Sonoma County Continuum of Care (CoC)
FY2023 CoC Competition Evaluation Workgroup
Agenda for June 7, 2023
10am-12pm Pacific Time

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		DHS CoC Staff	10:00am
1.	Approve Agenda (ACTION ITEM)	-Agenda 6/7/2023	Chair	10:05am
2.	Approve Meeting Minutes (ACTION ITEM)	-Meeting Minutes 5/17/2023	Chair	10:10am
3.	Final Scoring Review- Site Visit Notes: Buckelew, Committee on the Shelterless (COTS), and West County Community Services (WCCS)	-CoC Project Renewal additional information received during site visits	DHS CoC Staff	10:15am
4.	Final Scoring Review- Site Visit Notes: Community Support Network (CSN), Sonoma County CDC Housing Authority (SCCDC HA), and Catholic Charities (CCDSR)	-CoC Project Renewal additional information received during site visits	DHS CoC Staff	10:45am
5.	Final Scoring Review- Site Visit Notes: YWCA, Social Advocates for Youth (SAY) and St Vincent de Paul (SVDP)	-CoC Project Renewal additional information received during site visits	DHS CoC Staff	11:15am
6.	Renewal Final Scoring Recommendations and Approval (ACTION ITEM)		Chair	11:45am
7.	Public Comment on Non-agendized Items		Chair	11:55am

PUBLIC COMMENT:

Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Committee email Araceli.Rivera@sonoma-county.org . Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Committee members. Public comment during the meeting can be made live by joining the Zoom meeting. Available time for comments is determined by the Chair based on agenda scheduling demands and total number of speakers.

Sonoma County Continuum of Care (CoC)

CoC Competition Evaluation Workgroup
Meeting Minutes for May 17th, 2023

2:00pm-5:00pm Pacific Time

Welcome and Roll Call and introductions
- Dennis Pocekay, Workgroup Chair, called the meeting to order at 2pm and went over meeting agenda.
- Roll Call was taken:
  - Present: Teddie Pierce, Dennis Pocekay, Olga, Karla, Kelli Kuykendall, Angela Struckman, Andrea Garfia,
  - Absent:

1. **Approve Agenda:** Dennis Pocekay presented agenda for approval

   Public comment: none

   No objections/abstentions

   Approved

2. **Approve Meeting Minutes:** Dennis Pocekay presented 4/05/2023 meeting minutes for approval.

   Public comment-none

   No objections/abstentions

   Approved

3. **Renewal Project Scoring Tool:** Karissa White went over summary of the recommendations; some of which were submitted via email as requested by Workgroup. Summary was provided to finalize the weight of the scoring tool. Workgroup finalized scoring.

   Sections in scoring tool that has recommended changes included:
   - Section 4. Year-end Utilization
   - Section 5. Housing First Practice and Implementation (8 points) and 6. Coordinated Entry Participation
   - Section 7. Alignment with 10-year plan goals and priorities in the HUD NOFO
   - Section 8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health
   - Section 9. Contract administration: CoC APR Review – accuracy and timeliness of reporting

- Section 12. Client/lived experience Feedback Process, and 13. Racial Equity and Anti-discrimination Practices & Policies

Public Comment:
No public comment

Public Comment:

4. **Preliminary Scoring Review:** Karissa White shared scoring spread sheet, workgroup went over projects listed below, had open discussions and recommended scoring for each. Staff provided data for the sections that staff are required to review and enter numerical data (e.g., Annual Performance Report Data, HMIS data, financials, etc.).

   Scoring reviewed for:
   - Buckelew
   - Committee on the Shelterless (COTS)
   - West County Community Services (WCCS)

Public Comment: Gregory Fearon

5. **Preliminary Scoring Review:** Karissa White shared scoring spread sheet, workgroup went over projects listed below, had open discussions and recommended scoring for each. Staff provided data for the sections that staff are required to review and enter numerical data (e.g., Annual Performance Report Data, HMIS data, financials, etc.).
   Scoring reviewed for:
   - Community Support Network (CSN)
   - Sonoma County CDC, Housing Authority (SCCDC HA)
   - Catholic Charities (CCDSR)

6. **Preliminary Scoring Review:** Karissa White shared scoring spread sheet, workgroup went over projects listed below, had open discussions and recommended scoring for each. Staff provided data for the sections that staff are required to review and enter numerical data (e.g., Annual Performance Report Data, HMIS data, financials, etc.). Also reviewed after project scoring was CES Data; (reviewed for each project) data pulled and reviewed for CES enrollments, referrals and number of clients not in CES.

Public Comment: None

Scoring reviewed for:
   - YWCA

- Social Advocates for Youth (SAY)
- St. Vincent de Paul (SVDP)

7. Public Comment on Non-agendized Items: none

Meeting adjourned at 5:06

sonoma county
DEPARTMENT OF HEALTH SERVICES
Homelessness Services Division

Sonoma County CoC Competition and Evaluation Workgroup
Executive Summary

Item: 3-6. Renewal Final Scoring Recommendations and Approval

Date: June 05, 2023

Staff Contact: Karissa White, Continuum of Care Coordinator, Karissa.White@sonoma-county.org

CoC Program Renewal Scoring Final Review

The Sonoma County CoC Competition and Evaluation Workgroup had an initial meeting on May 17th to review project application materials for the Sonoma County CoC's 2023 Continuum of Care (CoC) Program renewal projects. After the initial meeting, staff and select workgroup members conducted in-person site visits to each agency from May 22nd through June 5th. During these meetings, agency staff were provided an initial report along with a preliminary score from the workgroup. During each meeting, staff asked questions pertaining to the application materials to collect additional information to determine their final recommendations of scoring for each project.

The following reports attached to this packet are brief summaries of the additional information collected during each site visit. Workgroup members will meet on June 7th at 10:00 am where they will decide whether or not to adjust the scoring of each project based on the information collected.

Staff Recommendation:

Approve the scoring of renewal projects for the 2023 CoC Competition as recommended by the workgroup members – Renewal Projects.

Original Application Materials (previously provided, included as informational only):

https://share.sonoma-county.org/link/7opNaw2l21M/

Draft Scoring Sheet:

https://share.sonoma-county.org/link/D9H8MGWpRxg/

Buckelew Site Review FY 23 Competition

Chronic Homeless Served

Staff reported they were unaware of anyone being in the project that did not meet this definition. Staff will help Buckelew identify those in the SCIL APR not showing up as Chronically homeless to identify the issue.

Utilization Issues

This was during COVID where individuals were being sited and released from jail. Thus, the FACT project had a challenging time filling these units as people come from the FACT program in jail.

Collaboration with Coordinated Entry

Samaritan FACT- (0/7)

➢ Miscommunication-Buckelew thought that FACT program was working with Coordinated Entry for referrals to the project. Agency reports they are working to develop new process with CES Operator as well as FACT.
➢ They have flagged the issue from CES and are working training FACT; They do work with HOST to enroll people in CES if they are incarcerated and not enrolled in the system.

Alignment with 10-year plan

Sonoma SCIL (Total points 4.5/6)

Samaritan FACT (Total points 4.5/6)

Upstream Investments Portfolio/Evidence-based practices (0.5/1)
Not on the portfolio staff will provide contact information for upstream investments as they do a lot of training with evidenced-based practices.

Staff training/screening for mainstream resources (0.5/1)
During site review, Buckelew agency staff shared that they have:

➢ In house training system is used has 24 mandatory annual trainings.
➢ Offer individual training for staff that are struggling
➢ Required weekly case management meetings include extensive resource training (trainings are tracked) which includes speakers/community partners/county liaisons and Calaim trainings; System navigation 2nd and 4th Fridays where different agencies join and talk about different resources

- FSC team run a resource clinic on site every tues. Open to the community, anyone can come including case managers. Clients new to Buckelew program go to the resource clinic with their case manager to identify any additional resources they might be eligible for.

Promotion of/supporting volunteering, community engagement, and employment services (0.5/1)

- Have clinical case conferencing on a weekly basis.
- Community Participation measure (questionnaires) out of Texas university are done through samasha website 25 questions. Questions include What activities do you do, what's important to you, what do you want to do more of etc. This is tracked monthly; what did they do independently what did you do with staff.
- Case conferences have 1 hour of training for staff completed a Social Rehab training which was a 3-week series.
- tabled at the employment pilot/job link

- connect with the dept of rehab. Sonoma county behavioral health.

Coordination with Housing Partners (.5/1)

During site review Buckelew agency staff shared that they have:

- MOU with Burbank Housing. Have set aside units and CSN. 13 community beds for those ready to graduate their housing programs.
- Also assist clients with security deposits through funds and SO/ access to mainstream resources. Flexible funds are available to help with move-out costs, cars, employment, etc.

Contract Spend Down

Sonoma SCIL- (3/4)

Samaritan FACT- (2/4)

- Possible issues with codes
- Were not fully staffed-fully staffed in December 2022
- Working on separating grants

Cultural Competency Score

Sonoma SCIL- (2.5/3)

Samaritan FACT- (2.5/3)

➢ ADA Training- standard online line training system. Annual training for any updates for training to ADA laws. Maintained by leadership to make sure those pieces are covered.

Client Lived Experience Feedback

Sonoma SCIL- (0.5/3)

Samaritan FACT- (0.5/3)

➢ Agency has internal grievance process for complaints.
➢ During one-on-one client meetings clients are asked if there is anything going on or if there are any issues, remind them of grievance policy and could talk with supervisor. SCBH contractors and state they are always available.
➢ Clients are provided with contact numbers of leadership staff to discuss any issues. Phone calls can be made at any time to report/discuss issues.
➢ Internal client surveys go out two times per year and the county has one that is 4x per year. Once those surveys are collected sr. management teams collects these and they compile the information and discuss concerns and implement changes, including their own internal DEI board which has a client advisory seat.
➢ Have lived experience with individuals on their board
➢ Have been doing peer work, staff all have lived experience of some sort. Hired staff that were clients peer providers in their programs.

Racial Equity and Anti-discrimination Practices & Policies Score

Sonoma SCIL- (3/4)

Samaritan FACT- (3/4)

➢ Data tracking, have outcomes they must report on including race, ethnicity, homelessness. Gave example of disparities in BIPOC communities being served.

Change Management and Institutionalization of Knowledge

Sonoma SCIL- (3.5/5)

Samaritan FACT- (3.5/5)

➢ New staff are trained on the CoC Interim rule;
➢ reach out to COC staff for any specific questions/resources needed,
➢ Jamie is working on creating a workflow for training needs of the CoC Program specifically
➢ Staff also attend CoC Membership meetings, creating a workplan for training of this.

Committee on the Shelterless (COTS) Site Review FY 23 Competition

Chronic Homeless served

1 individual on APR showing up as not chronically homeless, verified approved CES program transfer.

Alignment with 10-year plan

Evidence of Project's collaborations with corrections partners (.5/1)
During site review COTS agency staff shared that they have:
➢ Corrections partnerships with Petaluma Police Department; outreach works closely with teams on encampment issues and assisted with Steamers Landing.
➢ Elaborated on SAFE team: partnership with Petaluma People Services, who run the safe team SAFE team is used if/when clients have mental health issues on site; this is used rather than calling the police. This collaboration helps better serve clients in the project because they can speak with them ahead of time when responding to an emergency (like triggers clients have or what has worked well in the past).

Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (.5/1)
During site review COTS agency staff shared that they have:

➢ One SOAR-trained staff member; several other staff are in the process of completing the training.

Staff training/screening for mainstream resources (0.5/1)
During site review COTS agency staff shared that they have:

➢ Calfresh does annual trainings on site for COTS Staff
➢ General Assistance (GA) provided training within last year to all program staff
➢ Seasons of Sharing (SOS) is used often; staff is provided quarterly trainings

Coordination with Housing Partners (.5/1)
During the site review COTS agency staff shared that they have:

➢ Work with Sonoma County Housing Authority (SCHA) on move-on vouchers
➢ Relationships with Burbank, private property owners, and landlords

Contract Spend Down (3/4)
➢ Staff transition impacted spend down

Cultural Competency Score (0.5/3)

- Several bilingual staff
- Access to telelanguage line-although has not been used for this project
- Process in place for document translation if needed; shelter intake forms are translated
- Fair housing trainings are done annually and completed through CES this year. Also, through Petaluma people services
- Before client exits program, supportive services are ramped up; Conversation with client first, bring up concerns regarding lease violations (letter), then try and figure out an intervention, last resort it 3 days perform or quit align with follow local housing laws

Client Lived Experience Feedback (2.5/3)

- Has been difficult getting group together as an official board; offered pizza party and encouraged clients to provide feedback, well attended and successful for receiving client feedback.
    - This Pizza party was a form of getting the group together to solicit feedback from clients in the project with a less informal process. Through this process, they were able to identify multiple ways to make shifts in their programming/additional services to add on.
- Annual surveys used to collect feedback
- Agency strategic plan will be pulled into the deliverables; plan to include in charter- have a committee that would bring staff/participants/board members with a lens of lived experience contributing

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (3/5)

- Yearly review of data that comes from client surveys
- Feedback is used to meet need
- Gave example: Looked at earned income data and realized they were a lot lower in that section; so they ramped up programming to include more resources for benefits/employment.

Change Management and Institutionalization of Knowledge (4/5)

- Completed internal training for PSH standards; all PSH staff went through the program standards when these were released, first agency to report doing this.
- Provided Equal Access training at CoC Quarterly Membership Meeting
- Use of virtual binders/interim rule through HUD exchange.
- Contact CoC Coordinator with questions
- Review previous AAQ which they store files or submit new AAQ's as needed
- Environmental impact reports accessible through shared drive

- Signed up for the HUD exchange

West County Community Services (WCCS) Site Review FY 23 Competition

Alignment with 10-year plan

Evidence of Project's collaborations with corrections partners (.5/1)

During site review WCCS agency staff shared that they:

➤ Meet with sheriffs, fire rescue on a regular basis.

➤ Coordination with sheriffs on winter shelter, encampments, park and ride, and JRT.
Per Dannielle Danforth:
"We also meet with Sheriff, Fire and Rescue personnel on a variety of issues including, but not limited to, homeless issues, shelter protocols and response, emergency support during natural disasters etc. *In-person and virtual, encampment interventions and support, requests to make contact both ways. We have helped in several encampment issues and clearings. Staff and director received personal thank you letters from the City of Sebastopol Police Department for helping with the coordination and planning, both before and during, the Laguna/JRT encampment clearing.* In previous years, we have coordinated with the Sheriffs & EOC due to fires, floods and now freezing snow. We helped provide information, transport and evacuate residents of our programs as well as unhoused citizens culminating in setting up a temporary shelter at the Fairgrounds It is noteworthy that WCCS has had a program in the same building as the Sheriffs Department for many years during the winter and now for the past 3.5 years we have co-located at the site continually."

Staff training/screening for mainstream resource (0.5/1)

During site review WCCS agency staff shared that they have:

➤ Attended CoC trainings for mainstream resources

➤ Have internal resources guide west county area.

➤ Also use a resource guide created by Sebastopol PD.

➤ It was noted that this project was marked down on "how often," in this section, which was confirmed during the site visit as not a part of the question.

Per Dannielle Danforth: "Our Case Manager was also a HOPE Outreach Worker in addition to years of experience researching and utilizing services available and has successfully completed the SOAR training. and two other employees are in the process. As discussed yesterday, many of the WCCS staff was at the recourses training at the CoC quarterly."

Client Lived Experience Feedback (2.5/3)

➤ To discuss with the workgroup, unclear why points deducted in this area. They have developed a lived experience review body after last year's review.

Racial Equity and Anti-discrimination Practices & Policies Score (3/4)

➢ Response stated data is reviewed on a continual basis however did not state how often this happens; Question did not ask how often. WCCS staff has participated in CoC Tribal training sessions.

➢ Terms are used just not the specific words **"**HUD's Equal Access Final Rule and Gender Identity Final Rule"

➢ Per Dannielle Danforth: "As such its policies do not specifically use terms such as "HUD's Equal Access Final Rule and Gender Identity Final Rule" but all the components are represented as required by law. Our HR manager is charged with making sure we are in compliance and making changes to the ever changing living document. Even our applications have a section for "preferred pronouns" Except : WCCS follows the spirit and intent of all federal, state, and local employment law and is committed to equal employment opportunity and affirmative action. There will be no discrimination in hiring on the basis of an applicant's race, color, ancestry, national origin, religion, creed, age (over 40), disability (mental or physical), sex, gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sexual orientation, gender identity, gender expression, medical condition (including HIV status), genetic information, marital status, military and veteran status, or any other characteristic protected by law. The WCCS Board of Directors, Executive Director, and staff will not discriminate against any employee or applicant in violation of the law. This applies to all personnel matters including recruitment and hiring, job assignments, working conditions, benefits, training, promotion, wage and salary administration, transfer, layoff or termination."

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (4/5)

➢ Data has been looked at for the aging population in West County, in which they noted there is a need for this population. Difficult for the population who is chronically homeless to receive enough income to rent. Data is used for community engagement, and they were able to get support for the George's Hideaway project based on this information.

Community Support Network (CSN) Site Review FY 23 Competition

Annual Performance Report (APR) HUD submission

Sanctuary Villas- ¼ served were chronically homeless. Staff confirmed that these individuals were referred over through Coordinated Entry, and there was no other CH transitional-aged youth during the time of the referral. This is permitted per HUD requirements.

Collaboration with Coordinated Entry

Stony Point Commons (1.6/4)

2/5 project enrollments during the time period had corresponding CES referrals.

> ➢ Enrollments outside CES: 5/20/22, 5/31/2022, and 6/7/2022
> ➢ Enrollment date for two referrals: 4/26/2023
> ➢ Staff conducted a site visit last year on 5/24/22 to discuss new referral process with Homefirst as new operator, confirming comprehensive access site referrals no longer permitted. CSN responded back to their initial report of these findings, and they confirmed that these two individuals (enrollments on 5/31/22 and 6/7/22) were already in the process of moving in after they were informed, they had to attend case conferencing to receive referrals, all referrals in 2023 are in compliance.
> ➢ CSN provided email communications with regards to the CES process, and the shift to their eligibility criteria of clients being Sonoma County Behavioral Health participants.
> ➢ Staff confirm there appeared to be lack of oversight of these enrollments and that there was confusion about who was managing the referrals and checking for eligibility. Staff was under the impression that this was being done by CSN, and CSN reported that Sonoma County Behavioral Health (SCBH) was managing the referrals for eligibility.
> ➢ However, if they were following the comprehensive access point requirements with CES policies, there should have been an electronic referral attached to the enrollment in the system, and those referred over should have been eligible for permanent supportive housing (one scored in the rapid rehousing range, and some of them were not eligible for the project).
> ➢ Per Tom Bieri: "Thank you for your e-mail and for acknowledging that there have been historic agreements between CSN, the CoC, and SCBH that have not been clearly articulated in writing. The lack of clearly defined roles and responsibilities memorialized in an MOA prior to the May 24, 2022, meeting led to confusion. It

was CSN's understanding that SCBH staff were making sure anyone they referred to SPC was eligible for the beds they were referring them to.

I appreciate that you wrote the following in your e-mail below, "Nonetheless, this new process of scoring is ultimately intended to ensure that projects are in compliance moving forward." **CSN is asking that you integrate this statement (of ultimate intent) into the scoring of Stony Point Commons Collaboration with CE scoring in the ongoing CoC Program Evaluation. We are asking that the review raise Stony Point Commons' Collaboration with CE score from 4.6 to 5.8** since the mistakes that were made in terms of homeless individuals (who were not chronically homeless) being referred to the Stony Point Commons were made because of a good faith misunderstanding about who was clearing referrals for eligibility prior to May 24, 2022. We are asking that you split the difference in the missed points because of the mistake that we are jointly culpable for."

➢ Lead agency staff were under the impression that CSN as the comprehensive access site would manage their own referrals, which includes following prioritization and that like other projects in the community, SCBH would only confirm if those prioritized were indeed clients of theirs (since this is only self-reported in the CES). Based on email communications, CSN believed that SCBH was the entity responsible for screening into the project, not confirming if they were clients of theirs.

Housing First Practice and Implementation Score:

Sanctuary Villas (5.8/7)

➢ Requirements outside of normal lease- residents have "quiet hours", stated this is in line with noise ordinance of the neighborhood; no guests allowed during quiet hours, per our lease agreement.

Stony Point Commons (6/7)

➢ The screening/interview process is a two-way discussion; no referrals have been rejected because of interview process to date.

Alignment with 10-year plan

Sanctuary Villas (Total points 3.5/6)

Evidence of Project's collaborations with corrections partners (.5/1)
➢ Collaboration with FACT (Forensic Assertive Community Treatment Team): There are no current residents at Sanctuary Villas who are being case managed by FACT. The relationship with this program is historic for Sanctuary Villas and remains ongoing with

other CSN housing programs, including Opportunity House and A Step Up. It is an incarceration diversion program for people who struggle with their mental health.

Staff training/screening for mainstream resources (0.5/1)

➢ "The most common resources for which our residents may be eligible but do not yet receive are SNAP and MediCal. The usual process for connecting residents with these benefits is that I support them in filling out an application on-line, and then I bring them to Voices on a Tuesday or Thursday when a county employee (Brenda, she's awesome!) is present and she completes the connection with benefits. Connections with employment services, outside substance abuse groups, resume building, school enrollment, SSI applications, etc. are participant-centered and I am fully capable of facilitating referrals or helping residents directly based on their preferences. My training stems from 8 years of field experience and a graduate school education that involved familiarization with common social services."

Partnerships with Housing Providers (0/1)

➢ As reflected in positive exits, CSN has hired a staff member to focus specifically on helping people exit to housing.

Stony Point Commons (5/6)

Staff training/screening for mainstream resources (0.5/1)

➢ "At Stony Point, we are currently working with several residents to update or engage with MediCal and SNAP benefits after recent changes to these systems. Our case manager Mary Coburn has extensive professional experience in navigating these systems and we are also now able to consult with CSN's Housing and Wellness Program if we run into problems.."

Cultural Competency Score (2.5/3)- both projects

➢ "Cultural Competency: All CSN staff are trained yearly through a 2 hour seminar facilitated by Carrie Lara, PsyD regarding diversity, equity and inclusion. My personal training and background in this area is extensive. It was an integral part of my graduate school education at the California Institute of Integral Studies where I earned a Master's degree in Counseling Psychology. As a student assistant in a 3 unit Trauma course I designed and implemented the course section regarding the impacts of systemic racism on marginalized groups and how to improve relationships/engagement with folks affected by these cultural issues. I was an active member/leader of a student group called AWARE (awakening to whiteness and racism everywhere) to help me process my own internalized racist attitudes and beliefs. The informal aspects of my education and personal growth regarding "cultural competency" are an important part of my life, both personally and professionally, and remain ongoing. "

➢ "More than any other place I've worked, we are supported to pay attention to each client's unique experience so we can "meet them where they are". My personal background includes decades of service toward more equitable public

education, so I appreciate being able to support each client to learn and grow in their own way."

➢ Annual staff training regarding diversity, equity and inclusion, Cultural Competency is an integral part of all ongoing conversation and case management at CSN.

Racial Equity and Anti-discrimination Practices & Policies Score (3/4)

➢ Anti-discrimination- educated on awaking to whiteness, process internalized racism Zachary is the one staff member with SV.

➢ Annual training for Racial Equity work

➢ Try to hire diverse staff, but it is a challenge to hire people with the rate of pay. Finally, just hired someone who is fully bilingual.

➢ This relates to the response above and also this section: "All CSN staff are trained yearly through a 2 hour seminar facilitated by Carrie Lara, PsyD regarding diversity, equity and inclusion. My personal training and background in this area is extensive. It was an integral part of my graduate school education at the California Institute of Integral Studies where I earned a Master's degree in Counseling Psychology. As a student assistant in a 3 unit Trauma course I designed and implemented the course section regarding the impacts of systemic racism on marginalized groups and how to improve relationships/engagement with folks affected by these cultural issues. I was an active member/leader of a student group called AWARE (awakening to whiteness and racism everywhere) to help me process my own internalized racist attitudes and beliefs."

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (2.5/5)- both projects

➢ Program managers review HMIS data quarterly when submitting reports. Some items tracked include changes in resident income, benefits, and participant diversity.

➢ Staff noted, "We are always trying to increase/improve these data points"

➢ Their "tracking merely informs us of our progress and provides motivation to further plan/problem-solve how to improve the quality of outcomes and the equitability of our programs.'

SONOMACOUNTY
DEPARTMENT OF HEALTH SERVICES
HOMELESSNESS SERVICES

Sonoma County Community Development Commission, Housing Authority Site Review FY 23 Competition

Persons with HIV-Aids

Alignment with 10-year plan

Staff training/screening for mainstream resources (0.5/1)
➢ Will Follow up with partner agencies F2F- no additional information was received as of 6/6/2023

Promotion of/supporting volunteering, community engagement, and employment services (0.5/1)
➢ Will follow up with partner agencies F2F- no additional information was received as of 6/6/2023

Youth with Disabilities

Alignment with 10-year plan

Staff training/screening for mainstream resources (0.5/1)
➢ Partner agency SAY has employment department. CDC to follow up- no additional information was received as of 6/6/2023

Promotion of/supporting volunteering, community engagement, and employment services (0.5/1)
➢ Partner agency SAY has employment department. CDC to follow up- - no additional information was received as of 6/6/2023

Client Lived Experience Feedback

Persons with HIV-Aids-(2.5/3)

➢ Board that oversees the Housing Authority, CD Committee. Board oversees policies for projects, higher level policy and funding. Reported no lived experience advisory board.

Youth with Disabilities- (2.5/3)

➢ Will follow up with partner agency SAY; BOD has youth representative. -- no additional information was received as of 6/6/2023

Change Management and Institutionalization of Knowledge

Persons with HIV-Aids- (4.5/5)

Youth with Disabilities- (4.5/5)

> ➢ Question was answered in response, CoC training was listed. Workgroup to discuss as unclear why points deducted in this area.

Catholic Charities Diocese of Santa Rosa (CCDSR) Site Review FY 23 Competition

Alignment with 10-year plan

Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (.5/1)
During site review CCDSR agency staff shared that they have:

➢ No longer have SOAR certified staff, do have staff working on certification currently.

Coordination with Housing Partners (0/1)
During site review CCDSR agency staff shared that they have:

➢ Working with Sonoma County Housing Authority vouchers in all Palms Units; also subsidized through City of Rohnert Park and Project Hope. Confirmed units are subsidized through funds other than ESG/CoC.

Contract Spend Down (2/4)

➢ Staff transitions impacted spend-down, transitions in the accounting department

Client Lived Experience Feedback (2/3)

➢ Do not have formal lived experience board stated they receive client feedback by using Pulse a kiosk/ipad that clients can enter information into anonymously; have available at Caritas, Airway and soon to be at Palms site.
➢ Also collected through suggestion box, community events, make comments when newsletter is distributed monthly.
  o Feedback is received during these events and also with the newsletter.
➢ No one with lived experience currently on board however DEI lead is pushing to make this happen

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (4/5)
➢ Workgroup to discuss, staff was unable to find notes/reason stated in the recording for why points deducted in this area.

Collaboration with Coordinated Entry

➢ Confirmed CoC Policy for Internal transfers was followed for those not enrolled in CES/referred through CES- safe house to housing location/program.

Alignment with 10-year plan

Staff training/screening for mainstream resource (0.5/1)
During site review YWCA agency staff shared that they have:

➢ Internal resource guide used for training staff, updated quarterly
➢ New hires and volunteers shadow experienced staff
➢ DV resources brought to team meetings
➢ 40 hour (10 days 4 hours a day) DV training provided to volunteers and staff; during COVID was offered over Zoom

Promotion of/supporting volunteering, community engagement, and employment services (.5/1)
➢ The population served in program is not always ready to enter workforce, so volunteering is encouraged. Asses through a client-centered approach, often, intensive counseling/therapy is needed first. So they work to get participants to these appointments first, when ready they offer these services.
➢ Staff supports in finding things that are enjoyable and making connections.
➢ Connects clients to the Department of Rehab , JobLink, and job fairs.

Coordination with Healthcare (0/1)
➢ Have medical section at southwest community health
➢ Informal referrals to providers
➢ MOUs in place with Kaiser and Sutter Memorial

Coordination with Housing Partners (0/1)
During site review YWCA agency staff shared that they have:

➢ MOU with Burbank Housing; set aside units

➢ Sonoma County EHV; have set asides for DV survivors -working on formal training/relationship building with program

Contract Spend Down (2/4)

➢ Lack of staffing impacted spend down; staff-working on salaries to attract workers
➢ Agency reports they do intend on filling the position and spending the money.
➢ Enormous efforts to hire, train and get someone for this specialized work, they are already working with vulnerable populations.

Racial Equity and Anti-discrimination Practices & Policies Score (3/4)

➢ Cultural competency is part of 40 training
➢ Staff represents populations
➢ Data for geographic regions is looked at
➢ Bilingual advocates on staff vs. using language line. Noted it has been very hard to hire in general, and even more challenging to hire bilingual staff.

Change Management and Institutionalization of Knowledge (3.5/5)

➢ Lost key staff
➢ Currently looking across DV programs to strengthen written information and have procedures documented on paper while also ensuring BOD is informed of the process
➢ When new Board members join YWCA board, they are paired with a buddy to learn

Data Score: Timeliness/Quality:

Data quality is impacted due to VAWA Protected personal information that would identify clients; no one has to enter in the information to gain to the program. This is seen across projects in general as no one is required to enter their personal information in the system.

Social Advocate for Youth (SAY) Site Review FY 23 Competition

Annual Performance Report (APR) Review Grant Term: 2021-2022

> ➢ Bed utilization was 69% due to staffing issues, CES Transition; project has done intakes with several clients in the past few months

Alignment with 10-year plan

Staff training/screening for mainstream resource (0.5/1)
During site review SAY agency staff shared that they have:

> ➢ Training completed with Homefirst on mainstream resources
> ➢ Staff connects with partnering agencies, VOICES
> ➢ Onboarding trainings, case consultations between staff as needed

Coordination with Housing Partners (.5/1)
During site review SAY agency staff shared that they have:

> ➢ Work with Sonoma County Housing Authority (SCHA) on move-on vouchers
> ➢ Close connections with property managers in the area

Client Lived Experience Feedback (2./3)

> ➢ Hold community meetings monthly depending on capacity
> ➢ QR codes not being utilized as often
> ➢ Notes are taken after each meeting with clients
> ➢ Open door policy (all levels of staff): clients are able to connect with staff when they would like, they noted that the youth are less likely to want to fill out another piece of paper.
> ➢ Cards with leadership contact info are located throughout the property so participants can call with any issue.
> ➢ Staff tries to make things fun, gave the example of a weekend BBQ where feedback is encouraged/solicited.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (3/5)

> ➢ HMIS is used for all projects, even when the project does not require HMIS usage.
> ➢ Will track data like if there are errors that can be fixed, patterns in the system.

- Agency uses Apricot for case management notes for other projects
- Data reviewed frequently; focused on high-quality documentation that helps the young person feel connected, feel heard, example gives on data collected
- They use data as a way to track interactions and what was provided, like transportation. They note that they even track triggers or what their favorite things are, like dessert that they could later get them for their birthday, etc. They reported this type of data collection helps young person feel connected, feeling heard, holidays are hard when growing up in the system

St. Vincent de Paul (SVDP) Site Review FY 23 Competition

Alignment with 10-year plan

Evidence of Project's collaborations with corrections partners (0/1)

During site review SVPD agency staff shared that they:

➤ Assist clients in access the homeless court, applications can be filled out at by accessing the SVDP dining room. Homeless Court is a program operated by there agency in which clients can get pending court fines removed via volunteer hours.

Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. (0/1)

➤ Agency staff stated they were not on upstream portfolio however they do use evidence-based practices such as: motivational interviewing and trauma-informed care. Staff will follow up to get them connected to this resource.

Coordination with Housing Partners (0/1)

During the site review SVPD agency staff shared that they have:

➤ Agency coordinating/in communication with housing authorities to use vouchers on housing units. The agency reported the design of this project was with those in mind that had vouchers and unable to use them in the housing market (as this was something they had seen in their other projects).

Racial Equity and Anti-discrimination Practices & Policies (2/4)

Noted that 75% of their staff are bilingual and many of the management positions are held by billugal staff.