provide support.

E. Homeless Assistance Strategy

Development of a Continuum of Care system for the homeless in Mendocino County has been difficult because of the County's large size and remote areas. The Continuum of Care strategy developed by the MCHSCoC to address homelessness, the Coordinated Entry System, attempts to respond to geographic isolation through the placement of access points on the coast, north county and inland. The Coordinated Entry access points serve as primary points of entry into permanent housing, needs assessment, emergency services, and determining most appropriate housing for the most vulnerable. Coordinated Entry provides individual needs assessments to ensure the most appropriate intervention is provided and the most vulnerable are prioritized for housing.

Specialized Funding For the County Continuum of Care:

The Mendocino County Continuum of Care for the Homeless is based on the following HUD-financed programs:

- The S+C Program was funded for five years. In the fiscal year 2011-2012 the TRA allocation was \$1,380,192 and the SRA allocation was \$46,512 for a total in the amount of \$1,800,000. The program is administered by the Community Development Commission (CDC). Subsequently they were awarded an additional three-year grant and now operate on one year funding renewals. In the fiscal year 2015-2016 the TRA was \$1,522,294 and the SRA was \$22,400 for a total of \$ 1,544,694.

Coordinated Entry:

S+C is a program designed to provide housing and supportive services for homeless persons with disabilities (primarily persons with serious mental illness, chronic problems with alcohol and other drugs, or AIDS and related diseases) and their families. In Mendocino County the S+C grant is used to pay for 130 tenant-based rental subsidies (TRA's), and four sponsor-based (SRA's) family units at Ford Street Project Ukiah.

Mendocino County has provided the S+C program since 1995. Grant funding is currently on one-year renewal cycles. Those residing in S+C TRA's are comprised of the following sub-populations: 19 percent are persons with AIDS, 45 percent are persons with mental illness, 15 percent are substance abusers, 15 percent have co-occurring disorders, and 4 percent have other disabling conditions. Geographically, 40 percent of the TRA's are allocated to the coast, and 50 percent inland. S+C TRA's and SRA's are provided to the disabled homeless by the inter-agency case conference teams operating out of the coast and inland resource centers.

Resource Centers for Individuals and Families Experiencing Homelessness

In 1995, SHP STEP established two resource centers for the homeless; one in Fort Bragg, and one in Ukiah, which serve as hubs for homeless services in these two distinct regions of the county. In the past, resource center staff assessed all homeless applicants for eligibility¹⁴, and provided a variety of support services (Assistance with emergency food, clothing, and shelter; life skills training; substance abuse treatment; dual diagnosis groups; and credit clean-up assistance). In addition, case conference groups at the regional resource centers referred SHP STEP participants to transitional housing and S+C housing. In 2015 STEP was unfunded, eliminating SHP funding for these resource centers. In 2016 HUD mandated the use of a Coordinated Entry System for access to homeless services.

Coordinated Entry Process and Guidelines:

Purpose and Background

The Mendocino County Homeless Services Continuum of Care (MCHSCoC) has developed the following Coordinated Entry Process for the geographic area of Mendocino County to meet federal and state regulations. The primary goals of this Coordinated Entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. This Coordinated Entry Process is mandated for all recipients of Continuum of Care (MCHSCoC) and Emergency Solutions Grant (ESG) funding and was developed in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and its implementing regulations.

Process Overview and Workflow

To illustrate how the *Coordinated Entry Process* functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual and the Coordinated Entry workflow.

From Initial Request: Permanent Housing Placement—Pathway through the Coordinated Entry Process

Step1: Connecting to the Coordinated Entry Process/Initial Request for Services – To ensure accessibility to households in need, the Coordinated Entry Process provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person through any of the designated Front Doors, by phone to the Front Doors, and/or through participating community based service providers.

Step2: Pre-screening Assessment – The pre- screening with households in need. That assessment consists of several questions meant to determine whether administering a VI-SPDAT is appropriate, or if some other alternative action is appropriate.

Step 3: Coordinated Entry Assessment – Assessors will complete the Coordinated Entry Assessment with the household. The assessment includes the collection of HMIS universal data elements as well as administering the appropriate VI-SDAT version. Front Doors have the option of completing the assessment directly into the HMIS system (which is strongly encouraged) or administering a paper version to be entered into HMIS at a later time – depending on the logistics of the Front Door's operation. Data collected on paper should be entered into HMIS within 72 hours of collection. Entry into HMIS automatically enters the household onto the BNL.

Continued next page:

¹⁴SHP eligibility: homeless families with children, and homeless disabled persons (with temporary disabilities: e.g. substance abuse).

Step 4: Housing Match- Information gathered from the assessment is used to determine which housing intervention is best suited to end the household's homelessness (Permanent Supportive Housing, Transitional Housing, Rapid Re-housing, Emergency Shelter, or Diversion). Scoring from the VI-SPDAT matches households to a particular housing intervention and will be reflected by the household's positioning on the BNL. Housing Match will be offered, however services are person centered. It is recognized that the initial housing match may not be appropriate for the household.

Step 5: Housing Referral – Completion of the Coordinated Entry Assessment results in the household being placed on the BNL. Upon identifying a program opening, Receiving Programs will pull referrals from the BNL for the next household they will serve within their eligibility criteria.

Step 6: Housing Navigation - Various programs provide housing search assistance. Appropriate referrals may be made by the receiving program or by Coordinated Entry assessors.

Coordinated Entry Access Point staff conducts front-line intervention, assessment, and identify the most appropriate services, protecting the most vulnerable, using the Housing First model for sheltering individual and families experiencing homeless.

Housing First Model

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Thorough assessment and supportive services are offered to maximize housing stability and prevent recidivism, as opposed to addressing predetermined treatment goals prior to permanent housing entry.

The primary obstacle to successfully implementing the Housing First model is the lack of affordable housing and reduction of funding for support services. The very nature of rural counties, the high number of cases juggled by case managers, the remote areas where clients reside, and subsequent difficulty in reaching human service workers, constitute significant challenges in implementing a cohesive policy of supportive services for the homeless through the Continuum of Care.

F. Transitional Age Youth SHP Permanent Supportive Housing Bonus

In 2015, a two-year supportive Housing Bonus of \$41,649 for Transitional Age Youth (TAY) was awarded to Mendocino County.

HUD Veterans Affairs Supportive Housing (HUD-VASH)

In June of 2010 the U. S. Department of Veterans Affairs (VA) released a Strategic Plan that identified thirteen major initiatives, one of which is the Elimination of Veteran Homelessness. HUD-VA Supportive Housing (HUD-VASH) will provide housing vouchers and Supportive Services for Veteran Families (SSVF) will provide homelessness prevention and rapid rehousing services. At this time, the Public Housing Authority is administering 120 VASH vouchers.

Mental Health Services Act

Proposition 63, the Mental Health Services Act (MHSA) was passed by California voters in November 2004. Passage of this act funds California counties to expand mental health services to those who are unserved or underserved. To this end, Mendocino County developed an initial three year Community Services and Supports Plan, submitted to the State of California in January 2006. Of the original work groups in the required

community planning process one was devoted to Housing and Homelessness. A total of 22 participants attended three meetings to plan for the needs of housing for the homeless mentally ill currently unserved or underserved. Once the original plan was submitted, additional work began through a collaborative process between the California Institute for Mental Health (CIMH) and the Corporation for Supportive Housing (CSH). Eight individuals representing a cross section of Mental Health, Social Services, Community-Based Organizations, housing developers, and the Public Housing Authority attended the training, *Building a Collaborative for Successful Housing*, in March 2006. Continuance of this effort is assured through the commitment of the newly forming combined county departments of public health, mental health and social services, as well as that of the public housing authority.

Substance Abuse and Mental Health Services Administration (SAMHSA):

Access to Treatment and Housing Opportunities in the Mendocino Environment (AT-HOME):

- Mendocino County Health and Human Services Agency (HHSA) collaborates with local partners to implement the Access to Treatment and Housing Opportunities in the Mendocino Environment (AT HOME) Project to fill long-standing gaps in the county's Continuum of Care for the Homeless. Adults who are homeless and have both substance abuse and mental health disorders will for the first time have access to integrated treatment, primary health care, wraparound support, and linkage to housing. AT HOME focuses on persons in the following target groups who have co-occurring substance abuse disorders and mental illnesses:
 - General Assistance (GA) clients, and people eligible for but not participating in GA, who are homeless and have co-occurring substance abuse disorders and mental illnesses.
 - Homeless people participating in the county's Supportive Housing Program (SHP), and people eligible for but not participating in SSHP, with co-occurring disorders.

• Projects for Assistance in Transition for Homelessness (PATH)

The PATH Program is a formula grant program to support service delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless. Local PATH supported organizations provide a wide range of services to people who are homeless. Among the services eligible for funding under PATH are:

- outreach service,
- screening and diagnostic services,
- habilitation and rehabilitation services,
- community mental health services, alcohol or drug treatment services (for people with mental illnesses and co-occurring substance use disorders),
- case management services, and
- supervisory services in residential settings and a limited set of housing services and services to help clients access housing resources.

G. Continuum of Care Strategy and Action Steps

The primary objective of the MCHSCOC addresses the needs of individuals and families experiencing homelessness from all areas of the county insuring access to housing and the necessary services to acquire and sustain affordable permanent housing, improve their health and well-being, and become economically self-sufficient.

SHP STEP and TH client service goals were: to increase residential stability, to increase skills or income, and to promote greater self-determination. **STEP Funding ended in 2015.**

In 2015, Housing and Urban Development (HUD) introduced System Performance Measurements as the standard methodology for measuring results of homeless assistance programs.

System Performance Measures MCHSCoC 2016:

The Data Source for capturing all the goals is "data entry" at program entry and exit by case managers into the Homeless Management Information System (HMIS) with ClientTrack software. The System Performance measures, Income at Entry/Exit and Employment at Entry/Exit Reports were used.

The Seven Measures for System Performance Outcomes are:

Measure 1: The length of time individuals and families remain homeless

Measure 2a: The extent to which Persons who exit Homelessness to Permanent housing Destinations return to homelessness

Measure 2b: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 2 years.

Measure 3: Number of persons experiencing Homelessness

Measure 4: Employment and Growth for Persons experiencing Homelessness in MCHSCoC Program Funded Projects

Measure 5: Number of Persons who experience Homelessness for the First Time

Measure 6: Homelessness Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in MCHSCoC Program-funded Projects

Measure 6a: Preventing Returns to Homelessness within 6 and 12 Months among this Subset of Families and Youth.

Measure 6b: Preventing Returns to Homelessness within 24 Months among this Subset of Families and Youth.

Measure 6c: Successful Housing Placement among this Subset of Families and Youth.

Measure 7a: Successful Placement from Street Outreach

Measure 7b: Successful Placement in or Retention of Permanent Housing

In June 2010 the U. S. Interagency Council on Homelessness (USICH) released a new federal strategic plan geared toward preventing and ending homelessness. The Secretaries of the Departments of Housing and Urban Development, Health and Human Services, Labor, and Veterans Affairs unveiled *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* together at a White House ceremony on June 22, 2010. The Plan, the first comprehensive federal plan developed to prevent and end homelessness, borrows heavily from the principles used in many community plans with similar goals.

The 2010 Plan was focused on four key goals:

- Finish the job of ending chronic homelessness in five years;
- Prevent and end homelessness among Veterans in five years;
- Prevent and end homelessness for families, youth, and children in ten years; and
- Set a path to ending all types of homelessness.

The 2014 update from the USICH Director includes updated data as of the 2014 PIT Count from the Department of Housing and Urban Development:

- Overall homelessness declined by 10%, including a 25% decrease in unsheltered homelessness nationwide.
- Veteran homelessness declined by 33%, including a 43% reduction of unsheltered homelessness.
- The number of people experiencing chronic homelessness decreased by 21%.
- Family homelessness was reduced by 15%, including a 53% reduction in unsheltered homelessness.

This improvement in homeless data from HUD PIT Counts covers a period from 2010-2014.

IV. HOMELESS ASSISTANCE RESOURCES

A. All County, Ukiah, North County, Coast

| HOMELESS ASSISTANCE | |
|---|---|
| Agency/Program | Service |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, MENTAL HEALTH BRANCH | Long-term case management Day treatment Outreach to SMI'S at resource centers Transitional housing Permanent supportive housing |
| COMMUNITY DEVELOPMENT COMMISSION | S+C rental subsidies HUD-VASH subsidies Section 8 rental subsidies Public housing |
| LEGAL SERVICES OF NORTHERN CALIFORNIA | Housing rights and public benefits issues |
| MENDOCINO COUNTY HEALTH CLINIC 2 Sites: Ukiah, Willits | Medical services Women's health Dental care Mental health care Substance abuse/opiate treatment services, and transportation services for the homeless in Ukiah |
| CONSOLIDATED TRIBAL HEALTH | Medical services |
| MENDOCINO COUNTY AIDS & VIRAL HEPATITIS NETWORK (MCAVHN) Drop-in center in Ukiah | Case Management Client advocacy Client loans and grants Client social and informational events Food vouchers Harm reduction information and products HCV psycho social case management Hepatitis C support groups HIV/HCV counseling and testing Housing assistance for rent, mortgage and utilities Overdose death prevention Referrals to S+C Program Syringe exchange Transportation assistance |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, SOCIAL SERVICES BRANCH | Public benefits, including general assistance, County Medical Services Program, Housing assistance, CalFresh (food stamps) Employment Services and SSI Advocacy CalWorks (AFDC/TANF) homeless assistance program |

DRAFT

| AGENCY | PROGRAM |
|---|--|
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH | Training and support to SHP staff HIV/HCV testing, education, and counseling TB testing WIC clinic and immunizations |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH DIVISION OF ALCOHOL AND | Substance abuse prevention, intervention, and treatment Prenatal treatment Drug court services Jail diversion work Methamphetamine specific treatment |

| | |
|---|--|
| OTHER DRUG PROGRAMS (AODP) | Gambling addiction services |
| MENDOCINO COUNTY YOUTH PROJECT (MCYP) | Mental Health services for children/youth Age 0-21 years old and their families Street outreach, crisis intervention, and Respite homes for homeless youth under 18. Transitional Living Program for homeless youth Ages 18-21 years old |
| PROJECT SANCTUARY Ukiah, Willits, Fort Bragg | Battered women's shelter (shelter provided to non-battered homeless women and children if space is available) Support groups and One-to-one counseling, Paralegal assistance, Violence prevention education for all ages Self-defense classes, Motel vouchers (available to men on a limited basis) Transitional housing |
| RURAL COMMUNITIES HOUSING DEVELOPMENT CORPORATION (RCHDC) | Sweat-equity Housing (Habitat for Humanity), subsidized housing for seniors and family's Permanent housing with support for SMI'S |
| HOMELESS ASSISTANCE UKIAH | |
| UKIAH HUNGER EXPRESS | Sack Lunches on Saturday and Sunday @ 1:00 p.m. |
| PLOWSHARES | Hot lunches & Dinners-Weekdays. Mail, phone messages, and information & referral services Laundry, and haircuts |
| HOMELESS ASSISTANCE NORTH COUNTY | |
| WILLITS COMMUNITY SERVICES | Emergency food and shelter Motel vouchers to families / individuals-North County Food bank information and referral Referral to SHP Resource Center Utility Assistance |
| BROWN BAG LUNCH PROGRAM – Willits City Park | Saturday Lunch |
| UCC FOOD BANK | Monthly deliveries in Round Valley & Laytonville |
| WILLITS DAILY BREAD-St. Francis Church | Sack Meal four afternoons per week |
| COVELO FOOD PANTRY – Round Valley Library | Emergency food |
| LEGGETT FOOD BANK | Emergency food |
| HOMELESS ASSISTANCE COAST | |
| HOSPITALITY & WELLNESS CENTER | Gateway to Homeless Services, SHP step program (Referral to the S+C Program) SHP transitional housing Case management |

| | |
|---|--|
| | GA substance abuse treatment Day shelter Client mail & telephone service Information and referrals Emergency shelter referrals |
| MENDOCINO COAST CLINIC | Primary and mental health care |
| HOSPITALITY HOUSE | Emergency Shelter Referrals to homeless services Breakfast, Dinner Daily Laundry and showers available to Non-residents |
| GLEANINGS AT OUR LADY OF GOOD COUNSEL CHURCH | Wednesday lunch |
| TRINITY LUTHERN CHURCH | Monday Lunch |
| FORT BRAGG FOOD BANK (MENDOCINO FOOD AND NUTRITION) | Assistance with food Monday, Wednesday and Fridays Emergency Food |
| SEVENTH DAY ADVENTIST CHURCH | Thursday and Saturday Afternoon Meals |
| PRIMARY PURPOSE (ALBION) | Inpatient substance abuse treatment |
| MENDOCINO PRESBYTERIAN CHURCH | Tuesday Brunch Tuesday Shower Program Dinner last Wednesday of Month Dog Food Available |
| SAFE PASSAGE FAMILY RESOURCE CENTER | Family services Housing referrals |
| PT. ARENA VETERANS HALL | Second Tuesday AM |
| GUALALA COMMUNITY CENTER | 1 ST & 4 TH Fridays Lunch |

C. McKinney or HUD Grants Received by MCHSCOC Agencies**COMMUNITY DEVELOPMENT COMMISSION OF MENDOCINO COUNTY**

| Date | Funding Agency | Program | Amount |
|-------------|-----------------------|--|---------------|
| 1975 | HUD | Housing Rehabilitation | 600,000 |
| 1976 | HUD | Housing Rehabilitation | 454,000 |
| 1977 | HUD | Housing Rehabilitation | 150,000 |
| 1978 | HUD | Housing Rehabilitation | 55,000 |
| 1979 | HUD | Housing Rehabilitation | 389,000 |
| 1979 | HUD | Housing Rehabilitation | 125,000 |
| 1980 | HUD | Housing Rehabilitation | 440,200 |
| 1983 | State HCD | Housing Rehabilitation | 232,775 |
| 1983 | State HCD | Public Works | 523,483 |
| 1987 | State HCD | Federal Emergency Shelter Grant (FESG) | 247,000 |
| 1987 | State HCD | Housing Rehabilitation | 582,519 |
| 1988 | HUD | CIAP | 60,000 |
| 1988 | HUD | Public Housing | 2,659,200 |
| 1988 | State HCD | Public Works | 600,000 |
| 1988 | State HCD | Water System Improvements | 250,000 |
| 1989 | State HCD | Federal Emergency Shelter Grant (FESG) | 127,849 |
| 1989 | State HCD | Housing Rehabilitation | 401,984 |
| 1990 | HUD | CIAP | 53,000 |
| 1991 | HUD | CIAP | 12,000 |
| 1991 | State HCD | Housing Rehabilitation | 452,004 |
| 1991 | HUD | Public Housing | 1,998,150 |
| 1991 | HUD | Public Housing | 2,378,750 |
| 1992 | HUD | CIAP | 13,000 |
| 1992 | State HCD | Housing Rehabilitation | 477,900 |
| 1994 | HUD | CIPP | 319,440 |
| 1994 | HUD | S+C | 1,699,260 |
| 1995 | HUD | CIPP | 455,000 |
| 1995 | State HCD | Housing Rehabilitation | 498,015 |
| 1996 | HUD | CIPP | 255,000 |
| 1997 | HUD | CIPP | 600,000 |
| 1999 | HUD | Comprehensive Improvement | 280,640 |
| 1999 | State HCD | Housing Rehab/DAP | 312,500 |
| 1999 | HUD | Public Housing | 178,109 |
| 1999 | HUD | Section 8 Certificate | 3,135,570 |
| 1999 | HUD | Section 8 Moderate Rehab | 490,943 |
| 1999 | HUD | Section 8 Voucher | 536,410 |
| 1999 | HUD | S+C | 366,098 |
| 2000 | HUD | Comprehensive Improvement | 705,034 |
| 2000 | HUD | PH Comprehensive Grant | 20,540 |
| 2000 | HUD | Public Housing | 149,585 |
| 2000 | HUD | Section 8 Certificate | 825,169 |
| 2000 | HUD | Section 8 Moderate Rehab | 354,192 |
| 2000 | HUD | Section 8 Voucher | 2,923,881 |
| 2000 | HUD | S+C | 397,021 |

Mendocino County Abbreviated Consolidated Plan

| Date | Funding Agency | Program | Amount |
|------|----------------|----------------------------------|-----------|
| 2001 | State HCD | Housing Rehab/DAP | 125,500 |
| 2001 | State HCD | Housing Rehab/DAP | 125,500 |
| 2001 | State HCD | Housing Rehab/DAP | 417,500 |
| 2001 | State HCD | Housing Rehab/DAP | 417,500 |
| 2001 | HUD | Public Housing | 283,000 |
| 2001 | HUD | Section 8 Certificates | 4,700,000 |
| 2002 | State HCD | Housing Rehab/DAP | 373,929 |
| 2002 | State HCD | Housing Rehab/DAP | 373,929 |
| 2002 | HUD | Public Housing | 286,000 |
| 2002 | HUD | Section 8 Vouchers | 4,800,000 |
| 2003 | State HCD | Housing Rehab/DAP | 4,510 |
| 2003 | State HCD | Housing Rehab/DAP | 20,285 |
| 2003 | State HCD | Housing Rehab/DAP | 20,587 |
| 2003 | State HCD | Housing Rehab/DAP | 21,305 |
| 2003 | State HCD | Housing Rehab/DAP | 33,849 |
| 2003 | State HCD | Housing Rehab/DAP | 45,451 |
| 2003 | HUD | Housing Rehab/DAP | 564,487 |
| 2003 | HUD | Section 8 Vouchers | 4,800,000 |
| 2004 | HUD | Capital Fund 03 | 245,000 |
| 2004 | HUD | Capital Fund 03 Set Aside | 45,000 |
| 2004 | HUD | Capital Fund Programs | 294,058 |
| 2004 | HUD | Housing Rehab | 1,000,000 |
| 2004 | State HCD | Housing Rehab/DAP | 19,884 |
| 2004 | State HCD | Housing Rehab/DAP | 255 |
| 2004 | State HCD | Housing Rehab/DAP | 13,141 |
| 2004 | State HCD | Housing Rehab/DAP | 19,884 |
| 2004 | State HCD | Housing Rehab/DAP | 15,945 |
| 2004 | State HCD | Housing Rehab/DAP | 79,895 |
| 2004 | HUD | Public Housing | 312,500 |
| 2004 | HUD | Public Housing | 216,763 |
| 2004 | HUD | Section 8 Moderate Rehab | 97,462 |
| 2004 | HUD | Section 8 Voucher | 4,697,178 |
| 2004 | HUD | S+C | 735,383 |
| 2005 | HUD | Capital Fund 04 | 278,000 |
| 2005 | HUD | Capital Fund Programs | 81,178 |
| 2005 | HUD | Public Housing | 1,005,264 |
| 2005 | HUD | Section 8 Certificate | 4,697,178 |
| 2005 | HUD | S+C | 33,504 |
| 2005 | HUD | S+C | 1,005,264 |
| 2006 | HUD | Capital Fund 05 | 240,000 |
| 2006 | HUD | Capital Fund 05 | 240,000 |
| 2006 | HUD | Capital Fund Programs | 229,391 |
| 2006 | HUD | Public Housing | 1,088,412 |
| 2006 | HUD | Section 8 Vouchers | 4,697,178 |
| 2006 | HUD | S+C | 33,504 |
| 2006 | HUD | S+C | 1,088,412 |
| 2007 | HUD | Public Housing Operating Subsidy | 217,763 |
| 2007 | HUD | Public Housing Cap Fund | 222,374 |
| 2007 | HUD | Section 8 Vouchers | 4,252,805 |
| 2007 | HUD | Shelter Plus Care | 1,105,440 |
| 2007 | HUD | Shelter Plus Care (SRA) | 23,952 |
| 2008 | HUD | Public Housing Operating Subsidy | 262,597 |
| 2008 | HUD | Public Housing Cap Fund | 228,843 |
| 2008 | HUD | Section 8 Voucher | 4,269,935 |
| 2008 | HUD | Shelter Plus Care (TRA) | 1,215,540 |
| 2009 | HUD | Public Housing Operating Subsidy | 281,194 |
| 2009 | HUD | Public Housing Cap Fund | 219,857 |

| | | | |
|------|-------|---|-----------|
| 2009 | HUD | Section 8 Voucher | 4,669,029 |
| 2009 | HUD | Shelter Plus Care (TRA) | 1,334,520 |
| 2009 | HUD | Shelter Plus Care (SRA) | 45,120 |
| 2009 | HUD | ARRA Cap Fund | 184,849 |
| 2009 | STATE | Tenant Based Rental Assistance (HOME Funded) 2 year program | 800,000 |
| 2009 | HUD | Veterans Affairs Supportive Housing (VASH) Vouchers | 170,628 |
| 2010 | HUD | Public Housing Operating Subsidy | 396,143 |
| 2010 | HUD | Section 8 Vouchers | 5,371,463 |
| 2010 | HUD | Shelter Plus Care (TRA) | 1,375,792 |
| 2010 | HUD | Shelter Plus Care (SRA) | 46,512 |
| 2010 | HUD | Veterans Affairs Supportive Housing (VASH) Vouchers | 159,168 |
| 2011 | HUD | Section 8 Vouchers | 4,638,060 |
| 2011 | HUD | Shelter Plus Care (TRA) | 1,264,809 |
| 2011 | HUD | Shelter Plus Care (SRA) | 46,512 |
| 2012 | HUD | Shelter Plus Care (TRA) | 1,447,047 |
| 2012 | HUD | Shelter Plus Care (SRA) | 50,374 |
| 2012 | HUD | SHP STEP | 200,412 |
| 2012 | HUD | SHP TH | 130,736 |
| 2012 | HUD | Ford Street Project Supportive Opportunities | 73,774 |
| 2013 | HUD | Shelter Plus Care (TRA) | 1,357,702 |
| 2013 | HUD | STEP | 200,412 |
| 2013 | HUD | HSA TH Project | 130,736 |
| 2013 | HUD | SRA | 47,611 |
| 2013 | HUD | Supportive Opportunities for PH | 20,908 |
| 2014 | HUD | TRA | 1,664,266 |
| 2014 | HUD | SRA | 58,171 |
| 2014 | HUD | STEP, SHP, HSA TH | 355,139 |
| 2015 | HUD | TRA | 1,522,294 |
| 2015 | HUD | SRA | 22,400 |
| 2015 | HUD | SHP, TAY, MCHSCoC Planning Project | 185,368 |
| 2016 | HUD | TRA | 1,509,691 |
| 2016 | HUD | Coordinated Entry | 93,312 |
| 2016 | HUD | MCHSCoC Planning Project, MCHSCoC Dedicated Project | 118,239 |

D. Housing Resources for the Homeless (Please see Figure 6: Continuum of Care for the Homeless Housing Inventory Chart, on page 29.)

Homeless Youth: The SHP STEP program was not designed to serve single people under the age of 18. Most services to county youth are provided by Mendocino County Office of Education (MCOE), Mendocino County Youth Project (MCYP) and Redwood Community Services (RCS). Both of the non-profit agencies address the crisis and intervention needs of youth and their families:

Mendocino County Youth Project (MCYP) Emergency services, (food, shelter, and respite care), are provided to approximately 500 runaway, at risk of runaway and/or homeless youth each year. MCYP staff estimate that of the 500 served, approximately 25 are placed in short-term respite-home shelters, which have a maximum allowable stay of two weeks. Three hundred are assisted in "kinship placements" (temporary or long term shelter) with friends and relatives. Eighty-five percent of youth served eventually return to their homes; 10 percent to homes of other adults, with five percent continuing to couch surf or return to the streets.

Redwood Community Services (RCS) is a non-profit agency that provides specialized care and services to foster children and families. RCS provides living arrangements and support services to children in need of emergency, temporary, or permanent housing through an ESG Grant for the Rapid Re-Housing Program. RCS provides 6 emergency beds and 15 transitional beds for Foster Children in need of housing.

Mendocino County Office of Education (MCOE) offers assistance for youth ages pre-K through 21 with educational and vocational opportunities. In addition to advocacy and referral services, clothing, hygiene and school supplies are available to those in needs. Using McKinney-Vento stimulus funding through the MCOE, the program offers work internships to help youth experiencing homelessness learn workplace skills and gain employment.

Domestic Violence: Project Sanctuary provides crisis counseling and safe shelter for domestic violence and rape victims and their children, support groups, one-to-one counseling, paralegal assistance and court accompaniment, prevention education, domestic violence, and self-defense classes. Offices are located in Ukiah, Fort Bragg and Point Arena. Project Sanctuary staff also travel regularly to Willits and Covelo for outreach activities. The shelter houses only females and their children. Motel stays are available on a very limited basis for men. A transitional housing program is also offered.

Emergency Shelter: Ford Street Project, Project Sanctuary, Hospitality House, and Hospitality Center are the county's primary providers of emergency shelter. There are 102 beds for families and individuals with 12 overflow beds for times of high demand. A Coast Winter Shelter was established in 2009 in Fort Bragg. Volunteer faith organizations rotate a 20 bed shelter for respite on the coldest nights from November until April. An Inland shelter of 44 beds was utilized in 2016. The Ukiah, Willits and Fort Bragg resource centers serve as gateways for clients requiring shelter. In addition to the shelters, a number of county agencies distribute motel vouchers to homeless families and individuals, including UCC, MCHSA, Project Sanctuary, Safe Passage Family Resource Center, Round Valley Housing Authority and Willits Community Services.

Transitional Housing: Mendocino County has contracted with HUD to provide Transitional Housing for the homeless through various programs since 1998. Ford Street Hospitality has been the primary providers of transitional housing throughout Mendocino County. Ford Street Hospitality has operated non-HUD funded transitional housing, as well as 18 units of HUD funded transitional housing both on the Coast and in the Ukiah Valley. Hospitality Center provides non-HUD funded Temporary Housing.

In the 2008 MCHSCoC application, there was an administrative error, which resulted in the initial loss of the MCHSCoC transitional housing project. For the 2009 program year, it was unclear whether HUD would continue to fund the housing. During that tense year, transitional housing on the coast experienced the loss of HUD approved units. Given that it was uncertain whether HUD would continue to fund the program, no grant amendment was made. At the very last minute before the program year was complete, HUD agreed to renew the existing transitional housing program. The changes to the transitional housing units are still being negotiated between Ford Street Project, Mendocino County and the HUD SF Field office to determine the best avenue toward full implementation and funding of the transitional housing program in Mendocino County. In the meantime, Ford Street Project continues to operate five units of HUD funded transitional housing in Ukiah.

Redwood Community Services has 15 transitional beds available to young adults ages 18-25, throughout the county.

Project Sanctuary (PS) has 8 units of transitional housing scattered throughout the county for women referred from the battered women's shelter. PS provides counseling and intensive long-term case management on-site at the shelter and transitional units for 39 total beds.

Permanent Housing: The Community Development Commission (CDC) is the designated Housing Authority of Mendocino County. CDC develops and manages public housing projects and administers the Section 8 rental assistance program. CDC's public housing projects include: Baechtel Creek in Willits, a senior facility with 60

units; Marlene-Brookside in Ukiah, 13 three bedroom units; Seacliff in Fort Bragg, 19 three bedroom units; Sanderson Way in Fort Bragg, with 9 three and four bedrooms units; Holly Ranch Village in Fort Bragg for 10 units; Ukiah-30, a scattered-site family program in Ukiah; College Court in Ukiah, seven one and two bedroom apartments for Mendocino College students; and Glass Beach in Fort Bragg, 15 three bedroom houses. CDC also administers the Section 8 rental assistance voucher program. The allocated funds can be used to support approximately 900 vouchers. The increased cost of housing in Mendocino County, and high unemployment rate, has resulted in an increased per-voucher cost, thus making it difficult to fund all the allocated vouchers. In reality, they can financially support only about 900 vouchers. CDC began administering the new HUD-VASH vouchers for chronically homeless veterans and their families in 2010. At this time there are 120 HUD-VASH vouchers available.

Permanent Housing

Permanent housing for the homeless includes the S+C program, administered by the Community Development Commission. S+C's 130 tenant based vouchers are available county-wide. Vouchers are allocated through the multi-agency case conference teams that meet weekly in Ukiah and Fort Bragg. Vouchers are provided through CDC to be used at private rentals through community landlords. This is considered a scattered site housing model.

All permanent housing is inspected by a CDC housing inspection specialist following the Housing Quality Standards (HQS) for compliance.

Rural Communities Housing Development Corporation (RCHDC), a non-profit community based corporation in Ukiah, develops, builds, and manages housing for low-income families, seniors, and the disabled, serving a multi-county area. RCHDC is perhaps best known for providing assistance to families building their own homes through "sweat-equity," as well as working with the county, cities, and private developers in other home ownership projects for low and moderate income families. In addition to the sweat-equity home ownership program, RCHDC is committed to developing more "low and moderately priced" multi-family rental housing units, and supportive housing for seniors and the disabled. They currently manage 241 family units and 168 senior units in Mendocino County. The continuum looks to them to assist in the development of properties to house the homeless and disabled in the community. In the recent past they developed the Gibson Street project, consisting of twelve units of permanent supportive housing for the mentally ill in Ukiah. .

Garden Court (1175 S. State St.), consisting of 3 units (14 beds) with on-site services, owned and operated by Ford Street Project is for the seriously mentally ill (SMI) and individuals with co-occurring disorders. Garden Court is located in Ukiah.

The Holden Street Apartment Senior Complex in Ukiah, offering 6 subsidized supportive housing units for the SMI's, is owned and managed by Rural Communities Housing Development Corporation (RCHDC) with support services and referrals provided by the county department of Mental Health Services. While Holden Street is not specifically set aside for the homeless, the majority of the individuals placed there come from in-patient psychiatric hospitals and meet the HUD definition of homelessness. The development and rehabilitation of housing units for use as subsidized permanent housing and permanent supportive housing, has a positive impact on the county's homeless population by generally increasing the stock of low and moderately priced rental housing, thus enhancing opportunities for the homeless and those at risk of homelessness to lease and maintain affordable permanent housing.

An on-going challenge in Mendocino County is to maintain the current affordable stock of housing despite the impending expiration of a number of HUD-financed low-interest loan contracts, putting the stock of subsidized rental housing at risk. When loan contracts expire, the rental units can be converted from 75 percent of the

market rate to the market rate cost. (See Appendix B, Mendocino County Subsidized Housing List, on page 48).

State Department of Housing and Community Development (HCD) has five projects in Mendocino County, Boonville Apartments in Boonville, a group home for low and very low income with 12 units; Garden Court Apartments in Ukiah a rental rehab with 10 units; Gibson Court in Ukiah, a rental new construction with 12 units, Holly Heights I and II in Willits, low and very low rental complex with 26 and 32 units respectively.

| CONTINUUM OF CARE HOUSING FOR THE HOMELESS | | |
|---|--|--|
| HOUSING | UNIT/SIZE | PARTICIPANTS |
| Emergency Housing | | |
| Ukiah Inland Winter Shelter (Seasonal) | 42 Beds | Homeless Individuals and families |
| Hospitality House, Fort Bragg | 24 beds (4 Overflow beds) | Homeless Individuals and families |
| Project Sanctuary Ukiah | 14 beds | Battered women & children; homeless women (case by case) |
| Coast Winter Shelter | 20 seasonal beds | Homeless Individuals |
| Various Programs/Agencies Distribution of Motel vouchers | Approximately 20 beds purchased per night | Women with children given priority |
| Transitional Housing | | |
| Mendocino County Youth Project Transitional Housing | 24 Beds | Homeless youth ages 13-18 |
| Ford Street Project (FSP)-133 Ford St., Ukiah | 18 beds | Individuals & Families |
| Health & Human Services | 11 Units- Countywide | CalWorks Families |
| Project Sanctuary | 2 family units, (8 beds) - Scattered | Battered women and children |
| FSP @ 748 C Waugh Lane - Ukiah | 4 beds | Homeless families and individual female |
| UCC SHP Transitional Housing, Coast | 33 beds | Homeless families and individual female and male |
| Redwood Community Services | 22 beds | Homeless single females and males youth 18-25 |
| Permanent and Permanent Supportive Housing | | |
| S+C SRA | 4 Units (16 beds) | Homeless families |
| S+C Rental vouchers | 130 TRA's, of 1, 2, & 3 bedroom units | Homeless, disabled individuals and families |
| FSP 1175 S. State St, Ukiah Garden Court | 3 Units (14 beds) | Homeless families and individual females and male |
| FSP SOPH-Willits | 4 Units (12 beds) | Homeless families and individual females and male |
| Other Permanent Housing: Section 8, Public Housing Projects (CDC-local PHA) | 900 Sec. 8 vouchers/75 Sec. 8's for special needs group (CPS), 146 Public Housing Units, 120 VASH Vouchers | Low income |

V. MARKET CHARACTERISTICS

A. Housing Availability and Affordability

The availability and affordability of housing is one factor which influences homelessness in Mendocino County. Information related to housing affordability is provided in the *Mendocino County General Plan Housing Element Appendix* (Adopted by the Mendocino-County Board of Supervisors August 2015).

The following sections of the *Housing Element Technical Appendix* are included in **Appendix A**:

| | |
|-----|---------------------------------|
| 2.2 | Housing Characteristics |
| | Housing Development |
| | Household Type and Tenure |
| | Housing Type |
| | Tenure |
| | Vacancy Rate |
| | Housing Age and Condition |
| | Housing Costs and Affordability |
| | Housing Prices and Trends |
| | Mobile Home Sales and Rents |
| | Rental Rates |
| | Rental Affordability |
| 2.5 | At-Risk Housing Analysis |
| 2.6 | Housing Needs Assessment |
| | Existing Housing Needs |
| | Overcrowding |
| | Overpayment |
| | Substandard Housing |

The data included in these sections of the *Housing Element Appendix* indicate there continue to be significant challenges to finding affordable housing for many residents of Mendocino County. This is only exacerbated by the additional challenges of homelessness.

In 2015, Mendocino County there was a total of 40,643 housing units, an increase of just 1.2 percent as compared to our neighbors. Humboldt increased by 9 percent, Lake by 13 percent and Sonoma by 14 percent. Detached single family homes made up three-fourths of the housing inventory, multi-family housing just 6 percent of the housing. Mobile homes were 16 percent of the overall housing inventory; however, this was a 7 percent decline from 1990. Multi-family units and mobile homes make up the most affordable housing options for persons with limited incomes.

The vacancy rate for renters decreased from 5.3 percent in 2010 to 3.4 percent in 2015. The *Appendix* indicates that housing values and rents continue to increase at a rapid pace. Rental rates increased by 27 percent between 1990 and 2000 – and continue to increase at a steady rate. The Fair Market Rents, established by HUD, for a one bedroom unit was \$620 in 2006, \$725 in 2009, and the current average rent is \$776 (2017). It further indicates that rents are generally affordable to moderate income families.

B. Future Housing Needs

The Housing Element must project future housing needs for all income levels. The Mendocino Council of Governments (MCOG) prepared the Mendocino County Housing Needs Plan for the period January 1, 2014 to June 30, 2019 as required by State law. The purpose of the plan is to examine housing needs across jurisdictional boundaries and to allocate to each local government responsibility for planning to meet these needs.

The Housing Needs Plan determined the housing needs allocation based on population, household, employment growth, and vacant land projections, taking into account constraints described by each jurisdiction. The allocation is distributed among the four income categories based on current and future household projections for the years 2007-2014. Table 1-1 (from The 2010 Housing Element) shows the regional housing needs allocation for the County by income group.

Table 1-1: Regional Housing Needs

| Jurisdiction | Income Group | | | | Total Units | Percent |
|-----------------------|--------------|-----------|-----------|----------------|-------------|-------------|
| | Very Low | Low | Moderate | Above Moderate | | |
| Point Arena | 1 | 1 | 1 | 1 | 4 | 0.51% |
| Fort Bragg | 5 | 3 | 3 | 6 | 20 | 8.28% |
| Willits | 3 | 2 | 2 | 6 | 13 | 5.56% |
| Ukiah | 11 | 7 | 7 | 20 | 45 | 18.30% |
| Unincorporated County | 40 | 27 | 27 | 74 | 168 | 67.34% |
| County Totals | 60 | 40 | 40 | 110 | 250 | 100% |

Source: Mendocino Council of Governments Regional Housing Needs Plan, August 2013.

Table 1-1 identifies the Regional Housing Needs Allocation (RHNA) for all cities in the County as well as the unincorporated area. According to MCOG, approximately 67 percent of the future housing need is expected to be in the unincorporated area. The unincorporated County's share of the regional housing need is 168 units. Of these units, 94 units must be affordable to very-low, low, and moderate-income households.

VI. STRATEGIC GOALS

A. Objective 1: Create new permanent housing beds for chronically homeless persons.

The chronically homeless of Mendocino County have primarily utilized the emergency shelter system, as well as the supportive services only resource centers. The permanent scattered site supportive housing model in Mendocino County (clients are awarded housing vouchers but need a landlord who will rent to them) is the least conducive to serving the chronically homeless. However, while no beds or programs have exclusively served the chronically homeless, neither are programs excluding chronically homeless. All beds within the MCHSCoC are potentially available to any homeless person in Mendocino County. In 2009, Mendocino County received HUD-VASH, designated for chronically homeless veterans. The housing is to be provided through vouchers and use local landlords (the same scattered site model). Case management is provided through the Ukiah Veterans Affairs Outpatient Clinic (VAOPC). The initial allocation of VASH vouchers for Mendocino County was 35, with an additional 25 later assigned.

The capacity is in place to provide up to 120 VASH vouchers to chronically homeless veterans in Mendocino County. There has never been such an ambitious program in place in the history of the county to house so many veterans, or chronically homeless clients. The case management provided by VAOPC is a mandatory component of the housing, and will provide assistance in obtaining and maintaining permanent housing. In addition to the VASH program, Mendocino County applied for and was awarded a permanent housing bonus project in the 2010 application for funding for a two bedroom apartment to be used for chronically homeless clients who are not veterans. This project is the only housing available exclusively to the chronically homeless in Mendocino County other than VASH for veterans.

| | |
|---|----|
| Current Permanent Housing beds for Chronically Homeless | 60 |
| In 12 months | 62 |
| In 5 years | 65 |
| In 10 years | 75 |

B. Objective 2: Increase the percentage of participants remaining in MCHSCoC funded permanent housing projects for at least six months to 77 percent or more.

The percentage of participants remaining in permanent housing projects is already higher than 77 percent. Mendocino County plans for the short-term are to continue to ensure that clients receive adequate supportive services while in permanent supportive housing, and respond at the first signs participants may need additional services to stay in housing. The early response to signs of trouble has been helpful in maintaining positive results of participants staying in housing.

Long term plans to ensure participants remain in permanent housing projects at least six months include redoubled efforts to partner the housing program participants with long term mainstream benefits providers, such as Medicaid and Social Security as a basis for program participation. HUD has made more resources available for training and implementing these mainstream partner suggestions. Mendocino County intends to use the provided materials to initiate long term training and strategic revision of the permanent housing program.

| | |
|---|----|
| Current Percent of Participants Remaining in MCHSCoC funded Permanent Housing project for at Least Six Months | 89 |
| In 12 months | 80 |
| In 5 years | 81 |
| In 10 years | 82 |

C. Objective 3: Increase the percentage of participants in MCHSCoC funded transitional housing that move into permanent housing to 65 percent or more.

Short term plans to increase those that move from transitional to permanent housing include better discharge planning, reviewed case manager supervision and case manager training. Discharge planning for participants who move into transitional housing should begin from the day clients move in and be reviewed minimally on a monthly basis. Discharge planning specifically will address monetary needs for moving to permanent housing and what kind of permanent housing will be most appropriate for clients. In addition to supervision of case managers, case managers will be provided ongoing training for working with clients in transitional housing.

Training efforts have not kept pace with staff turnover among transitional housing case managers.

To encourage more transitional housing clients to move to permanent housing the MCHSCoC wishes to create a local cultural change promoting and supporting work, whether it be work for income or work to help the community to the extent each individual is able. This culture of work is intended to become a part of each of the programs throughout the local MCHSCoC. To promote this concept increased leadership is necessary among organization leaders, with additional collaboration toward this goal. Leadership will promote targeted strategies to achieve long term outcomes of moving from transitional housing to permanent housing of the most appropriate type depending upon the client. Also in long term plans if a review of discharge planning with transitional housing clients for a long term overhaul to create improved processes in place. Leadership will pursue policies that will increase the stock of affordable housing for clients moving out of transitional housing.

| | |
|--|----|
| Current Percent of Participants in MCHSCoC funded Transitional Housing projects will have moved to permanent housing | 57 |
| In 12-months | 70 |
| In 5-years | 75 |
| In 10-years | 80 |

D. Objective 4: Increase percentage of participants in all MCHSCoC funded projects that are employed at program exit to 20 percent or more.

Short term efforts to increase participants employed at program exit are generally in place. One key component is all clients of the SHP are discussed in triage in case conference meetings attended weekly by members of nonprofit advocacy agencies, case managers and mainstream benefits providers. Not only does this weekly meeting allow for individual brainstorming regarding specific clients and services options, but it also provides an opportunity for ongoing training and information sharing among the people working most directly with clients. The MCHSCoC will provide additional training specifically regarding connection to employment opportunities. The MCHSCoC will explore partnerships with vocational programs to provide trainings to our clients. Life skills classes are currently being taught but the curriculum will be reviewed to focus more specifically on employment outcomes, what clients need to do and know to secure and maintain employment after being homeless.

Longer term efforts to increase participants employed at program exit will focus on the creation of training geared toward this outcome. In the long term the MCHSCoC desires to create a culture that promotes and supports employment/working. To this end, reviewing all components of the MCHSCoC are in order with the long term goal of building a program that engages program participants and tenants in developing stronger partnerships with vocational and employment agencies and outcomes for clients is intended. Research into tools available for training and development of case manager training focused on employment outcomes is planned. Finally the creation of an internal vocational program within nonprofit agencies working with the homeless is a long term goal.

| | |
|--|----|
| Current Percent of Participants Remaining in all MCHSCoC funded projects that are employed at program exit | 19 |
| In 12-months | 22 |
| In 5-years | 25 |
| In 10-years | 28 |

E. Objective 5: Decrease the number of homeless households with children.

The plan begins with prevention of families becoming homeless as both a short and long term strategy. Prevention activities for families include early identification of families at risk with help provided to keep families stable before loss of income and/or housing occurs. Additional strategies currently being implemented include providing pre-school literacy assistance for homeless moms. DAY (Dogs and Youth) JOB was developed as a vocational training program for homeless youth 16-21 to develop a worth ethic and skill set. There is a local focus on education and work programs to provide skills needed to improve work and income opportunities. A strong collaboration exists with Arbor on Main, the Youth Resource Center to work with teens and those in their early 20's with babies to stabilize and help young parents make long term realistic plans to ensure housing and income stability.

The most important long-term strategy to reduce the number of households experiencing homelessness with children is ongoing prevention of families becoming homeless. The United States Interagency Council on Homelessness has made preventing and ending homelessness for families, youth and children in ten years a federal goal. Mendocino County will stay closely informed about strategies, training, and resources made available to local communities to partner in the effort to bring about this goal. Other strategies include lobbying for increased local affordable housing development, and policies to make that reality happen sooner at the City, County and State levels. We also hope to educate local government officials at City, County and State levels to the impacts of homelessness and lack of affordable housing on families, youth and children. This includes stronger partnerships with statewide youth organizations that have strong lobbying efforts already in place.

| | |
|---|----|
| Current Percent of Households with Children experiencing homelessness, as Reported on the Most Recent Point-in-Time Count | 78 |
| In 12 months | 75 |
| In 5 years | 70 |
| In 10 years | 65 |

F. Discharge Planning

1. Foster Care (Youth Aging Out)

The Children's System of Care has a long standing collaboration between key agencies in Mendocino County. Policies are in place to prevent youth from being discharged from foster care into homelessness and mainstream as well as nonprofit providers work diligently and collaboratively to ensure this does not happen. Foster youth may move into transitional youth services, a 24-month independent living skills program operated through Redwood Community Services (RCS). RCS also provides transitional age youth housing for clients enrolled and working with Mental Health providers. Mendocino County Youth Project (MCYP) and Mendocino Coast Children's Fund are all organizations providing services to youth aging out of the foster care system and collaborate with county government organizing the foster care program. These private nonprofit agencies work in close collaboration with the Mendocino County Health and Human Services Agency Children's System of Care and the Mendocino County Office of Education Foster Youth Service Coordinator. Discharge planning from the foster care system is organized by the Independent Living Skills Program Coordinator, who says most foster youth create plans but some-time later some plans are found to be inadequate, which is the primary local cause for foster youth becoming homeless.

2. Health Care

Discharge planning protocols by local hospitals have been developed through regional and local planning. Health care staff interview homeless clients to identify housing possibilities. Hospital staff contact family and friends of clients (with permission) identified as potential short and long term housing possibilities. Staff arrange for family and/or friends to pick clients up from the facility whenever possible. For clients without identified family and friends, complete information is provided about local resources which include services, programs and housing. Stakeholders who have signed the local policies include the main hospital in Mendocino County, Ukiah Valley Medical Center, Mendocino County Health and Human Services Agency and the Continuum of Care Homeless Services Planning Group Co-Chair.

3. Mental Health (Behavioral Health)

The protocols developed by the Behavioral Health Branch identify discharge planning that addresses housing to take place beginning at the time of admission of a homeless mentally ill client. The protocols for discharge planning are detailed and progressive. Mental Health also has Memorandum of Understanding in place with two housing facilities for homeless and low income clients to be housed at the discretion of the local Behavioral Health Branch. There are crisis beds available for mentally ill clients who are experiencing homelessness to be used at the discretion of Mental Health case workers. The collaborating agencies include the Mendocino County Adult and Older Adult System of Care, Mental Health Branch, the Mendocino County Health and Human Services Agency Social services Branch, the Ukiah Community Center and Ford Street Project.

4. Corrections

When the Mendocino County jail incarcerates people experiencing homelessness it is most often affiliated with substance abuse issues. In order to provide inmates access to substance abuse treatment, the jail facilities have enhanced the inmate phone system with a toll-free number to the local state licensed alcohol drug program residential treatment program at Ford Street Project. FSP has set aside a limited number of free/sliding scale beds to assist the indigent population. Inmates can be released to this treatment program. A monthly Parole and Community Team seminar is held locally to provide parolees information about housing and service opportunities. The collaborating agencies include the Mendocino County Sheriff, the CA Department of Corrections and Rehabilitation, Department of Adult Parole Operations, Mendocino County Department of Social Services, Ukiah Community Center, and Ford Street Project.

VII. FAIR HOUSING

See APPENDIX, C. *Certifications Related to MCHSCOC Funding*, on page 48.

VIII. REPLACEMENT OF LOW INCOME HOUSING AND RELOCATION ASSISTANCE

The Community Development Commission of Mendocino County's (the Public Housing Authority for this jurisdiction). Residential Anti-displacement and Relocation Assistance Plan is located in IX. Appendix, D, on page 50 of this document.)

The County of Mendocino hereby certifies that all housing activities undertaken with the Community Development Commission or in any other capacity related to the *Abbreviated Consolidated Plan* will be in compliance with the CDC's residential anti-displacement and relocation assistance plan under section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)).

IX. AUTHORIZATION

| | |
|--|--------------|
| COUNTY OF MENDOCINO HEALTH AND HUMAN SERVICES AGENCY | |
| By: | Date: |
| Tammy Moss Chandler, HHSA Director | |
| By signing above, signatory warrants and represents that he/she executed this in his/her authorized capacity and that by his/her signature on this Abbreviated Consolidated Plan, he/she or the entity upon behalf of which he/she acted, executed this plan | |

APPENDIX A

Portions from *Mendocino County Housing Element*

2.2 HOUSING CHARACTERISTICS

This section describes the housing stock characteristics of Mendocino County, including housing stock growth, tenure, age, condition, costs, and affordability. The housing stock is as diverse as are the households that occupy it.

HOUSING DEVELOPMENT

Mendocino County had 40,323 housing units in 2010 (U.S. Census), which increased by 1.2 percent to 40,827 units in 2015. During this period, the number of housing units in the unincorporated area grew by 2.9 percent. Approximately 69 percent or 27,725 units were located in the unincorporated area of the County in 2010. Table 2-20 shows the number of housing units in 2010 and 2015 in Mendocino and the neighboring counties. At 1.2 percent, Mendocino County's percentage increase of housing units was lower than that of most neighboring counties, nearly matched only by Sonoma County and only exceeded Trinity County.

| County | 2010 | 2015 | Percent Change |
|---------------------|---------|---------|----------------|
| Mendocino County | 40,323 | 40,827 | 1.2% |
| Unincorporated Area | 27,725 | 28,556 | 2.9% |
| Glenn | 10,778 | 11,079 | 2.8% |
| Humboldt | 61,559 | 62,502 | 1.5% |
| Lake | 35,492 | 36,278 | 2.2% |
| Sonoma | 204,572 | 207,406 | 1.4% |
| Tehama | 26,987 | 27,448 | 1.7% |
| Trinity | 8,681 | 8,765 | 1.0% |

Source: U.S. Census 2010, Census Est. 2015, Department of Finance 2015

HOUSING TYPE AND TENURE

Housing type includes single-family and multi-family units and mobile homes. Tenure refers to whether a housing unit is owner or renter-occupied and is frequently associated with type of housing unit.

Housing Type

Table 2-21 identifies the type of housing units in the unincorporated area of Mendocino County in 2009 and 2013. Detached single-family homes comprised about three-fourths of the housing stock in 2009, an increase of more than 388 units since 2009. Single-family attached units represented only about 2 percent of the housing stock, showing very little growth in the segment since 2009. Multi-family housing, including apartments and condominiums, represented approximately 6.5 percent of the housing stock. Mobile homes constituted about 16 percent of the housing stock in the unincorporated area, representing a -4.3 percent decrease since 2009. Overall unit growth for unincorporated Mendocino County between 2009 and 2013 was 2.9 percent, which greater than the loss of 0.5% in population during the same period: 87,841 (2010) to 87,373 (2013).

Table 2-21
Housing Units by Type, 2009 and 2013
Unincorporated Mendocino County

| Housing Unit and Type | 2009 | | 2013 | | Percent Change |
|-----------------------------|--------|---------|--------|---------|----------------|
| | Units | Percent | Units | Percent | |
| Single-Family | | | | | |
| Detached | 21,132 | 75.9% | 21,520 | 75.3% | 1.8% |
| Attached | 535 | 1.9% | 708 | 2.4% | 32.3% |
| Total Single Family | 21,547 | 77.3% | 22,228 | 77.7% | 3.1% |
| Multi-Family | | | | | |
| 2-4 Units | 737 | 2.6% | 944 | 3.3% | 28.1% |
| 5+ Units | 778 | 2.8% | 909 | 3.9% | 16.8% |
| Total Multi-Family | 1,515 | 5.4% | 1,853 | 6.5% | 22.3% |
| Mobile Homes | 4,675 | 2.6% | 4,475 | 15.6% | -4.3% |
| Other* (343 on 2000 census) | n/a | n/a | 104** | 0.1% | -70.0% |
| Total All Units | 27,857 | 100% | 28,660 | 100% | 2.9% |

Notes: *"Other" category in Census includes recreational vehicles, boats, caves, tents, railroad cars, and the like; counted if occupied as permanent residence only on 2000 Census. ** Source 2013 U.S. Census Estimate Housing Characteristics

Source: U.S. Census 2000, California Department of Finance Table E-5, 2011-2013.

Tenure

According to the 2000 census, approximately 69 percent of the occupied housing units in the unincorporated area were ownership units. Rental units comprised 31 percent. Between 1990 and 2000, the number of both owner-occupied and renter-occupied units increased as shown in Table 2-22.

Table 2-22
Housing Tenure Unincorporated Mendocino County (2000-2010)

| Housing Tenure | 2000 | | 2010 | | Percent Change |
|------------------------|--------|---------|--------|---------|----------------|
| | Units | Percent | Units | Percent | |
| Occupied Housing Units | 22,315 | 87% | 22,850 | 87% | 2.3% |
| Owner-Occupied | 15,297 | 69% | 15,946 | 70% | 4.2% |
| Renter Occupied | 7,018 | 31% | 6,904 | 30% | -1.2% |

Source: U.S. Census, 2000 and 2010, Mendocino County

Vacancy Rate

Despite the growth in the number of rental units in the unincorporated area, the vacancy rate declined significantly between 1990 and 2000. On the other hand, the vacancy rate for ownership units increased slightly (Table 2-23). Vacancy rates for both renter and homeowner units are lower in the cities and higher in the unincorporated areas according to the 2000 Census.

TABLE 2-23
VACANCY RATES UNINCORPORATED MENDOCINO COUNTY

| Housing Tenure | 2000 | 2010 |
|------------------------|------|------|
| Homeowner Vacancy Rate | 1.4% | 2.2% |
| Rental Vacancy Rate | 3.3% | 5.3% |

Source: U.S. Census 2000 and 2010, Mendocino County

HOUSING AGE AND CONDITION

Age is an important factor in the condition of a housing unit. Housing gradually deteriorates over time and, like other infrastructure, regular maintenance of the housing stock is necessary. Typically, after 30 years most housing shows signs of deterioration and needs reinvestment to maintain its condition. Without proper maintenance, housing that is over 50 years old requires major reinvestment to maintain its quality and appearance. Homeowners with older units may require assistance to upgrade conditions or such units will become substandard for use by homeowners or renters and may eventually be unsuitable for occupancy. Table 2-25 shows that housing in the unincorporated area is newer than housing in the County as a whole. Approximately 8 percent of the total County's units compared to 9.3 percent of units in the unincorporated area are less than 15 years old. Roughly a third of all units are 15-34 years old, an age where housing begins to show more serious signs of decline. A substantial portion (over 30 percent) is more than 50 years old.

Another major concern in the County is substandard housing. There are a significant number of substandard apartments and motel conversions as well as housing with open septic systems, hazardous wiring, broken windows, and lack of working sanitary facilities. Many of these are occupied by minority households; however, few tenants file complaints. The substandard housing is not concentrated in one specific area, but is spread throughout the County.

| AGE | County | | Unincorporated | |
|-----------------|--------|-------|----------------|-------|
| | Units | % | Units | % |
| < 5 years old | 32 | 0.1% | 32 | 0.1% |
| 5-14 years old | 3,067 | 7.6% | 2,627 | 9.3% |
| 15-34 years old | 11,425 | 28.4% | 8,707 | 30.8% |
| 35-54 years old | 13,624 | 33.8% | 9,751 | 34.5% |
| 55-74 years old | 7,484 | 18.6% | 4,229 | 14.9% |
| 75+ years old | 4,626 | 11.5% | 2,932 | 10.4% |
| Total Available | 40,258 | 100% | 28,280 | 100% |

Source: U.S. Census Bureau, 2015 American Community Survey, Table B25034

The *Housing Conditions Survey* prepared by the Community Development Commission of Mendocino County surveyed 8,859 housing units in the unincorporated County Census Tracts between August 2002 and January 2003 (No current reports). A point-rating system prescribed by the California Department of Housing and Community Development was used. The study found that approximately 62.5 percent of the units surveyed require some form of rehabilitation according to the definitions in the study:

- 47 percent need minor repairs
- 12.8 percent need moderate repairs
- 0.6 percent need substantial repairs
- 2.1 percent are in dilapidated condition

The County's Code Enforcement Division employs three code enforcement officers as well as a staff assistant to address code violations. The Division handles approximately 500 complaints a year. The Division has about 1,500 active cases and about half of those cases relate to housing issues. A breakdown of those cases is as follows: 20 percent illegal travel trailer occupancy; 20 percent substandard housing; 15 percent unpermitted construction; 15 percent unpermitted grading; 20 percent junkyard conditions, fencing, RV parking; and 10 percent setback and other issues.

According to code enforcement staff, there has been a marked increase in the number of cases involving illegal travel trailers, campers, and tents. The primary issues include illegal occupancy, a lack of or inadequate sewage disposal, and other health and safety violations. Many sites are located within or near communities or urban areas. In many cases, the occupants hold minimum wage jobs. These occupants are likely to have been priced out of the housing market. A smaller percentage of the cases are located in remote, rural areas.

HOUSING COSTS AND AFFORDABILITY

Housing costs have continued to rise in Mendocino County over the past several years. Both homeowners and renters have seen an increase in housing costs with homeowners experiencing a greater increase, as presented in Table 2-26.

| TABLE 2-26 MEDIAN VALUE/RENT 2000-2012 MENDOCINO COUNTY- American Community Survey 2000, 2006, 2011-2015 | | | | | |
|--|---------|-------|-----------|----------------|-----------|
| Values | Year | | | Percent Change | |
| | 2000 | 2006 | 2011-2015 | 2000-2006 | 2011-2015 |
| Median Monthly Ownership Costs | \$1,128 | 1,700 | \$1,750 | 29% | 2.8% |
| Median Gross Rent | \$600 | \$859 | \$960 | 22% | 0.4% |

Source: U.S. Census 2000, and 2006 and 2011-2015 American Community Survey *Percent change adjusted for inflation

Housing Prices and Trends (Before and after the 2007-2008 Housing Crash)

Home values in Mendocino County and the surrounding counties increased significantly between 2000 and 2006, they then dropped after the 2007 market crash. The median home value in Mendocino County grew by 130 percent to \$457,000 in 2006 then dropped to \$308,400 by the 2011-15 market. Compared with neighboring counties, Mendocino had the second highest median home value, after Sonoma County, according to the 2010 Census and 2011-2015 survey of market values, as shown in Table 2-27.

| TABLE 2-27 Regional Median Home Values 2000, 2006, 2011-2015 Mendocino and Neighboring Counties | | | | | |
|---|------------------|------------------|------------------|-----------------------------|-----------------------------------|
| County | Median Value | | | Percent Change 2000-2006 | Percent Change 2006 to 2011-15 |
| | 2000 | 2006 | 2015 | | |
| Glenn | \$94,900 | Not Available | \$204,400 | N.A. | N.A. |
| Humboldt | \$133,500 | \$336,000 | \$179,300 | 125% | -16.8%* |
| Lake | \$122,600 | \$317,800 | \$164,300 | 152% | -48.3%* |
| Mendocino | \$170,200 | \$457,400 | \$308,400 | 129% | -32.6%* |
| Sonoma | \$273,200 | \$618,500 | \$436,400 | 127% | -29.4%* |
| Tehama | \$103,000 | Not Available | \$171,500 | N.A. | N.A. |
| Trinity | \$112,000 | Not Available | \$263,100 | N.A. | N.A. |

Source: U.S. Census, 2000 and 2006, 2011-2015 American Community Survey (ACS). *(Changes post Mortgage/Housing Crash)

Although American Community Survey data is not available for subsequent years, housing values have declined significantly, and have not returned to pre-crash prices yet. Data from local realtor sources in Table 2-28, which provides a more complete picture of home values in Mendocino County.

Table 2-28 shows median home sales prices for 2004, 2006, 2008, and 2017 in various areas of the County. Housing prices in the County rose from 2004 to 2006 but then decreased by 2008 in most areas, with nominal recovery by 2017. The most expensive housing markets were located along the coast such as Point Arena and Gualala. The northern inland area of the county is generally less expensive than the rest of the County. Housing markets in the southern inland areas varied depending on the region. Point Arena and Manchester (2017) are the most expensive housing markets in the county, with a median home sales price of \$450,000 in 2017, compared to the low end of the market in Potter Valley or Covelo areas at \$249,000 and \$204,000 respectively.

| Table 2-28 MEDIAN SALES PRICES BY SELECTED AREA | | | | |
|--|-----------|-----------|-----------|-----------|
| Area | 2004 | 2006 | 2008 | 2017 |
| Anderson Valley | \$436,250 | \$545,000 | \$455,000 | \$375,000 |
| Calpella/Redwood Valley | \$379,000 | \$480,000 | \$460,000 | \$380,000 |
| Covelo | \$230,000 | \$188,000 | \$250,000 | \$204,000 |
| Fort Bragg | \$389,000 | \$410,000 | \$379,000 | \$320,000 |
| Gualala | \$436,250 | \$545,000 | \$455,000 | \$438,000 |
| Laytonville/Branscomb | \$288,000 | \$381,950 | \$359,000 | \$250,000 |
| Point Arena/Manchester | \$436,250 | \$545,000 | \$455,500 | \$450,000 |
| Potter Valley | \$400,000 | \$392,500 | \$420,000 | \$249,000 |
| Talmage/Hopland | \$512,000 | \$450,000 | \$288,500 | \$299,900 |
| Willits | \$260,000 | \$370,000 | \$305,000 | \$257,000 |
| Ukiah | \$270,000 | \$385,000 | \$320,000 | \$285,600 |
| Countywide Average | \$339,000 | \$430,000 | \$339,000 | \$323,750 |

Source: C. Alfano, Pacific Properties (Real Estate); 2017 www.zillow.com search by zip code for Median Prices

During the period from 2004 to 2007, housing price increases were driven by easy access to credit in combination with the overall attractiveness of the County as a place to live and retire. A lack of new housing construction versus demand and a conversion of homes along the coast to vacation home rentals have also been major factors affecting home prices. While most are conversions of existing housing, some may be new units or vacation home rentals that have changed ownership. The prices of homes began to decline in 2007/2008 (from the housing crash) when lending standards were significantly tightened and an increasing number of foreclosed properties entered the market. Job losses and the poor economy both regionally and nationwide have also limited the potential pool of homeowners to the point where the local supply of homes exceeds the demand.

Mobile Home Sales and Rents

Mobile homes offer a more affordable option for those interested in homeownership. Mobile homes range in price from approximately \$35,000 to \$80,000+ depending on the size, amenities, and age. Overall, 4,528 mobile homes are located countywide, according to the 2015 Census Estimates. There are 56 mobile home parks in the unincorporated area of the County with a total of 1,463 spaces. Most mobile home parks are located in the southern (964 spaces) and the coastal (365 spaces) regions, with fewer in the north (118 spaces). The majority of mobile homes are located on property that is owned and developed.

In addition to the cost of a mobile home, owners must either purchase a residential site or rent a mobile home space. The cost of renting a space ranged from \$295 to \$725 per month (BOS 2015 Housing Report). The rent typically included water, sewer, and garbage service. Most mobile home parks reported few vacancies and several in the coastal region reported waiting lists.

Rental Rates

Similar to housing sales prices, rents also increased between 2000 and 2005, and tracked from 2010-2015. According to the U. S. Census 2005 American Community Survey, rents decreased by -3.4 percent in Mendocino County during the latest five-year period, as shown in **Table 2-31**.

| TABLE 2-31 REGIONAL MEDIAN RENTS MENDOCINO AND NEIGHBORING COUNTIES* | | | | | | |
|--|--------------|--------------|--------------|--------------|----------------|--------------|
| COUNTY | MEDIAN RENT | | | | PERCENT CHANGE | |
| | 1990 | 2000 | 2010 | 2015 | 2000-2005 | 2010-2015 |
| Glenn | \$355 | \$458 | \$716 | \$740 | 29% | 3.3% |
| Humboldt | \$409 | \$537 | \$876 | \$869 | 31% | -0.7% |
| Lake | \$460 | \$567 | \$877 | \$864 | 6% | -1.4% |
| Mendocino | \$471 | \$600 | \$988 | \$954 | 11% | -3.4% |
| Sonoma | \$645 | \$864 | \$1,241 | \$1,243 | 10% | 0.1% |
| Tehama | \$366 | \$486 | \$835 | \$824 | 20% | -1.3% |
| Trinity | \$367 | \$487 | \$758 | \$741 | 33% | -2.2% |

Source: U.S. Census 1990 and 2000 ; U.S Census 2010 and 2015 American Community Survey (California DOF Website)

*Percent Change was adjusted for inflation

The unincorporated areas of the County had a range of rent levels. As with home prices, median rents in communities along the coast and in Redwood Valley were higher than for the County as a whole. Rents in the northern inland area were the least expensive. **Table 2-32** identifies the Fair Market Rent¹⁵ for Mendocino County by bedroom size as determined by HUD based on typical local rent levels. The Fair Market Rent for a two-bedroom apartment was \$1031 in 2017, while a one-bedroom apartment was \$776, an increase on the studio and the one to three bedroom units, with a decrease on the four bedroom units.

| TABLE 2-32 HUD FAIR MARKET RENTS, 2002, 2010, 2014 Rents MENDOCINO COUNTY | | | |
|---|------------|------------|------------|
| Bedroom Size | 2002 Rents | 2010 Rents | 2017 Rents |
| Studio | \$442 | \$646 | \$706 |
| 1-Bedroom | \$533 | \$797 | \$776 |
| 2-Bedroom | \$653 | \$969 | \$1031 |
| 3-Bedroom | \$910 | \$1,323 | \$1,460 |
| 4-Bedroom | \$916 | \$1,700 | \$1,590 |

Source: HUD, January 2002, January 2010, and January 2017. Data obtained from HUD-California Web Site

http://www.huduser.org/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn

¹⁵ Fair Market Rent (FMR) is the rent established by HUD for units of varying sizes (by number of bedrooms). The level at which FMR's are set is based on the median rent distribution of standard quality rental housing units in the County. Adjustments are made to exclude public housing units, newly built units and substandard units.

Rental Affordability

In evaluating the survey findings for affordability according to HCD affordability levels (Table 2-34), it becomes clear there is a definite need for housing and/or assistance programs in the low-income categories. Only a few in the Ukiah region were in the low-income range. For the three bedroom units several of the units were in the above moderate income range, with over half the units in the Coastal region in the above moderate income category. Similar to the affordability table for housing prices, Table 2-34 shows maximum rent affordable to extremely low, very low, low, and moderate-income household by household size.

| TABLE 2-34 RENTAL AFFORDABILITY MENDOCINO COUNTY 2008 vs. 2014 | | | | |
|---|---------------|----------------------------|---------------|----------------------------|
| Income Group | 2008 | | 2014 | |
| | Annual Income | Maximum Affordable Payment | Annual Income | Maximum Affordable Payment |
| Extremely Low | | | | |
| One Person | \$11,300 | \$283 | \$12,150 | \$304 |
| Small Family | \$15,550 | \$363 | \$15,650 | \$391 |
| Median Family | \$16,150 | \$404 | \$17,350 | \$434 |
| Large Family | \$14,450 | \$436 | \$18,750 | \$469 |
| Very Low | | | | |
| One Person | \$18,850 | \$471 | \$20,300 | \$506 |
| Small Family | \$24,200 | \$605 | \$26,100 | \$651 |
| Median Family | \$26,900 | \$673 | \$28,950 | \$723 |
| Large Family | \$29,050 | \$726 | \$31,300 | \$781 |
| Low | | | | |
| One Person | \$30,150 | \$566 | \$32,450 | \$709 |
| Small Family | \$38,750 | \$726 | \$41,700 | \$911 |
| Median Family | \$43,050 | \$807 | \$46,300 | \$1,013 |
| Large Family | \$46,500 | \$872 | \$50,050 | \$1,094 |
| Moderate | | | | |
| One Person | \$45,200 | \$1,037 | \$48,650 | \$1,301 |
| Small Family | \$58,100 | \$1,331 | \$62,550 | \$1,672 |
| Median Family | \$64,600 | \$1,480 | \$69,500 | \$1,857 |
| Large Family | \$69,800 | \$1,598 | \$75,050 | \$2,140 |

Source: State Dept. of Housing and Community Development, 2008 and 2014 Income Limits
Mendocino County Board of Supervisors Housing Element Report, Adopted August 4, 2015

Comparing housing affordability, shown in Table 2-30, with the cost of housing in Mendocino County, expressed in tables Table 2-31, Median Rent Price and 2-32 Fair Market Rents, it becomes clear that housing is generally only affordable to moderate-income households and certain households in the lower income group as well. The extremely and very low-income households are primarily limited to Section 8 rental housing or other subsidized rental housing complexes. However, many households in the middle or lower end of the low-income category require some type or subsidized rental housing.

2.5 AT-RISK HOUSING ANALYSIS

At-risk housing refers to assisted housing with affordability restrictions that are set to expire during the ten-year period from 2014-2023. This housing is at risk of losing its affordability controls and converting to market rate housing. However, no public or assisted housing is located in the unincorporated County. All of the County's public and assisted housing is located in the cities of Ukiah, Fort Bragg, and Willits. Actions are being taken to preserve the affordability of some units in those cities. For example, the Rural Community Housing Development Corporation with assistance from CDC is secured financing from several sources and purchased and rehabilitated Orchard Manor (64 units) and Orchard Village (48 units) in Ukiah and River Gardens (48 units) in Ft. Bragg in 2003.

2.6 HOUSING NEEDS ASSESSMENT

This section discusses existing and projected housing needs for the unincorporated area of the County. Existing housing needs address issues such as income, overcrowding, overpayment, and substandard housing. Future projected needs are based on the Mendocino Council of Governments' (MCOG) Regional Housing Needs Plan allocating housing units from 2008 to 2014.

Existing Housing Needs

Previous sections of the Housing Element describe the population, employment trends, household, and housing stock characteristics of Mendocino County. Drawing on that information and additional data, this section discusses existing housing needs in the unincorporated County area including overcrowding, overpayment, and rehabilitation and replacement needs, as well as the needs of lower income households and other special need populations.

Lower Income Household Cost Burden (Table 2-33)

This table shows the Cost Burden experienced by the low income households of Mendocino County. The Median Family Income (MFI) here is \$42,980 (2015 Census Estimate). Cost Burden for renters is the ratio of rental costs (rent plus utilities) to income. The Cost Burden for owners includes mortgage payment (principle, interest, taxes and insurance) plus utilities and association fees (where applicable). The ideal ratio of housing to income is less than 30% having no effect on renting or owning. There are individuals with low income that have a Cost Burden greater than 30% but less than 50%, putting them into a "Moderate Cost Burden Category". Also, there are those individuals who experience having a Cost Burden greater than 50% (and up), putting them into the "Severe Cost Burden" category.

| HOUSEHOLD TYPE | SEVERE (>50% COST BURDEN) | MODERATE (30-50% COST BURDEN) | NO COST BURDEN (< 30% COST BURDEN) | TOTALS |
|--------------------------------|---|--|--|---------------|
| Renter Households (ALL) | 4,496 | 4,005 | 13,885 | 22,386 |
| Elderly | 1,231 | 1,190 | 5,140 | 7,581 |
| Small Families | 1,155 | 1,880 | 5,696 | 8,730 |
| Large Families | 990 | 460 | 1,085 | 2,535 |
| Other Households | 1,120 | 475 | 1,965 | 3,560 |
| Owner Households (ALL) | 3,275 | 2,325 | 5,160 | 10,760 |
| Elderly | 555 | 250 | 825 | 1,630 |
| Small Families | 1,030 | 1,115 | 2,515 | 4,660 |
| Large Families | 265 | 175 | 465 | 905 |
| Other Households | 1,425 | 785 | 1,355 | 3,565 |

Source: HUD Comprehensive Housing Affordability Strategy (CHAS), 2009-2013 Census Data.

Overcrowding

The U.S. Bureau of the Census defines overcrowding as an average of more than one person per room in a housing unit (excluding kitchens, porches, and hallways). The percentage of overcrowded housing units is a general measure of the availability of housing units with adequate rooms for the households who occupy them. In 2015, Mendocino County noted an overcrowding rate approximately 5.1 percent. The overall rate of overcrowding decreased slightly, dropping from 7.4 to 5.1 percent (2002 to 2015). This rate is still 5 times the State average of 1 percent overcrowding.

In 2015, there were 1,717 households living in overcrowded conditions in Mendocino County. As **Table 2-35** shows, overcrowding is a more serious problem for rental households. Severe overcrowding, which is defined as more than 1.5 persons per rooms, was especially high among renters. Of the 989 households that were overcrowded, about one-third of the households were severely overcrowded.

The *Mendocino County Housing Element Plan* prepared for the Mendocino County Board of Supervisors adopted August 4, 2015 noted that the County's high level (5.1 percent) of overcrowding in homeowner and rental dwellings is about 5 times the State average. Overcrowding can lead to serious health and safety issues and a more rapid deterioration of the units. The study recommended that the County aggressively pursue the creation of new rental housing stock to alleviate the overcrowding identified in the existing rental housing stock.

| TABLE 2-35 OVERCROWDING BY HOUSEHOLDS MENDOCINO COUNTY 2015 | | |
|---|--------------|-------------|
| Overcrowding | Households | Percent |
| Owners | | |
| Overcrowding (>1.0/room) | 551 | 2.8% |
| Severe Overcrowding (>1.5/room) | 177 | 0.9% |
| Renters | | |
| Overcrowding (>1.0/room) | 688 | 4.8% |
| Severe Overcrowding (>1.5/room) | 301 | 2.1% |
| Total | 1,717 | 5.1% |

Source: U.S. Census 2015 American Fact Finder
Mendocino County Housing Element Plan, Adopted August 4, 2015

Overpayment

Affordability problems occur when housing costs become so high in relation to income that households must pay an excessive proportion of their income for housing, or are unable to afford any housing and are homeless. A household is experiencing a housing cost burden if it is paying more than 30 percent of its gross income on housing.

According to the 2011-2015 US Census American Community Survey, 60.2 percent of renters and 49.7 percent of homeowners were paying more than 30 percent of their total income on housing. The incidence of overpaying for housing is much higher for renters than for owners and especially for households in the lowest income ranges (**Table 2-37**). For example, approximately 27 percent of renter households that earned less than \$20,000 per year were overpaying and experienced a housing cost burden. For households earning less than \$10,000, 31 percent overpaid for housing. Overall, 58 percent of low income renters experienced a high level of severe housing cost burden.

| TABLE 2-37 OVERPAYMENT BY HOUSEHOLDS MENDOCINO COUNTY 2011-2015 | | |
|---|------------|---------|
| Overpayment | Households | Percent |
| Owners (Mortgage) | | |
| >35% Household Income | 4,438 | 41.4% |
| >30% Household Income | 885 | 8.3% |
| Renters | | |
| >35% Household Income | 6,718 | 52.5% |
| >30% Household Income | 991 | 7.7% |

Source: US Census, American Fact Finder 2011-2015

Substandard Housing

Most of the housing in Mendocino County is in sound condition, but a portion is not. Housing conditions are important in terms of not only health and safety, but also in economic terms. If routine maintenance is not performed and deficiencies are not corrected, the economic life of a house will be threatened. One measure of housing condition is the number of housing units lacking complete plumbing and kitchen facilities. The 2015 Census reported 325 occupied housing units lacking complete plumbing facilities and 270 housing units lacking complete kitchen facilities in the Mendocino County (**Table 2-38**).

| TABLE 2-38 SUBSTANDARD HOUSING UNITS (2015) MENDOCINO COUNTY | | |
|--|------------|---------|
| Substandard Housing | Households | Percent |
| Owner-occupied | | |
| Lacking complete plumbing facilities | 196 | 1.1% |
| Lacking complete kitchen facilities | 118 | 0.6% |
| Renter-occupied | | |
| Lacking complete plumbing facilities | 129 | 0.9% |
| Lacking complete kitchen facilities | 158 | 1.1% |

Source: U.S. Census, 2015 American Fact Finder. Table B25049-plumbing, Table B25051-kitchen

Another measure of housing condition is the physical inspection of housing units. The *Housing Condition Survey*, conducted in 2002, concluded that there is a serious need for the rehabilitation of a significant portion of the existing housing stock. The highest needed repairs involve health and safety, federal housing quality standards, and compliance with state/local building code. Substandard housing has adverse social and economic implications and the private market, without pressure and incentives from the County, will not bring about change. Efforts to correct substandard housing and infrastructure issues should be an ongoing priority of the County.

The Housing Condition Survey recommended the following:

- The County should focus on a strong owner-occupied housing rehabilitation program. State CDBG and HOME programs are the most effective tools available to the County.
- A program to replace older mobile homes, especially those manufactured prior to 1985, to assist in removing these substandard units from the County housing stock.
- Code Enforcement and, to a lesser degree, Building Inspection staff should have a basic understanding of housing rehabilitation programs and be equipped to refer property owners to the housing authority for assistance.
- The County needs a supply of new market-rate housing and affordable rental units to meet the needs of low and moderate-income wage earners. This will encourage the demolition and/or rehabilitation of substandard units.
- The County should determine its multi-family zoning needs and establish priority areas to alleviate the saturated rental housing market.

APPENDIX B Subsidized Housing Units- List in Mendocino County

| | | |
|---|------------|------------|
| Family Projects | | |
| Holly Ranch Village (18 currently offline) | 10 | Fort Bragg |
| River Garden | 48 | Fort Bragg |
| Sanderson Way | 9 | Fort Bragg |
| Sea Cliff | 19 | Fort Bragg |
| McCarty Manor | 40 | Ukiah |
| Marlene Brookside | 13 | Ukiah |
| Orchard Manor | 63 | Ukiah |
| Orchard Village | 48 | Ukiah |
| Summer Creek | 63 | Ukiah |
| Ukiah Green | 38 | Ukiah |
| Ukiah Green South | 40 | Ukiah |
| Ukiah Terrace | 41 | Ukiah |
| Ukiah-23 (family homes) | 23 | Ukiah |
| Holly Heights | 26 | Willits |
| Holly Heights II | 32 | Willits |
| Oak Creek & Oak Glenn | 67 | Willits |
| Garden Court | 10 | Ukiah |
| Gibson Court | 12 | Ukiah |
| Boonville Apartments | 12 | Ukiah |
| Pt. Arena Village Apartments | 26 | Pt. Arena |
| Total | 640 | |
| College Students | | |
| College Court Total | 7 | Ukiah |
| Senior Citizen and Disabled Projects | | |
| Cypress Ridge | 40 | Fort Bragg |
| Duncan Place | 44 | Fort Bragg |
| Moura Sr. Housing | 38 | Fort Bragg |
| Walnut Apartment | 56 | Fort Bragg |
| Autumn Leaves | 92 | Ukiah |
| Creekside Village | 40 | Ukiah |
| Jack Simpson School View Apartments | 30 | Ukiah |
| North Pine Street | 10 | Ukiah |
| Walnut Village | 48 | Ukiah |
| Baechtel Creek | 60 | Willits |
| Lenore Street Apartments | 12 | Willits |
| Total | 470 | |

APPENDIX C

Certifications Related to MCHSCoC Funding

Continuum of Care Applicant Certifications (These certified statements are required by law.)

Applicant: Mendocino County Health and Human Services Agency

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

1. **Fair Housing and Equal Opportunity.** It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.
It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.
It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 601), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction or work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.
It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701 (u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.
It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.
It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.
If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.
It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C: If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule. For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:

Date:

Title: Adult and OA System of Care Branch Director

For PHA Applicants Only: (PHA Number)

Applicant Organization: Mendocino County Health and Human Services Agency

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001).

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APPENDIX D

Certifications Related to Replacement of Low Income Housing and Relocation Assistance

RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN UNDER SECTION 104(d) OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974, AS AMENDED

The County of Mendocino will replace any occupied and vacant occupiable Targeted Income Group dwelling units demolished or converted to a use other than as Targeted Income Group housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended, as described in 24 CFR 570.496(a).

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the jurisdiction will make public and submit to the Department the following information in writing:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as Targeted Income Group dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a Targeted Income Group dwelling unit for at least 10 years from the date of initial occupancy.

The County of Mendocino will provide relocation assistance to each Targeted Income Group household displaced by the demolition of housing or by the conversion of a Targeted Income Group dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the County of Mendocino will take the following steps to minimize the displacement of persons from their homes:

1. Stage rehabilitation of assisted housing to allow tenants to remain during and after rehabilitation, working with empty buildings or groups of empty units first so they can be rehabilitated first and tenants moved in before rehab on occupied units or buildings is begun.
2. Establish temporary relocation facilities in order to house families whose displacement will be of short duration, so they can move back to their neighborhoods after rehabilitation or new construction.
3. Evaluate housing codes and rehabilitation standards in target areas to prevent their placing undue financial burden on long-established owners or on tenants of multi-family buildings.
4. Counsel homeowners and renters to understand the range of assistance that may be available to help them in staying in the target area.
5. Maintain a program of below market interest rate loans for rehabilitation or repairs to investor-owners who agree to limit rent increases for the term of the loan.

The Community Development Commission of Mendocino County will take the following actions to assist

displaced persons.

1. Give priority in assisted housing units to households facing displacement.
2. Target Section 8 existing program certificates to households being displaced, and recruit area landlords to participate in the program.
3. Provide counseling and referral services to assist displacees find alternate housing in the area.
4. Work with area landlords and real estate brokers to locate vacancies for households facing displacement.

DRAFT

The Community Development Commission of Mendocino County will take the following actions to otherwise mitigate adverse effects of displacement.

- 1 Take various actions to assist in the provision of assisted housing for lower income persons, such as property acquisition, solicitation of developers, etc.
- 2 Use of public funds, such as CDBG funds, to pay moving costs and provide relocation payments, or require private developers to provide compensation to persons displaced by development activities.
- 3 Give displacees priority in obtaining subsidized housing units.
- 4 Provide counseling and referral services to assist displacees to locate elsewhere in the community.

Ref: jull6w2.0

DRAFT

APPENDIX E

Summary of Citizen Participation in the Development of the Abbreviated Consolidated Plan

The *Abbreviated Consolidated Plan* was developed with involvement of the MCHSCOC, which includes county government, public agencies, private non-profits, and community groups. Ideas and subsequent goals have been developed at retreats, strategic planning sessions and regional sub-groups of the entire membership. The full MCHSCOC has been apprised of all developments. Citizen participation was invited. The following is the **Citizen Participation Plan** utilized for this document:

- 1 Three public hearings were planned and notices were published in the *Ukiah Daily Journal*, *Willits News*, and the *Fort Bragg Advocate*, announcing public hearings in each of those locations. (Copies of those notices are attached).
- 2 The Draft Plan was distributed to members of the MCHSCOC, posted to the Department of Social Services website, and made available at the Public Hearings.
- 3 Public hearings were held in Ukiah, August 24, 9:00 am, in Willits, August 25, 9:00 am, and in Fort Bragg, August 25, 2:00 pm.
- 4 Draft Plans were made available at Ukiah, Fort Bragg, and Willits Department of Social Services, the office of the Community Development Commission, Buddy Eller Center and the Fort Bragg and Ukiah Resource Centers for the homeless from August 24 through September 24, 2011. Each copy was enclosed in a folder with multiple copies of instructions on how to submit comments. Public comments were solicited and accepted. Those comments are recorded in Section f of the Appendix, beginning on 52.

Citizen and collaborative comments included:

- Although the goals included with the Continuum of Care application state specifically the needs of the chronically homeless, and HUD criteria is specific that some programs are designated and funded for chronically homeless, the community needs to be aware of individuals and families who may not fit those narrow criteria but are in need of homeless services.
- There is a strong need for more supportive housing in all regions of the County.
- Other comments were largely editorial in nature. There was positive response to the document as a whole.

State of California
Financial Information System for California (FI\$Cal)
GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250

FI\$Cal

Financial Information System for California

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal
Government
Agency Name

Mendocino County Health & Human Services Agency

Remit-To
Address (Street
or PO Box)

747 S. State Street

City

Ukiah

State CA

Zip Code+4 95482

Government Type:

☐ City

☒ County

☐ Special District

☐ Federal

☐ Other (Specify)

Federal
Employer
Identification
Number
(FEIN)

946000520

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit
Name

Public Health

Complete
Address

1120 S. Dora St.
Ukiah, CA 95482

Dept/Division/Unit
Name

Behavioral Health Services

Complete
Address

1120 S. Dora St.
Ukiah, CA 95482

Dept/Division/Unit
Name

Adult & Aging Services

Complete
Address

747 S. State St.
Ukiah, CA 95482

Dept/Division/Unit
Name

Family & Children's Services

Complete
Address

737 S. State St.
Ukiah, CA. 95482

Contact Person

Tammy Moss-Chandler

Title Director

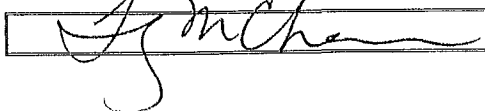
Phone number

707-463-7774

E-mail address

chandlermt@mendocinocounty.org

Signature



Date

10/26/18

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

| | |
|----------|---|
| 1 | <p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p> |
| 2 | <p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the address of the business' physical location.</p> |
| 3 | <p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p> |
| 4 | <p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p> |
| 5 | <p>Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p> |
| 6 | <p>This section must be completed by the state agency requesting the STD 204.</p> |

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

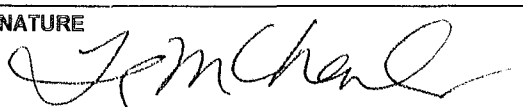
You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

| | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--------------------|--------------------------|--|--------------|--|-----------------------|--|--|--|---|---|---|---|---|---|---|---|---|--|
| 1 | INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1099). See next page for more information and Privacy Statement. NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form. | | | | | | | | | | | | | | | | | | | |
| 2 | BUSINESS NAME (As shown on your income tax return) Mendocino County Health and Human Services Agency | | | | | | | | | | | | | | | | | | | |
| | SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL (Name as shown on SSN or ITIN) Last, First, MI | | | | | | E-MAIL ADDRESS | | | | | | | | | | | | | |
| | MAILING ADDRESS 747 S. State St. | | | | | BUSINESS ADDRESS | | | | | | | | | | | | | | |
| | CITY Ukiah | STATE CA | ZIP CODE 95482 | CITY | STATE | ZIP CODE | | | | | | | | | | | | | | |
| 3 | ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>9</td><td>4</td><td>6</td><td>0</td><td>0</td><td>0</td><td>5</td><td>2</td><td>0</td> </tr> </table> | | | | | | | | | | 9 | 4 | 6 | 0 | 0 | 0 | 5 | 2 | 0 | |
| 9 | 4 | 6 | 0 | 0 | 0 | 5 | 2 | 0 | | | | | | | | | | | | |
| PAYEE ENTITY TYPE | <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> CORPORATION: <input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> LEGAL (e.g., attorney services) <input type="radio"/> EXEMPT (nonprofit) <input checked="" type="radio"/> ALL OTHERS | | | | | | | | | | | | | | | | | | | |
| CHECK ONE BOX ONLY | <input type="checkbox"/> SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity) ENTER SSN OR ITIN: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <small>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661</small> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached. | | | | | | | | | | | | | | | | | | | |
| 5 | I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below. | | | | | | | | | | | | | | | | | | | |
| | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Tammy Moss-Chandler | | | | | TITLE Director | | TELEPHONE (include area code) 707-463-7774 | | | | | | | | | | | | |
| | SIGNATURE  | | | | | DATE 10/26/18 | | E-MAIL ADDRESS chandlerert@mendocinocounty.org | | | | | | | | | | | | |
| 6 | Please return completed form to: | | | | | | | | | | | | | | | | | | | |
| | DEPARTMENT/OFFICE California Department of Housing & Community Development | | | | | UNIT/SECTION NOFA - Awards Unit/NFA Admin | | | | | | | | | | | | | | |
| | MAILING ADDRESS 2020 West El Camino Ave. Suite 650 | | | | | TELEPHONE (include area code) 916-263-2303 | | FAX | | | | | | | | | | | | |
| | CITY Sacramento | STATE CA | ZIP CODE 95833 | E-MAIL ADDRESS Kelly.Whitaker@hcd.ca.gov | | | | | | | | | | | | | | | | |



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # _____

-Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
-Agenda Summaries must be submitted no later than noon Monday, 15 days prior to the meeting date (along with electronic submittals)
-Send 1 complete original single-sided set and 1 photocopy set -- Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
-Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
-Electronic Transmission Checklist: ☐ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
-Executed records will be returned to the department within one week. Arrangements for expedited processing must be made in advance

TO: Board of Supervisors DATE: _____
FROM: HHSA MEETING DATE: November 13, 2018
DEPARTMENT RESOURCE/CONTACT: Tammy Moss Chandler PHONE: 463-7774 Present ☐ On Call ☒
Megan Van Sant PHONE: 463-7733 Present ☐ On Call ☒
Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE:** Ratification of Grant Application Submitted by the Health and Human Services Agency (on Behalf of the Mendocino County Homeless Services Continuum of Care) for an Allocation of up to \$1,854,896 in California Emergency Solutions and Housing Program Funds to Assist Persons who are Experiencing or are At Risk of Homelessness in Fiscal Years 2018-19 through 2022-23; and Adoption of Resolution Affirming the Health and Human Services Agency as the Administrative Entity for the Mendocino County Homeless Services Continuum of Care and Authorizing its Director or Designee to Sign Agreement if Funding is Awarded and Any Renewals or Amendments that do not Increase the Maximum Amount

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** None

■ **SUMMARY OF REQUEST:** The Continuum of Care (CoC) Program, as defined by the Federal Department of Housing and Urban Development, is designed to: promote community-wide commitment to the goal of ending homelessness; provide funding to quickly rehouse homeless individuals and families while minimizing trauma; promote access to and effect utilization of mainstream programs; and optimize self-sufficiency among individuals and families experiencing homelessness.

In support of the CoC program, the California Housing and Community Development Department (HCD) recently announced availability of California Emergency Solutions and Housing Program (CESH) funds for local CoCs to assist persons who are experiencing or are at risk of homelessness. Amounts to be allocated to each CoC are based on a formula that includes the 2017 Point-in-Time Count, the number of extremely low-income households that pay more than 50 percent of household income on rent, and the percentage of households below the federal poverty line. At the date of notification announcing availability of CESH funds, a total of \$927,448 was available to the Mendocino County Homeless Services Continuum of Care (MCHSCoC). Because this amount is likely to be supplemented in the future, application guidelines recommend doubling it when submitting requisite documentation.

If awarded, MCHSCoC can use CESH funds for one of more of several eligible activities, including rental assistance, housing relocation, stabilization services, operating subsidies for new and existing permanent housing units, navigation, street outreach, and Homeless Management Information System and Coordinated Entry System expenses. Administrative costs are capped at 5% of program funds.

The Health and Human Services Agency only recently discovered this funding opportunity and submitted an application on October 26, 2018, prior to an extended deadline granted by HCD. Issuance of funding is contingent upon the Board of Supervisors adopting the proposed Resolution, which affirms the Health and Human Services Agency as the Administrative Entity for MCHSCoC and authorizes its Director to sign grant agreements and amendments on behalf of MCHSCoC. MCHSCoC will retain ultimate control and decision-making related to distribution of CESH funds.

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____



MENDOCINO COUNTY BOARD OF SUPERVISORS
ONLINE AGENDA SUMMARY

BOARD AGENDA # _____

■ SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT: <http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml>

■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE): ☐

| FISCAL IMPACT: | | | |
|--|--|-----------------------|---|
| Source of Funding | Current F/Y Cost | Annual Recurring Cost | Budgeted in Current F/Y |
| California Department of Housing and Community Development | Revenue: \$927,448 before possible increases | N/A | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

■ Grant Related: ☒ yes ☐ no If yes, is there a County match? ☐ yes ☒ no Amount: n/a

■ SUPERVISORIAL DISTRICT: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ VOTE REQUIREMENT: Majority ☒ 4/5th ☐

■ RECOMMENDED ACTION/MOTION: Ratify grant application submitted by the Health and Human Services Agency (on behalf of the Mendocino County Homeless Services Continuum of Care) for an allocation of up to \$1,854,896 in California Emergency Solutions and Housing Program Funds to assist persons who are experiencing or are at risk of homelessness in Fiscal Years 2018-19 through 2022-23; and adopt Resolution affirming the Health and Human Services Agency as the Administrative Entity for the Mendocino County Homeless Services Continuum of Care and authorizing its Director or designee to sign agreement if funding is awarded and any renewals or amendments that do not increase the maximum amount.

■ ALTERNATIVES: Return to staff for alternative handling.

■ CEO REVIEW (NAME): _____

PHONE: 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION

☐ Approved _____

☐ Records Executed _____

Date of Meeting _____

☐ Referred to _____

☐ Other _____

**RESOLUTION NO. 18-
HEALTH AND HUMAN SERVICES AGENCY**

AUTHORIZING RESOLUTION

A NECESSARY QUORUM AND MAJORITY OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS, IN OVERSIGHT OF HEALTH AND HUMAN SERVICES AGENCY, MENDOCINO COUNTY ("APPLICANT"), HEREBY CONSENT TO ADOPT AND RATIFY THE FOLLOWING RESOLUTIONS:

- A. WHEREAS the State of California (the "State"), Department of Housing and Community Development ("Department") issued a Notice of Funding Availability ("NOFA") dated 08/15/2018 under the California Emergency Solutions and Housing (CESH) Program (Program, or CESH Program); and
- B. WHEREAS Applicant is an Administrative Entity designated by the Continuum of Care to administer California Emergency Solutions and Housing Program funds.
- C. WHEREAS the Department may approve funding allocations for the CESH Program, subject to the terms and conditions of the NOFA, Program requirements, and the Standard Agreement and other contracts between the Department and CESH grant recipients;

NOW, THEREFORE, BE IT RESOLVED THAT:

1. If Applicant receives a grant of CESH funds from the Department pursuant to the above referenced CESH NOFA, it represents and certifies that it will use all such funds in a manner consistent and in compliance with all applicable state and federal statutes, rules, regulations, and laws, including without limitation all rules and laws regarding the CESH Program, as well as any and all contracts Applicant may have with the Department.
2. Applicant is hereby authorized and directed to receive a CESH grant, in an amount not to exceed \$1,854,896 in accordance with all applicable rules and laws.
3. Applicant hereby agrees to use the CESH funds for eligible activities as approved by the Department and in accordance with all Program requirements, and other rules and laws, as well as in a manner consistent and in compliance with the Standard Agreement and other contracts between the Applicant and the Department.
4. The Health and Human Services Agency Director, or designees in the event that sufficient evidence of designation is provided to the Department, is/are authorized to execute the Standard Agreement and any subsequent amendments or modifications thereto, as well as any other documents which are related to the Program or the CESH grant awarded to Applicant, as the Department may deem appropriate.

PASSED AND ADOPTED at a regular meeting of the Mendocino County Board of Supervisors, in oversight of Health and Human Services Agency, Mendocino County, this ____ day of _____, _____ by the following vote:

AYES: _____ ABSTENTIONS: _____

NOES: _____ ABSENT: _____

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.

ATTEST: CARMEL J. ANGELO
Clerk of the Board

Signature of Approving Officer
DAN HAMBURG, Chair
Mendocino County Board of Supervisors

Signature of Attesting Officer

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

APPROVED AS TO FORM:
KATHARINE L. ELLIOTT
County Counsel

BY: CARMEL J. ANGELO
Clerk of the Board

Deputy