



Sonoma County Continuum of Care (CoC)

FY2022 CoC Competition Evaluation Committee

Agenda for March 18, 2022

2:00-5:00pm Pacific Time

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		CDC Staff	2:00pm
1.	Approve Agenda (ACTION ITEM)	-Agenda 4/22/2022	Chair	2:05pm
2.	Approve Meeting Minutes (ACTION ITEM)	- Meeting Minutes 4/25/2022	Chair	2:10pm
3.	Continuum of Care Program CA-504 FY 21 Scoring	- Executive Summary of Scoring - Continuum of Care Program Competition Debriefing CA-504	Karissa White, CDC Staff	2:15pm
4.	Preliminary Scoring Review-Buckelew, Committee on the Shelterless (COTS), and West County Community Services (WCCS)	-Initial Staff report Buckelew -Initial Staff report COTS - Initial Staff report WCCS	CDC Staff	2:30pm
5.	Preliminary Scoring Review-Community Support Network (CSN), Sonoma County CDC Housing Authority (SCCDC HA), and Catholic Charities (CCDSR)	-Initial Staff report CSN -Initial Staff report SCCDC HA - Initial Staff report CCDSR	CDC Staff	3:00pm
6.	Preliminary Scoring Review-YWCA, Reach for Home (RFH) Social Advocates for Youth (SAY) and St Vincent de Paul (SVDP)	-Initial Staff report YWCA - Initial Staff report RFH - Initial Staff report SAY - Initial Staff report- SVDP	CDC Staff	3:30pm
7.	Renewal Preliminary Scoring Recommendations and Approval (ACTION ITEM)		Chair	4:00pm
8.	Public Comment on Non-agendized Items		Chair	4:55pm

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)

FY2022 CoC Competition Evaluation Committee

Draft Meeting Minutes

April 22, 2022 10:30am-12:00pm Pacific Time

Welcome and Roll Call and Introductions:

Committee Members: Chessy Etheridge (CoC Board), Dennis Pocekay (CoC Board), John Moore (CoC Board), Andrea Garfia, Angela Struckmann, Lauren Koenigshofer

Staff: Karissa White, Thai Hilton, Araceli Rivera, Michael Gause

Absent-None

Roll Call:

Chessy Etheridge (CoC Board)

Dennis Pocekay (CoC Board)

John Moore (CoC Board)

Andrea Garfia

Angela Struckmann

Lauren Koenigshofer

1. Nominations and Approval of Chair

Dennis Pocekay, self-nomination for Chair

John Moore seconds Dennis Pocekay's nomination

Staff, Araceli Rivera-Secretary

Public Comment: None

Motion made- Dennis Pocekay as Competition Evaluation Committee Chair;

John more seconds Dennis Pocekay's nomination

Ayes: Chessy Etheridge (CoC Board), Dennis Pocekay (CoC Board), John Moore (CoC Board), Andrea Garfia, Angela Struckmann, Lauren Koenigshofer

Noes: None

Abstain: None

Absent: None

Motion outcome: Motion Passes

2. Approve Agenda

Public Comment: None

Motion made- Approve Agenda as is

Ayes: Chessy Etheridge (CoC Board), Dennis Pocekay (CoC Board), John Moore (CoC Board), Andrea Garfia, Angela Struckmann, Lauren Koenigshofer

Noes: None
Abstain: None
Absent: None

Motion outcome: Agenda Approved

3. Continuum of Care Program Overview, evaluations schedule and process

Continuum of Care Program (CoC) Overview led by Karissa White, Continuum of Care Coordinator. CoC funding is a Nationally competitive block grant which is renewable annually. CDC is lead applicant. Projects are scored and ranked against Housing and Urban Development (HUD) requirements. Limited allowable project types: Permanent Supportive Housing (PSH), Homeless Information Management System (HMIS); (only 1 agency can receive), Coordinated Entry (CE); (only 1 agency can receive), Rapid Rehousing (RRH), Joint transitional/RRH (newer project type, none in Sonoma County). When HUD Releases annual Notice of Funding Opportunity (NOFO) this confirms any and all project types that are available to apply for any CoC funds. The Sonoma County COC reviews eligible renewable projects. Preliminary analysis is conducted by CoC Competition Evaluation Committee (CCEC). CCEC then provides recommendations to CoC Board. After NOFO is released CCEC rates and ranks renewals and new projects. CoC board makes final decision on rating and ranking for all projects tier 1 and tier 2.

Evaluations schedule: Led by Karissa White, Continuum of Care Coordinator. Tentative Schedule of events for CEC Committee: Memo and requirements for submission was released, approval for scoring to go to CoC board April 27th. Site visits May 23rd through June 3rd (Site visits are not open to public and second half of site visit are CoC staff only). June 22nd final report on corrective actions sent to CoC board for final review and ranking. Remainder of schedule to be determined.

Renewal Evaluation Process: Karissa White- Continuum of Care Coordinator to update annual project review process March-April. Renewal projects submit materials to CoC Coordinator and for review due May 2nd. CCEC completes initial assessment. All renewal projects will be rated and ranked based on the renewal project scoring tool. Went over FY 2021 CoC competitive Sonoma County awards. Went over last years final priority listing rating and rankings.

Public Comment: None

4. CoC Competition FY 22 Renewal Scoring

Karissa White, Continuum of Care Coordinator- Reviewed Renewal project scoring.

Renewal projects are scored first.

If projects score in underperforming CoC is allowed to reallocate funding to other new projects if project no longer serves local needs, is unable to comply with new regulations, no longer a good match for funding stream or operator desires to pull request from HUD.

Draft renewal scoring tool shared- data is pulled from Annual Performance Report (APR), APR's do not need to be scored by CCEC.

Order of review below:

1. Performance-Housing (all 5 points)
 - 1a. PSH housing outcomes
 - 1b. %PSH beds dedicated
 - 1c. Cost per PSH/RRH outcome.

2. Income Performance-Pulled from APR submitted to HUD (all 5 points) Previous feedback shared by providers measures are hard to obtain due to population served.

3a. clients exiting with earned income (HUD performance measure 4)

3b1. %who increased income from employment from program entry to exit (HUD performance measure 4)

3b2. %who increased income from Sources other than employment (HUD performance measure 4)

4. mainstream resources % of clients accessing mainstream resources (HUD performance measure 4)

5. year-end utilization

6. Housing first 10 points

7. collab with CE, 6 points

Local Priorities: Alignment with 10year plan goals (1 point for each goal up to 4 points) a-d evidence questions

Also submitted (all 5 points) are financial/audit process, timeliness, findings/management letter, overall fiscal health. Contract administration, spenddown of funds/match, cultural competency/lived experience feedback process (new from last year's NOFO), data informed research, including efforts made to address racial equity- new from last year's NOFO. Change of knowledge and institutionalization of knowledge, High data quality and timeliness of assessments.

Total possible points:100

Public Comment: none

Motion made- John Moore to approve scoring methodology as presented; second by Angela Struckmann.

Ayes: Chessy Etheridge (CoC Board), Dennis Pocekay (CoC Board), John Moore (CoC Board)

Andrea Garfia, Angela Struckmann, Lauren Koenigshofer

Noes: none

Abstain: none

Absent: none

Motion outcome: Unanimously passes

5. Public Comment on Non-agendized Items:

None

CoC: CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

This document summarizes the scores HUD awarded to the Continuum of Care (CoC) Application your CoC submitted during the Fiscal Year (FY) 2021 CoC Program Competition and is divided into three sections:

- 1. High Priority CoC Application Questions;**
- 2. CoC Scoring Summary**—on the five sections of the application; and
- 3. Overall Scores for all CoCs**—including highest and lowest scores.

We organized sections 1 and 2 like the CoC Application. We included FY 2021 CoC Program Notice of Funding Opportunity (NOFO) references in the CoC Application so that you could reference the question to the NOFO, where applicable.

1. High Priority CoC Application Questions

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations			
1C-9. Housing First—Lowering Barriers to Entry. 1C-9a. Housing First—Project Evaluation.	VII.B.1.i.	10	10
1C-10. Street Outreach—Scope. Describe in the field below: <ol style="list-style-type: none"> 1. your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged; 2. whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area; 3. how often your CoC conducts street outreach; and 	VII.B.1.j.	3	3

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.			
1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC). Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	VII.B.1.1.	10	0
1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities. 1C-15a. Racial Disparities Assessment Results. 1C-15b. Strategies to Address Racial Disparities. 1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	VII.B.1.o.	7	7
1D. Addressing COVID-19 in the CoC’s Geographic Area			
These questions assessed how CoCs addressed challenges resulting from the outbreak of COVID-19 affecting individuals and families experiencing homelessness. 1D-1. Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness. 1D-2. Improving Readiness for Future Public Health Emergencies. 1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds. 1D-4. CoC Coordination with Mainstream Health. 1D-5. Communicating Information to Homeless Service Providers. 1D-6. Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination. 1D-7. Addressing Possible Increases in Domestic Violence. 1D-8. Adjusting Centralized or Coordinated Entry System.	VII.B.1.e., VII.B.1.n., VII.B.1.q.	21.5	21.5

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
1E. Project Review, Ranking, and Selection			
<p>1E-2. and 1E-2a. Project Review and Ranking Process Your CoC Used in Its Local Competition.</p> <p>These questions assessed whether your CoC used objective criteria and past performance to review and rank projects based on required attachments.</p> <ol style="list-style-type: none"> 1. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH). 2. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness). 3. Used data from a comparable database to score projects submitted by victim service providers. 4. Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve. 5. Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing. 6. Specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and 	<p>VII.B.2.a., 2.b., 2.c., 2.d.</p>	<p>22</p>	<p>19.5</p>

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
7. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.			
2A. Homeless Management Information System (HMIS) Bed Coverage			
2A-5. Bed Coverage Rate–Using HIC, HMIS Data. 2A-5b. Bed Coverage Rate in Comparable Databases.	VII.B.3.c.	6	6
2A-6. Longitudinal System Analysis (LSA) Submission in HDX 2.0. Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	VII.B.3.d.	2	2
2C. System Performance			
2C-1. Reduction in the Number of First Time Homeless. We scored this question based on data your CoC submitted in HDX and your narrative response. Describe in the field below: 1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time; 2. how your CoC addresses individuals and families at risk of becoming homeless; and 3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families	VII.B.5.b.	3	3

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
experiencing homelessness for the first time or to end homelessness for individuals and families.			
<p>2C-2. Length of Time Homeless. We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below:</p> <ol style="list-style-type: none"> 1. your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless; 2. how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and 3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless. 	VII.B.5.c.	6	5.5
<p>2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing. We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:</p> <ol style="list-style-type: none"> 1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and 	VII.B.5.d.	5	4.5

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.			
<p>2C-4. Returns to Homelessness. We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below:</p> <ol style="list-style-type: none"> 1. how your CoC identifies individuals and families who return to homelessness; 2. your CoC’s strategy to reduce the rate of additional returns to homelessness; and 3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. 	VII.B.5.e.	4	3.5
<p>2C-5. Increasing Employment Cash Income. We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>2C-5a. Increasing Employment Cash Income–Workforce Development–Education–Training.</p> <p>2C-5b. Increasing Non-employment Cash Income.</p>	VII.B.5.f.	4	3.5

2. CoC Scoring Summary (from FY 2021 CoC NOFO)

Scoring Category	Maximum Score (Points)	Your CoC Score (Points)
1B. and 1C. CoC Coordination and Engagement	74.5	58.5
1D. Addressing COVID-19 in the CoC’s Geographic Area	21.5	21.5
1E. Project Capacity, Review, and Ranking	30	27
2A. Homeless Management Information System	11	11
2B. Point-in-Time Count	3	3
2C. System Performance	23	21
3A. Coordination with Housing and Healthcare Bonus Points	10	0
Total CoC Application Score*	173	142

*The total does not include bonus scores.

3. Overall Scores for all CoCs

Highest Score for any CoC	168.25
Lowest Score for any CoC	text-align: center;">60.25
Median Score for all CoCs	143
Weighted Mean Score** for all CoCs	text-align: center;">155.5

**The weighted mean score is the mean CoC score weighted by Annual Renewal Demand. CoCs that scored higher than the weighted mean score were more likely to gain funding relative to their Annual Renewal Demand, while CoCs that scored lower than the weighted mean were more likely to lose money relative to their Annual Renewal Demand.



**Sonoma County Continuum of Care Board
Executive Summary**

Item: 4, 5, 6, & 7: Initial Staff Reports of Renewal Applicants Material Submission

Date: May 16, 2022

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

Agenda Item Overview

Attached are the Initial staff reports for the CoC Program Renewal Applicants.

Staff reports are not final numbers and will be used during the renewal evaluation meeting on May 18th as a baseline for scoring and is set for adjustment by the committee.

Scoring set for discussion and approval during this meeting is not final. Organizations will have an opportunity to provide additional information or dispute scores during the actual site visits. After site visits are completed, the Committee will meet to make final decisions on scoring to send to the CoC Board for approval in June of 2022. Scoring of Financial audits are not yet complete, but will be brought forth to the committee during the June meeting.

Scoring Sections:

- Housing Performance
- Income Performance
- Utilization
- Housing First Practices and Implementation
- Collaboration with Coordinated Entry
- Alignment with 10-year plan goals
- Financial Audits
- Contract Administration
- Spend down of funds and match
- Cultural Competency and Client/Lived Experience Feedback Process
- Data-informed Program Research
- Change Management & Institutionalization of Knowledge
- Data Quality and Timelessness

If you are interested in viewing all the informational materials submitted you can do so by accessing this link (optional, we will go over in detail): <https://share.sonoma-county.org/link/IXk0duMvNCo/>

If you are interested in viewing the supplemental materials sent to the Renewal Applicants for scoring, you can do so by using the following link: <https://share.sonoma-county.org/link/hAUNsKeE2c0/>

All CoC Competition FY 2022 materials and up to date information can be located on our website: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Staff Recommendation:

Provide recommendations for and approve Renewal Preliminary Scoring.



Buckelew Renewal Staff Review

Initial Staff Reviewing: Karissa White, CoC Coordinator

APR Review

Samaritan: Did exceptional on serving chronically homeless (CH), even though half their beds are reserved for DedicatedPlus referrals, 100% were CH. Did well on housing retention and successful exits, and utilization. Project did well in terms of individuals exiting with earned income, which can be challenging for this population.

Could improve scoring on earned income, other income, and accessing mainstream resources (non-cash benefits). Ensure you are completing annual/exit HUD assessments and capturing any changes to income data. If clients are accessing noncash benefits or income not captured, your score will increase here. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or exit) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses.

SCIL: Did well on housing retention/successful exits scoring. Did well on serving chronically homeless, even though half their beds are reserved for DedicatePlus referrals, 73% were CH. This project did better connecting clients with mainstream resources (non-cash benefits) compared to the other project. 64% of individuals served in the project have some type of non-cash benefits section. This project scored one of the highest in terms of getting individuals connected with other income, and recording increases.

Could improve scoring on earned income sections and exits with earned income, although this is a challenge across the system for providers with PSH programs. Ensure HUD entry/annual/exit HUD assessment are completed accurately to improve scoring. This project scored the lowest in terms of cost per outcome, they have the most expensive cost per stable outcome. Project scored on the lower end of utilization compared with other projects, scoring second from the lowest score.

Housing First

Questionnaire: Agency was asked to submit two separate housing first questionnaires, both submitted have different names but are identical. Both projects note that there are no background checks, income or sobriety requirements to enter into the project, which is in line with housing first. There is note that a mental health screening is required prior to project entry. Last year during the review, staff informed the organization they would have liked to see more detail about this screening process and what it entails. This year the response says it used to gauge vulnerability and assess the needs of the individual. Would like to have seen more about this particular reference, does it prevent people from getting in the project or is it only used to help enhance services? The organization has a client council for individuals who are interested in participating, they offer surveys to enhance services in their programs. (4.5/5)

Housing First Assessment Tools:

Samaritan: $163/180 = 91\%$ (Total points 91% of 5 points = 4.55)

SCIL: $171/180 = 95\%$ (Total points 95% of 5 points = 4.75)

Collaboration with Coordinated Entry

Collected Via HMIS, full points for both projects.

Alignment with 10-year plan

SCIL (Total Points 3.5/4)

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

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (0/1)

No staff trained in SOAR, it notes a staff member is familiar with the process but does not list how they connect clients to these services without being connected with SOAR. This form was updated this year to expand on this question for clarification for providers to answer, however, they did not provide information on how clients are connected to these services.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (0.5/1)

This document was labeled as their SCIL project, however this section references the FACT project. Works with a very vulnerable population, listed other partners assisting their subpopulation served. However, they did not mention how they prioritize CH most vulnerable. They also did not list how many beds dedicated to chronically homeless (CH) in this section. This could have been done by referencing CES and information on their project application as they are dedicated plus and have a certain number of units dedicated to CH, but have a lot more CH people in their project that required. Which means they do indeed do this, they just didn't list it here. Half points provided because they are serving this population, they just didn't answer the question fully. This was similar to last year's review and feedback.

d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0.5/1)

Although not on the Upstream Investments Portfolio, the project did list a number of evidence-based practices used in their project.

Samaritan FACT (Total Points 2/4)

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

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy (0/1)

The agency reported staffing shortages as a reason for not having trained SOAR clients. This question was updated from last year's competition to allow providers to answer how they directly connect clients to SSI/SSDI if they do not have a SOAR trained staff member but did not answer that part of the question.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (0.5/1)

Works with a very vulnerable population, listed other partners assisting their subpopulation served. However, they did not mention how they prioritize CH most vulnerable. Also, did not list how many beds dedicated to chronically homeless (CH) in this section. This could have been done by referencing CES and information on their project application as they are dedicated plus and have a certain number of units dedicated to CH, but have a lot more CH people in their project that required. Which means they do indeed do this, they just didn't list it here. Half points provided because they are serving this population, they just didn't answer the question fully. This was similar to last year's review and feedback.

d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0.5/1)

Although not on the Upstream Investments Portfolio, the project did list a number of evidence-based practices used in their project.

Annual Performance Review (APR)

SCIL- Report was submitted to HUD on time, no errors in the submission. (full points)

Samaritan- APR was due on 5/1/21 but was submitted on 5/3/2021. Points taken off for being late.

Cultural Competency and Client Feedback Process (4.5/5)

The provider not only has an internal process for grievances, but clients also have an opportunity to file one with the State of CA Medi-Cal. This means if the grievance is not handled internally, the client has the right to take it to another level with the State. Prior to the State Medi-Cal grievance, there are several steps of internal management levels of review for the grievance if the client is not satisfied with the outcome. This ensures that clients can take their complaints to the top of the organization and it is not final after one person reviewing, which is good.

It is also helpful that clients receive documents at intake that help them understand their rights in terms of medical treatments and the CA Disabilities Rights brochure. It is important that clients are educated on resources and accommodations that will support their success in maintaining permanent housing, which they report doing and have handouts.

They also have a client advisory board, which has started to meet again since last competition when the community was facing strict COVID isolation protocols. They have a HUD Quality Assurance Committee to ensure client satisfaction is heard and collected regularly to work on improvement of services. Client feedback is solicited through surveys with the agency as well as through Sonoma County Behavioral Health. They did not provide an example of how they utilized client feedback to make a specific change in practices of the project or the agency as a whole. As this was outlined as a HUD priority in the last FY21 NOFO, deducting a half point for missing part of the answer.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (3.5/5)

The organization has hired a Diversity Equity and Inclusion consultant to support the agency in identifying system inequities and barriers; this includes recommendations and trainings to support staff in addressing these needs. In addition, they have also implemented strategic hiring practices in bilingual/bicultural staffing models. Buckelew notes that they use their data to inform what services are needed from clients enrolled in the system and that they had used HMIS data for planning in the past. In their response they reported they do not use the data out of HMIS like they have in the past for planning as they said it is limited. They do have an internal data base used to track additional outcomes but it is not listed how they use that data or what data they are looking to improve their projects.

Change Management & Institutionalization of Knowledge Score (2.5/5)

This project has reported some major challenges with staff turnover. They did not submit their application materials in on time, and when staff requested the information, it took several emails to collect all the required documents needed. It will be up to the committee to decide on how this impacts their scoring. The agency listed the loss of staffing as an issue in the project and agency monitoring questionnaires, losing several key supervisory staff. They have created and maintained a HUD review body since 2010 that updates a policy for HUD program compliance quarterly. Includes manual, policies and procedures to operate projects. The FACT project monitoring responses did not clearly state if key program staff new to the organization are trained on the CoC Interim Rule.

Points taken from this section due to lack of renewal submissions and multiple follow ups required of staff to collect the materials needed for scoring.

Site Visit Follow up Questions:

FACT/SCIL- “We are required to consider client rents as program income and must, in turn, deduct that amount from what we request in funding. We cannot collect on the admin portion of the grant generating gaps in administrative compensation. “ (please describe your concerns, you should be able to spend your admin funds if they are in your budget and its likely you are using program income as the required 25% match)?

Describe issues with the referral process and CE of the FACT project in terms of CH individuals. Sounds like this is now a possibility of changing project model for future use. Look into the new Joint Transitional/Rapid Rehousing Project model through the CoC. Likely a follow up with regional field office if of interest. There is a possibility of applying for bonus funding to increase supportive services if folks are no longer receiving the level of supportive assistance with the new probationary restrictions.



Committee on the Shelterless (COTS) Renewal Staff Review

Initial Staff Reviewing: Karissa White, Continuum of Care Coordinator

APR Review

Did well on housing retention and successful exits, utilization (second to highest score), and serving chronically homeless. Although COTS APR shows 19/20 served as chronically homeless, last year during the review COTS/SCCDC staff confirmed with HUD that this individual was chronically homeless and was a program transfer. Staff informed the agency to save this documentation for the next review if this was flagged, which they forwarded for review based on last years outcome with HUD, therefore they receive full points of 5 in this section. This project had the second highest score for individuals accessing other income sources, recording increases and connecting those to these benefits that did not have them upon project entry.

Could improve scoring on accessing mainstream resources (non-cash benefits). Ensure you are completing annual/exit HUD assessments and capturing any changes to income data. If clients are accessing noncash benefits or income not captured, your score will increase here. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or updated) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses. The project scored low on individuals with earned income, exits with income, and although this is a challenge across the system for providers with PSH programs.

Earned full points on spend-down of grant, including required match.

Housing First

Questionnaire: The project is low barrier to entry, no income requirements, no background checks, and no mental health screening prior to entry, which is in line with the housing first model. Responses to client participation in serves was thorough, they outlined the process for client engagement of services, even when they don't show up they provide a note. In addition, if they are having challenges engaging with a client there is a meeting set with supervisor to go over different techniques to try. There is a clear response to the separation of property management roles and supportive services, also in line with the housing first model. The agency reports they do not have a formal client advisory body but there is a process to file a grievance and an exit interview completed for feedback. (4.5/5)

Housing First Assessment Tool: 178/180= 99% or 4.95/5

Collaboration with Coordinated Entry

Collected Via HMIS, full points.

Alignment with 10-year plan

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

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (0.5/1)

Cots lists the way in which they connect individuals in their project to social security benefits. They do not currently have a SOAR trained staff but they note they will be hiring one. They did provide

excellent detail in how they bring service providers on site to provide assistance to social security benefits.

- c) **Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (1/1)**
- d) **Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (1/1)**

Annual Performance Review (APR)

COTS submitted their APR on time with no errors, full points.

Cultural Competency and Client Feedback Process (4/5)

Reviewing the process for documented rejections to COTS programs, it was unclear which projects require an application and interview process. Is this specific to the CoC Program project or other ones within the organization? COTS then describes the interview process for this project, but does not describe what is included within the interview, are there interview questions that would prevent someone from getting in the project or does the interview go over the details of the project and housing opportunity so the client has more information about their decision to move in? More information would have been helpful here to understand if this prevents folks from getting in. COTS does describe the flexibility of the staffing to ensure that folks can be accommodated for the initial interview appointment which is good. The organization describes they do try and prevent exits from the project by working with the client if they are in violation of their rental agreement. Provider reports staff are trained on ADA rights and participate in trainings to ensure they are in line with the requirements. Their grievance process includes a multilayer approach to getting individual grievances resolved. The form for clients to file a grievance has a follow up form for staff, it is clear and easy to follow. In addition, there are clear defined steps and expectations of the process for the client to read, including who will be involved.

COTS report they do not have a formal client advisory body and they only list exit/annual interviews and grievances as a way to solicit feedback. They did provide an example of how they used client feedback to improve programming. It does seem from the response that the typical way of getting feedback is through a grievance and not necessarily through a feedback form or an advisory body, which is a HUD priority for FY 21 Competition.

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

Provider gave a clear example of how they use data to enhance services on site. They found funding to hire a Licensed Marriage and Family Therapist after reviewing their data to confirm 70% of individuals served had reported mental health issues.

COTS also notes that they completed a year long Diversity Equity and Inclusion program to enhance their approach to serving marginalized populations. They are working to address and are committed to working to address disparities not only in those they serve but with staffing as well.

Change Management & Institutionalization of Knowledge Score (4.5/5)

The organization notes they have not lost any support and that they have a PSH manual policies and procedures to ensure institutional knowledge of the project is not lost. They note new staff members that

have joined the COTS team, but they have the manual and training opportunities to ensure knowledge is not lost and maintained. COTS describes their new PSH case manager, her experience, and her participation in the revision of the CoC's PSH standards. However, the organization does not clearly state how new staff members are trained on the CoC Interim Rule.

Site Visit Follow up Questions/Comments:

As detailed in your application materials, it was noted that you have struggled to serve the more vulnerable populations in your project with CES and no increase in services support. We encourage you to apply for additional support through the CoC Competition this year, as we mentioned last year, to try to increase your funding. As confirmed through the NOFO last year, providers were given the opportunity to apply for additional supportive services through this funding stream without increasing number of beds. Please review the local RFP to see if there are any bonus funds or funds for reallocation that your organization can apply for services or additional leasing dollars.



West County Community Services Renewal Staff Review

Initial Staff Reviewing: Araceli Rivera, Homeless Project Specialist

APR Review

Mill Street Supportive Housing:

The project did well in serving Chronically homeless (CH), gaining full points for serving 100% of individuals who were CH.

The project scored lower with utilization, but the agency detailed issues they have had with vacant units to serve new people. Needs improvement on clients exiting with income, retaining or gaining income from employment/other income and improving accessing mainstream resources. Gaining and increasing earned income can be difficult for projects across the board when serving the chronically homeless population. Improvements can be made by ensuring completion of HUD entry/annual/exit HUD assessment so that any changes for income or mainstream resources can be captured. Most people are collecting some type of non-cash benefit or mainstream resource, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or exit) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses. The project scored lower on cost per outcome.

Earned full points on spend-down of grant, including required match.

Housing First

Questionnaire:

Property management conducts background checks on potential tenants however does not make final decisions on tenancy as that falls to project. They also note that there has not been a denial to entry based on background screenings conducted, the agency is responsible for accepting tenants, and if there was a denial there is a formal appeals/grievance process in place if someone were to be rejected. Mill Street House receives several funding sources and as a result background checks are conducted to ensure contract compliance. Answer to questions did not specify what back ground checks are conducted or if it includes criminal records, would like to have that noted. No sobriety requirements, mental health screening or evaluations, in line with housing first. Project has SOAR certified employees to ensure additional support with increasing income. Project does have a visitor policy based off CA Rental Law, noting that prior notice must be given for overnight visitors as well as having a limit to visit length; not found in a typical lease. Project brought fourth idea for an advisory board however received no interest from residents. The project does offer different forms of input including optional house meetings and surveys. (4.5/5)

Housing First Assessment Tool:

171/180= 95% (Total, 95% of 5 = 4.5 points)

Collaboration with Coordinated Entry

Collected Via HMIS, 2/6 points. Referral acceptance rate.

Alignment with 10-year plan

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

Collaboration with Sheriff, Fire and Rescue as well as the Emergency Operations Center (EOC) in times of emergency/disasters.

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (1/1)

Mill Street House Case Manager has completed SOAR training (SOAR Certificate of completion provided). They also reported three other staff members who attended a training and completed the Benefit Advocacy Workshop training.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (1/1)

All referrals made from CES, all 8-beds dedicated to target population individuals who qualify as Chronically Homeless, disability required. Noting linkages from case management to medical services, Cal-Fresh, Medi-cal, and Whole Person Care. The agency also reports participation in Coordinated Entry Case Conferencing which is venue to problem solve around most vulnerable clients and connect with other homeless services providers.

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

Agency is aligned with Upstream investments and supports by using Healthy IDEAS and Triple P-Positive Parenting evidence-based practices. Although not noted in this section, the Upstream Investments letter was provided detailing the evidence-based practices used (such as Motivational interviewing, Seeking Safety, Restorative Justice and QPR- Suicide Awareness).

Annual Performance Review (APR)

All documentation submitted on time, no errors. Full points

Cultural Competency and Client Feedback Process (3.5/5)

Clients can access their program information a number of ways, including walk ins, which is very important as many individuals may not have phones or access to email. They are also easily accessible, on Sonoma County Transit bus line and located in central Guerneville. They have bilingual staff, documents English/Spanish, and also have ASL communication available internally.

They have no client advisory board active, but client feedback is provided in surveys and in weekly house meetings. This information is used and is discussed at monthly program meetings. They mentioned a former resident "served" as a member on their Board of Directors, but it sounds like that person is no longer involved with the board. When asked to provide an example of how the agency uses client feedback to enhance services, they gave an example of how they used client feedback and documentation as it relates to termination. Would like to have seen an example of program/service enhancements implemented based on feedback received/reviewed.

Would have liked to see in answers how/when/if clients are informed of tenant landlord rights, unsure if this is not included because it's under property management which is separate.

Their Reasonable Accommodation Policy is robust, housing retention focused, and it is clear that reasonable accommodation is being looked at before evictions are considered. The agency only provided the grievance form, the policy was not included in their submission, but described in the written materials. As written within the supplemental materials. Their response time is within 60 days, response time is too long. If this related to shelter for example a client could potentially be displaced back to the street while in review. Grievance form does not explain process of who will initially receive and review form, steps agency will take in the review process or next steps after submission. The Form or answer also does not offer other methods of submission (e.g. by email).

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals
Score (3.5/5)

Bilingual/Bicultural Outreach Manager was hired, their main focus is to introduce agency services to broader community. Answers noted that racial and ethnic disparities data is used on a continual basis, it would have been nice to see examples and when and how it is used. The agency wrote that they use HMIS data to locate clients and collect information on individuals in the program. However, it does not clearly state if they use the data, or how they use data, to inform planning and improve their programming.

Change Management & Institutionalization of Knowledge Score (5/5)

Agency has written program specific policies and procedures. Leadership meets weekly and has cross over meetings with management in preparation of all staff meetings. Data is now being stored in shared system so that if someone leaves the agency others still have access to it. They have a staff member assigned to oversee service delivery and document compliance. The fiscal staff of the organization has been there for over 20 years. They have also set up a system in which they can access files of a staff member electronically if they left the organization or were on leave. No staff changes in project, they note that CoC Interim Rule and the HUD Exchange are incorporated and used in their programming.

Site Visit Follow up Questions:

Please discuss issues with Coordinated Entry referral acceptance score.



Community Support Network Renewal Staff Review

Initial Staff Reviewing: Araceli Rivera, Homeless Project Specialist

APR Review

Sanctuary Villas: They received full points for housing retention and exits to permanent housing. The project did well on utilization and mainstream resources. This project scored the highest for clients connected to mainstream resources, or non-cash benefits, with 100% of people receiving at least one benefit. Needs improvement on retaining or gaining income from employment and other income. Gaining and increasing earned income can be difficult for projects across the board when serving the chronically homeless population. Improvements can be made by ensuring completion of HUD entry/annual/exit HUD assessment capturing changes in income categories. Needs improvement on serving Chronically Homeless (CH), only 25% of beds are chronically homeless. During the review last year (APR 2019-2020), individuals served in this project were given a pass from HUD as they moved from Sanctuary House when it closed with no where else to go. It is unclear if any of these approved individuals are still in the units given approval from HUD. Project scored lower on cost per outcome and had a utilization rate of 75%.

Stony Point Commons: The project did well on utilization and housing retention. They also had the highest points in terms of cost per outcome, tied with one other organization with full points. The agency also scored the highest for increasing/did not have and gained other income, with a rate of 73% or 3.67/5 points. Could improve on earned income and accessing mainstream resources (non-cash benefits). Ensure you are completing annual/exits assessments and capturing any changes to income data. If clients are accessing non-cash benefits or income not captured, your score will increase here. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or exit) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses. Only 20% of individuals in this program are connected with non-cash benefits according to the report.

Match was not included in the APR submission which therefore impacted the scoring on both project in terms of spend-down of grant and Match. HUD requires a 25% match (in-kind or cash) to receive funding. This was not reflected in the report submitted to HUD.

Housing First

Questionnaire:

Sanctuary Villas: The project requires screening checks prior to program entry, noted on questionnaire that this was approved through HUD and in compliance with the Community Care licensing (CCL) however no approval notice/documents were attached with submission materials. The project partners with TLC Family Services to fill beds. TLC requires a background fingerprinting to be completed for all people living and working in the residence with non-minor dependents who are still in the foster care system after 18 years old. There is an appeal process through CCL for the background check. The project also asks potential resident to disclose any recent violent behavior or convictions of sex crimes. It was not clear in answers if client referrals are being rejected based on what is disclosed by screenings, if clients are being turned away due to past criminal/violent history this is not in line with housing first. Project does not require sobriety, mental health

evaluation/screenings or income; in line with housing first. Project does not have a curfew for residents but does have a curfew for guests on property noted that no overnight guest is allowed on property as it is a shared living situation; this is not typical in a standard lease. (4/5)

Stony Point Commons: The project does not require background checks; however, they ask potential clients if they have recent violent behavior and sex crimes. It was not clear in answers if client referrals are being rejected based on what is disclosed by screenings, if clients are being turned away due to past criminal/violent history this is not in line with housing first. The project does not require sobriety or income; in line with housing first. The project does not require mental health evaluations, answers state that project interviews are completed in order to assess whether they are an appropriate fit. It was not clear in answers if client referrals are being rejected based on what is disclosed in interview, would like to have seen forms; no attachments were added in terms of what is asked in interview. Project does not have a curfew for residents but does have a curfew for guests on property noted that overnight guests are allowed with prior notification to case management, however it is not required; this isn't found in a typical agreement but it sounds like CSN is flexible on whether or not individuals need the permission. (4.5/5)

Housing First Assessment Tool:

Sanctuary Villas: 192/204 = 94% (Total Points 94% of 5 points = 4.7)

Stony Point Commons: 192/204 = 94% (Total Points 94% of 5 points = 4.7)

Collaboration with Coordinated Entry

Collected Via HMIS, full points for each project.

Alignment with 10-year plan

Agency Used forms to submit questions from last year, some of these questions were not answered with the additional details described in the updated questionnaires' sent out this year.

Sanctuary Villas (Total points 2.5/4)

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

The project states collaboration with corrections partners as they do house participants who are on probation. However, no description or evidence of collaboration was provided.

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (.5/1)

The project does not have SOAR certified staff, they report being connected to and making referrals to community partners who support but did not elaborate what agencies or attached documentation of efforts made.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (.5/1)

Project dedicates all four beds to chronically homeless transitional aged youth. However, they did not mention how they prioritize CH most vulnerable or give examples of linkages. How they prioritize chronically homeless is answered in questionnaire just not in detail in this section, which means they do indeed do this, they just didn't list it here. Half points provided because they are serving this population, they just didn't answer the question fully.

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

Stony Point Commons (Total Points)

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

The project did not state in response that they collaborate with corrections partners/programs. However, report collaboration with Sonoma County Behavioral Health, The Living Room, In Home Support Services (IHSS) and several local Hospitals. The question asked was not answered and evidence of collaboration was not provided.

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (.5/1)

The project reports being connected to and making referrals to community partners who are SOAR Certified but did not elaborate what agencies or attach documentation of efforts made. Nor did they state if anyone in project was SOAR certified.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (.5/1)

Project dedicates all sixteen beds to chronically homeless adults. However, they did not mention how they prioritize CH most vulnerable or give examples of linkages. How they prioritize chronically homeless is answered in questionnaire just not in detail in this section, which means they do indeed do this, they just didn't list it here. Half points provided because they are serving this population, they just didn't answer the question fully.

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

Annual Performance Review (APR)

Sanctuary Villas: Report submitted late and rejected by HUD. In addition, they did not include the required match of the grant within their submission which HUD seemed to have missed in their review of the submission. As a requirement of CoC funding, organizations are required to have 25% match (cash or in-kind), this will impact their scoring on spend-down of the grant. 2/5

Stony Point Commons: Report was submitted one day late, and still under HUD review. In addition, they did not include the required match of the grant within their submission which HUD seemed to have missed in their review of the submission. As a requirement of CoC funding, organizations are required to have 25% match (cash or in-kind), this will impact their scoring on spend-down of the grant. 2/5

Cultural Competency and Client Feedback Process (4/5)

Potential project participants find out about project through social media, word of mouth and through website. Participants can access their programs through walk-ins at administrative locations or project locations as well as being referred by other agencies. Project reports having bilingual staff English/Spanish at agency. However, in project bilingual staff speak limited Spanish and staff from other programs are called to support. Outreach materials included are bilingual English/Spanish. Projects did not provide grievance form only grievance procedure. Grievance procedure states the client may submit the grievance in writing to the staff member's supervisor or if the grievance cannot be resolved by the staff member's supervisor; the grievance process is a tiered approach starting at with case management and if unable to be resolved can go up to the executive office. The policy notes that outcome of grievance can be given to client upon request, this leads me to believe that not all responses/outcomes are given in writing to client which should be done.

The Executive Office makes the final decision and with no information on policy for appeal process or if they have one. In their denial of services policy, they note that individuals are screened and that those who “cannot safely live independently in a congregate living environment are denied.” It is unclear what they use to determine if someone can safely live independently or how that is assessed. The project notifies clients about ADA rights, CSN policy and procedures and reasonable accommodation policy at intake, annual recertification, when ADA rights come up. Both projects Sanctuary Villas and Stony point Commons obtain client feedback through individual case-management meetings, informal discussion, daily interactions, and group discussion at weekly House Meetings. They provided specific examples of how they used client feedback to improve programming. They do not report if they have a client advisory board in their responses.

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

The project reports comparing the proportions of racial and ethnic minorities in the homeless community in Sonoma County at large in comparison to the demographic data of the people that they serve. The goal being to match the percentage of provision of services to people being served. No specific examples of barriers or efforts made to address racial equity. Project uses data to shape program design and to identify areas of improvement. HMIS data is also used in both project for utilization rates, residence prior to entry date, income source data, length of participation and demographics.

Change Management & Institutionalization of Knowledge Score: SPC (5/5) SV (4.5/5)

Sanctuary Villas Project reported two changes in staff which led to a period of decreased outreach services.

Both projects report having structures in place to ensure institutional knowledge is not lost, these include: documentation of all policies and procedures to allow for program learning, shared drives that provide easy access to all documents needed, providing access to prior staff email, and sharing of program information among CSN staff to provide a wide network of knowledge. In addition to maintaining manuals that contain program descriptions, position requirements and pertinent forms and timelines. Fiscal staff are newer to the organization, starting between 2020-2021, but their experience to maintain grant information and budgets are included. They do however report that their Annual Performance Report submitted to HUD for Sanctuary Villa’s was late due to staff turnover. Provided full points to Stony Point Commons and 4.5 points to Sanctuary Villas for staff turnover being an issue for the late APR. It was not noted in supplemental materials for the other project for the reason of APR being late.

Site Visit Follow up Questions:

The policy notes that outcome of grievance can be given to client upon request, this leads me to believe that not all responses/outcomes are given in writing to client, is this correct?

Please explain on the Chronically Homeless numbers served, are some of these individuals remaining from being transitioned out of Sanctuary House as approved by HUD?



Sonoma County Community Development Commission Housing Authority

Renewal Staff Review

Initial Staff Reviewing: Karissa White, Continuum of Care Coordinator

APR Review

Rental Assistance Youth with Disabilities:

The project scored well on housing retention and successful exits, but when compared to other projects, they were the second from the lowest score here. The project did well on clients accessing mainstream resources, with 71% of individuals accessing some type of non-cash benefits. They also scored well on utilization and cost per outcome.

This project scored lower in terms of serving the chronically homeless (CH). However, this project is considered DedicatedPlus, only two out of their 12 beds are dedicated to CH and they served 7 individuals who meet this criteria, which exceeds their commitment in their application. The project could improve on exits with earned income, earned and other income retained and increased/did not have and gained, this is where many PSH providers struggle. Ensure HUD entry/annual/exit HUD assessment are completed with updated income changes to improve scoring.

Rental Assistance HIV/Aids-

This project received full points for housing retention and successful exits and had a utilization rate of 154% (full points). The project received one of the tops scored for getting individuals connected to other income sources and recording increases to other sources of income. They also scored well on clients receiving mainstream resources, with 70% of individuals in the program connected to some type of non-cash benefits.

The score for serving chronically homeless was low, however there are households served in this project, including children and their project is also considered DedicatedPlus. In their application they dedicated 25 beds to serving CH and exceed that by serving 37 chronically homeless individuals. They could improve scoring on connecting individuals to earned income and working on increasing the source and exits with earned income, although many PSH providers struggle here.

The project could improve in clients accessing mainstream resources. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or exit) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses.

Housing First

Questionnaire: Neither one of their projects require background checks, sobriety requirements, prior mental health evaluations/screens before entry, minimum income requirements, or supportive services participation requirements, all in line with the housing first model. Because these are rental assistance programs, there is a division between property management and supportive services. They also have an advisory board made up of section 8 tenants and committee members appointed by the Board of Commissioners; however, section 8 is a

separate program from the CoC funded units, and it doesn't not necessarily say if there are people with lived experience of homelessness on this board. (4.5/5)

Housing First Assessment Tool:

Rental Assistance Youth with Disabilities- 167/180= 93% or 4.65/5

Rental Assistance HIV/aids- 167/180= 93% or 4.65/5

The organization lists that they somewhat provide person centered planning and note they do not provide supportive services as this is done through another organization. If the partnering agency is providing these types of services to clients, then indeed it is happening and that could have been referenced here even though the Housing Authority doesn't directly provide the services. This applies to both projects.

Collaboration with Coordinated Entry

Collected Via HMIS:

Youth with disabilities: full points

HIV/Aids: 0/6 points.

Alignment with 10-year plan

Rental Assistance Youth with Disabilities

- a) Evidence of Project's collaborations with corrections partners (1/1)**
- b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (1/1)**
- c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (0.5/1)**

The agency notes that they receive referrals for the project from Coordinated Entry, but it does not clearly state that individuals are prioritized based on need or for being chronically homeless. Half points provided as they are serving this population, just did not include it in their response to the question.

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

They do not provide the direct supportive services to the clients, they partner with another organization to do so. No points awarded in this section as it is unclear if the supportive services partners are on the Upstream Investments Portfolio and/or which evidence-based practices are utilized in this project.

Rental Assistance HIV/Aids

- a) Evidence of Project's collaborations with corrections partners (1/1)**
- b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (1/1)**
- c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (1/1)**
- d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0/1)**

They do not provide the direct supportive services to the clients, they partner with another organization to do so. No points awarded in this section as it is unclear if the supportive services

partners are on the Upstream Investments Portfolio and/or which evidence-based practices are utilized in this project.

Annual Performance Review (APR)

Reports submitted on time with no errors, full points.

Cultural Competency and Client Feedback Process (4/5)

The provider notes that they are flexible in terms of meeting the client where they are at to complete any required paperwork, including going to encampments or partnering agencies to accommodate the need of the individual. Materials provided are in both English and Spanish, the individual overseeing this program is bilingual, they also have a Language Access Plan for language other than English or Spanish. The Housing Authority has a third-party process for informal hearings of clients in the rare instance someone is faced with being terminated from the program. Seeing these are rental assistance units, with housing vouchers, it would be nice to know if they are terminated from one place of residence, does that individual get to keep their voucher depending on the type of violation? Also, if they are able to keep their voucher, are they assisted with looking for a better suited unit if one didn't work out? Or, is termination the end of their service and they lose the voucher? Clients are notified not just at intake of disability accommodation rights, but also annually during the recertification process. Staff are trained on fair housing laws and Americans with Disabilities Act. The grievance procedure notes that the decision of the hearing will be mailed to the client who filed and is available in other forms if a reasonable accommodation is needed for another form other than a letter (e.g. recording). It does not say how that information is available to someone that does not have an address, like if the client had already been terminated and back on the streets. They do provide other options to file a grievance with HUD and the California Department of Fair Employment and Housing if the matter was not resolved through the organization. The reasonable accommodation procedure is very detailed, but it doesn't appear they have a form for the clients to submit a formal reasonable accommodation or it was not included in the submission. No outreach materials were provided. Grievance form provided.

It is not known if the advisory body they have for section 8 includes individuals with lived experience of homelessness. They do solicit client feedback in a number of ways but did not provide a specific example of how that feedback is used to improve the program or enhance services. It is also unclear of how often feedback is collected through questionnaires' to review.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (4.5/5)

The agency reports they have regular trainings for unconscious bias and diversity equity and inclusion. They noted they have made some changes to their HCV program, which is Housing Choice Voucher program, and they are now able to serve non-citizens in their programs. It does not however detail how those changes were made, were they looking at their data, have they examined this for any of the CoC Program projects?

The Housing Authority notes they have used program data to review the success of the program, and also they have utilized this data as a way to get individuals into the program on a regular HCV voucher and thus, opening a spot for a new person to enter the program. They have also used data to identify room for growth, like income data, and refer individual's to programs to help with this gap.

Change Management & Institutionalization of Knowledge Score (4.5/5)

The agency is working on finalizing CoC Policies and Procedures to continuity of operations if anyone leaves that defines the differences between the HCV/PBV programs and the CoC Program. They list that new key staff have been trained before in the CoC Program but do not specifically list the CoC Interim Rule as asked in the question. They note they utilize HUD AAQ, CoC Coordinator and Continuum of Care Program trainings. They confirm they have desktop guides and procedures to ensure project knowledge is maintained. In addition, the agency lists significant turn over of fiscal staff during the past year. They do note that the organization has brought in previously employed staff members to fill these gaps.

Site Visit Follow up Questions/Comments:

Please follow up with Continuum of Care Coordinator and HMIS Coordinator if more training and/or assistance is needed for the Sage reporting system.



Catholic Charities Renewal Staff Review

Initial Staff Reviewing: Thai Hilton, Coordinated Entry Coordinator

APR Review

PSH 2:

The project did well in terms of housing retention and project utilization.

The project scored lower in terms of cost per outcome, exits with earned income, increasing earned/other income. Earned income can be harder to achieve with PSH projects. 60% of individuals in the project are connected to mainstream resources. Ensure you are completing annual/updated/exit assessments and capturing any changes to income data. If clients are accessing noncash benefits or income not captured, your score will increase here. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, exit) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses.

This project is 100% Chronic homeless dedicated however the APR indicates that only 23 of 42 clients served are chronically homeless (55%). This may be due to a data error. Please review the submission.

Timeliness: Assessments at project start are often delayed with 11 clients not being enrolled for 11 days or more.

PSH 2 Expansion: This is a new project so no APR was submitted.

Housing First

Questionnaire:

The project does not require background checks, sobriety requirements, prior mental health evaluations/screens before entry, minimum income requirements, or supportive services participation requirements, all in line with the housing first model. The agency lists no requirements in their leases outside the standard requirements, they have a process for individuals residing in their project to develop their own visitor policy. There is a clear division of property management and supportive services. Staff are trained to deliver services with evidence-based practices. They have a homeless review board and consumer feedback surveys for program improvements. (5/5)

Housing First Assessment Tools:

178/180= 96% (Total points 96% of 5 points = 4.8)

Collaboration with Coordinated Entry

Collected Via HMIS, Full points.

Alignment with 10-year plan

PSH 2 (Total Points 3.5/4)

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

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (1/1)

There is 1 staff member certified in SOAR. Agency states that they make referrals to Disability Services and Legal Center for others to get SOAR assistance.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (.5/1)

This program is required to be 100% dedicated to individuals who are chronically homeless. The narrative states that the project dedicates 100% of beds to chronically homeless individuals however, the program APR indicates that only 23 of the 42 individuals served (55%) were chronically homeless. This may be due to a data submission error but if not, this would require corrective action. If the project has not used its 25% allocation of complete self-certification of chronic homelessness status, some of these individuals could self-certify however, the remaining clients' status would have to be verified by 3rd party documentation. The response states that accepting referrals from Coordinated Entry (CE) ensures that all participants are chronically homeless (CH). CE provides initial screening for CH status before referring but it is the responsibility of the housing provider to document CH status.

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

Response indicates that the agency has strong connections to Upstream Investments. The agency's board of directors has signed a resolution of alignment with Upstream Investments. They also implement several evidence-based practices from the Upstream portfolio.

Annual Performance Review (APR)

PSH-2: Report was submitted to HUD on time, one error in submission as they did not include their match in the financial report. (4/5)

PSH-2 Expansion: New project. No APR

Cultural Competency and Client Feedback Process (5/5)

All PSH case managers are bilingual, English/Spanish. The agency has bilingual, culturally appropriate outreach materials. The project states that it does not deny any clients and has full alignment with Housing First principals. There is a well-developed appeals and grievance process with multiple steps for complaints with a detailed process of which staff the complaint goes directly to with timing. Disability rights are provided to client in writing at project entry. A lot of wrap around services are provided to participants through partnerships. Examples include weekly food distributions open to the public, and a health care provider. They have an easy to follow Reasonable Accommodation form which includes different options for the client for their request and a follow up form for staff. The agency has staff dedicated to provide initial/on going trainings for employees, which include Americans with Disability Act, fair housing laws, and other disability rights. In addition, they list a number of trainings that are provided to staff from outside organizations.

There appear to be several methods for receiving client feedback. Examples include surveys, case management meetings and the operations and performance improvement process. There was little description of how the feedback was considered and implemented. In the Housing First Questionnaire, they wrote that they have a current client advisory board, but did not list that in the project monitoring questionnaire or the responsibilities of the board. They did provide two examples of improving service delivery after receiving client feedback which resulted increased food donations and bringing AA/NA meetings

on site. Full points for meeting all of the requirements, but would liked to have seen more detail of the client advisory body and how that is also used to enhance programming.

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

The agency provides several examples of how data has informed their decisions. Response states HMIS data led to pursuit of Project-based vouchers that have allowed resources to be redirected to case management. The expansion project allowed the addition of licensed, clinical staff the site.

The agency has detailed efforts taken place and currently underway to address racial disparities within their programs. This includes working with the agencies Data Team, DEI Committee and BIPOC staff/participants to modify their services. They have provided clear examples of how they are using this data and information collected to enhance programming. They hired a consultant to help establish a Diversity, Equity, and Inclusion (DEI) committee comprised of individuals at all levels in the agency. This committee reviews service models and makes recommendations for cultural and community representation and responsiveness.

Change Management & Institutionalization of Knowledge Score (5/5)

This project has been able to maintain key case management staff for expended periods of time. Two of the case management supervisors have been working in the program for 7 years or more. On an agency level, grant information is maintained in a cloud-based software program. This program maintains internal agency ledger codes, reporting requirements and target deliverables. There are biweekly meetings help with accounting, grants and compliance. New staff are trained on trained on specific grants by Compliance staff. At a board level, change management and institutional knowledge is maintained by approving policies related to grant management and program implementation. They note that all new PSH housing and shelter staff are trained on the CoC Interim Rule during orientation.

Site Visit Follow up Questions:

According to APR, roughly half of the clients are not chronically homeless. As the project is 100% dedicated to chronically homeless individuals, this requires corrective action. Please review data and determine if this was an error with the report. If the clients chronic homelessness status is not yet documented, please indicate how you will attempt to document the chronic homelessness status of all in the program. This was a large jump compared to last years review which leads staff to believe there might be an error.

When reviewing the spend-down of the budget, it appears that CCDSR spent more funding on the case management section and less on the leasing that was included within the APR submission. This was not marked as an error from the HUD reviewer, just wanted to make sure there was an amendment in place to switch these BLI expenditures for FY20-21. The 2020 Grants Inventory Worksheet (GIW) notes \$458,673 in leasing and \$118,208 in supportive services. However, the APR report notes they spent \$283,717 in leasing and \$293,164 in supportive services. The full amount of the grant was spent with required match based on the adjustment in expenditures categories. In the response to budget amendments, the organization lists a budget amendment with grant CA1281L9T042006, however, the APR being reviewed is grant CA1281L9T041905.

Connect with the Homeless Employment Project with Job Link. The agency notes they would like additional trainings for PSH income from employment generation, and a referral group has been recently developed

within the past year to provide extra support. It is unknown if the agency has a regular staff attending these meetings and providing referrals. The CoC Coordinator can offer the connection in order to help improve here.

An amendment is currently underway for the most recent grant period to move funding from leasing to supportive services as the organization has partnered with the Sonoma County Housing Authority to provide Project Based Vouchers (PBV) to the units. As discussed during the amendment meeting with HUD, the background checks required of PBVs are currently under review with HUD as it is not in line with the housing first model. Have clients already entered CoC dedicated units with background screenings? If this is the case, it is not reflected in the housing first questionnaire.



YWCA Renewal Staff Review

Initial Staff Reviewing: Karissa White, Continuum of Care Coordinator

APR Review

The project did well with housing retention and exits to permanent housing. They received full points on cost per outcome of the project, tied with another project with full points. The project did well on exits with earned income, with the second highest score of all projects. They also did well on individuals accessing mainstream resources, or non-cash benefits, in their project with 75% of individuals accessing some form of resource.

The YWCA scored lower for serving individuals that are chronically homeless. However, this is a rapid rehousing project requiring less vulnerable people to enter into the program and they still did serve a total of 7 people who were chronically homeless. The project can improve income on scoring if individuals are increasing income from employment or other income as the project scored fairly low in this section. Project also scored lower on utilization.

Housing First

The project does not require background checks, sobriety requirements, prior mental health evaluations/screens before entry, minimum income requirements, or supportive services participation requirements, all in line with the housing first model. They detail the process to connect survivors with unique needs to income sources and resources for stability. They detail evidence-based practices utilized to create client-centered services. Their responses are extremely detailed with services provided, tailored to the individual's needs with a focus on empowering survivors of domestic violence. While they noted a division between service provision and property management to be not applicable, this project is for rapid rehousing which means, they are providing the services and the community landlord/property management so there is a division here. They list no additional requirements outside of a standard lease for individuals besides meeting the basic eligibility criteria of the project, being a survivor of domestic violence. While they don't list whether or not they have an advisory board, the agency reports they do have multiple ways for individuals to provide feedback through surveys, suggestion boxes, and through an open door policy which are reviewed during regularly scheduled team meetings. (5/5)

Housing First Assessment Tool: 208/216= 96% or 4.8/5

Collaboration with Coordinated Entry

Collected Via HMIS, full points.

Alignment with 10-year plan

- a) **Evidence of Project's collaborations with corrections partners (1/1)**
- b) **Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (0.5/1)**

YWCA provides a response that includes connecting their clients to these services but does not mention if they have a trained SOAR advocate in their agency.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (0.5/1)

YWCA describes the vulnerable population they serve in their programs and that they are prioritized through outreach. However, half points were given here because they did not list their tiered services approach noted in their CoC Application which includes providing services to those that are chronically homeless. APR also shows they have served chronically homeless in this project.

d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0.5/1)

YWCA lists an evidence-based practice, providing a link, that they use in their programming that is used with Upstream Investments, but they do not state whether or not they are Upstream Investments Portfolio.

Annual Performance Review (APR)

APR submitted on time with one error (4/5)

Cultural Competency and Client Feedback Process

YWCA as a victims service provider lists multiple agencies they partner with, outreach efforts, and operates a 24-hr emergency call line domestic violence crisis hotline. They have program flyers, brochures, hotline cards and marketing materials in both English and Spanish. Their reasonable accommodation staff policy and procedure provides a simple detailed process for staff to understand what should be and can be asked during the process. Within the ADA/RA policies, the agency provides a detailed description of service and emotional support animals and what they can and cannot ask for this accommodation. In addition, it is noteworthy the agency will provisionally allow the service or companion animal into the program while the RA is being processed. You do not see this often, and this often a barrier with people experiencing homelessness getting into homeless dedicated programs. They list in their RA policy that clients are provided with a "Disability Rights Brochure" which was not in their submission. It is in their policy that staff are trained on ADA RA Policies and Procedures within 3 months of being hired and quarterly after that. YWCA provided flyers for counseling services and their rapid rehousing project that are provided to individuals seeking services, they are clear and easy to understand. Their grievance procedure is easy to follow, and they have different response times for each review (e.g. 5 days for manager to respond, 10 days for the Director). They did not submit a grievance form for clients to use or a response form, based on the procedure it looks like the first step is a conversation with the advocate, then the client is asked to submit something in writing. They have bilingual staff and materials, they also have service to provide translation other than Spanish and English.

Although the agency doesn't have a client advisory board, they detail information included in client feedback surveys, how that information is reviewed and by whom. They provided examples of how they have adjusted their programming recently, centered on "not about me without me," based on client feedback and needs. (4.5/5)

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

As required of DV providers, YWCA uses a comparable data base for their information collection. They report they look at their data often to identify areas for improvement of their services. Although a specific example was not provided, they did mention they use their data for budgeting purposes and to examine utilization of the project. YWCA reported they review their data weekly, monthly, quarterly and annually to assess needs

and gaps in services. They mention they have used their data to compare to the system-wide racial and ethnic disparities in the system of care and that equity and cultural responsiveness are priorities in service delivery. It is not clear how they are prioritizing this gap or what service solutions have been implemented or are currently be analyzed for improvements.

Change Management & Institutionalization of Knowledge Score (4.5/5)

The agency notes there are processes and policies in place for all programs, resources, procedures and policies, documentation of program development and strategic planning efforts, are kept electronically as well as in paper files. They utilize these resources to ensure when staff turn-over happens, this information provides support to the new team members. YWCA has a buddy system for education of their Board pairing older members with new to ensure information is learned by new members. Although YWCA did experience some loss of staffing, they noted that the individual hired was able to cross train for several months prior to the other employee leaving. There has been no turnover with fiscal staff, their CFO has been with the organization for over ten years.

The organization listed qualifications of the staff that are currently working in this project and that another staff member will be hired to fill the Housing Navigator role. However, they did not mention training to new staff on the CoC Interim Rule.



Reach for Home Renewal Staff Review

Initial Staff Reviewing: Karissa White, Continuum of Care Coordinator

APR Review

Reach for Home does not have a full APR for the reporting year of 2020-2021. The organization submitted a partial APR from this year, and confirmed they did not start serving clients until October of 2021. The APR submitted was from 7/1/2021-4/21/2022, which is not a full year. There was no way for staff to measure this equitably, and therefore there is no scoring completed in this section.

The review committee last year gave this organization a pass, as they reported issues with starting the grant with turnover from their Executive Director and COVID related issues. This project was awarded funds during the FY 19 competition and should have started to serve clients in 2020. The partial report provided shows the organization has only served one household of two people, one of them being a child, since the start of the grant. The supplemental material provided confirmed they are currently serving three households, although this is not reflected in the partial report provided.

According to a report received from HUD as of 3/31/2022, the organization had \$170,847 remaining of their grant of \$200,721 for funding term 2021-2022. Their award amount was partially reallocated voluntarily last competition as they were unable to spend the amount of funds awarded.

Housing First

Questionnaire:

The project does not require background checks, sobriety requirements, prior mental health evaluations/screens before entry, minimum income requirements, or supportive services participation requirements, all in line with the housing first model. They note that they used evidence-based practices to try to engage people into service. As this is a rapid rehousing program with leases in the rental market, there are no lights out policies, or any requirements outside of a standard lease, also in line with the model. They report that services are client centered. They do not have a client advisory body. (4.5/5)

Housing First Assessment Tool:

163/180= 91% or 4.55/5

Collaboration with Coordinated Entry

Collected Via HMIS, full points.

Alignment with 10-year plan

- a) Evidence of Project's collaborations with corrections partners (1/1)
- b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (0/1)

There is no SOAR trained staff, the second part of the question was not answered fully. They report they encourage individuals to sign up for SSI/SSDI services but does not provide any detail as to how they support them through this process.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (0.5/1)

They noted that they prioritize individuals through the CES By Names List, they did not mention the possibility of serving chronically homeless in their project like they did on their CoC Application submitted to HUD. If that information would have been noted, full points would have been provided.

d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0.5/1)

They agency does not clearly state if they are on the Upstream Investment Portfolio, but does provide some examples of evidence-based practices used.

Annual Performance Review (APR)

The organization has been unable to complete a full year of performance, no way to score this section.

Cultural Competency and Client Feedback Process (3.5/5)

The agency notes a few different ways individuals can access their programs, and notes that outreach materials are available through walk-in's, mail, and outreach but no outreach materials were provided. They report having bilingual staff members and materials that are also in Spanish in addition to English. Their grievance procedure is outlined step by step for individual's to understand the process, which is multilayered. The grievance procedure form is easy to understand and there is also a form for staff to provide their response to the grievance. Their policy documents submitted for ADA/RA and non-discrimination statements still have the last Executive Directors contact information and name, which should be updated. RFH staff note that participants are noticed of their disability rights in the program agreement upon entry. Team members are trained in ADA Act, fair housing laws and other disability rights. They also utilize weekly team meetings to discuss and RA/disability needs for individuals in their programs.

The organization notes they are currently working on the creation of an advisory committee to receive feedback for improvement on their programming. They confirmed they receive feedback from participants in the community. Their response does not describe and example of how they have used client feedback received to improve/enhance services as asked in the question.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (2/5)

The response to utilizing data for program planning and design for improvement was vague. Listing HMIS data as a way to look for patterns for resources was mentioned, but no specific example or how often was mentioned.

In terms of reviewing data for racial and ethnic disparities, the organization reports working with a predominately Spanish speaking population, ensuring resources are available in Spanish. They do not list if they are working on looking at data to understand/identify barriers and improve outcomes.

Change Management & Institutionalization of Knowledge Score (2.5/5)

Reach for Home response confirmed they are short staffed, which makes program operations a challenge. They did not detail how many positions are open or what policies and procedures are in place to prevent loss of program knowledge. They listed a key staff member for this project, however, did not directly respond to how this individual was trained on the CoC Interim Rule. They have regular meetings with their Board of Directors to discuss any program funding updates.



SAY Renewal Staff Review

Initial Staff Reviewing: Araceli Rivera, Homeless Project Specialist

APR Review

The Project did well on serving chronically homeless (CH), 100% were CH. Did well on successful exits and utilization. Could improve scoring on earned income and other income. Ensure you are completing annual/exit assessments and capturing any changes to income data. 74% of people in the project were accessing mainstream resources, or non-cash benefits. If clients are accessing noncash benefits or income not captured, your score will increase here. Most people are collecting some type of non-cash benefit, whether it be calfresh, bus pass, Obama free phone, etc.- it is just a matter of ensuring this information is collected on the HUD assessment (entry, annual, or updated) as there is an option on the assessment to type in "other" benefits not listed in the actual assessment pre-recorded responses. Project had an 81% utilization rate.

The new expansion project is a new HUD award and therefore is not scored in this section.

Housing First

Questionnaire: The project does not require background screening, sobriety, mental health evaluation or income prior/while in program; aligns with housing first. Project notes that it does not require Curfew or lights out and guest are allowed. However, guests are not permitted on property between the hours of 10:00 to 10:00am and no over night guests are allowed and when onsite guests must be willing to provide proof of identity when asked by project staff. This is not commonly found in leases. Project notes has QR codes posted throughout their properties. These codes provide a virtual feedback system that input can be anonymously given at any time. Project also offers annual surveys in each program to collect youth input to help shape program policies. Project did not note other way feedback can be given or if feedback is given at house meetings, one on one with case managers etc. (4/5)

Housing First Assessment Tool:

204/204=100% (Total points 100% of 5 points=5)

Collaboration with Coordinated Entry

Collected Via HMIS, full points provided here.

Alignment with 10-year plan

- a) Evidence of Project's collaborations with corrections partners (1/1)**
- b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (1/1)**

Project has employees dedicated and trained in SOAR benefit advocacy noted that staff routinely helps in applying for SSI/SSDI.
- c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (.5/1)**

Project utilizes the TAY VISPDAT to screen all participants entering housing programs, those with highest needs, chronically homeless and medically compromised are prioritized. It was not no mentioned how they prioritize CH most vulnerable. This could have been done by referencing partnership with CES. Half points provided because they do have a structure to prioritize they just didn't answer the question fully.
- d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (1/1)**

Annual Performance Review (APR)

Submission received on time, no errors. (Full points 5)

Cultural Competency and Client Feedback Process (4.5/5)

Project has standard process for rejections. Concerns would be addressed with participant, and written explanation for denial would be provided upon request. Project noted that to date they only declined referrals if unable to contact participant or if participant did not meet project eligibility criteria. Project outreach and many program materials are offered in Spanish. Sixteen percent of SAY staff are bilingual, speaking both English and Spanish. Over 65% of Street Outreach staff and 15% of housing staff are bilingual. Staff also have access to telephonic translation services. Project grievance and appeal procedure is clearly outlined in a step by step process, starting with informal discussion with agency staff and/or program manager then to formal written grievance up to meeting with Chief Program Officer. Grievance/appeal form was not provided in documents. Project participants are informed of Fair Housing upon program entry. Staff is trained in, Tenant Landlord Rights and Responsibilities Reasonable Accommodations, SAY Non-Discrimination Policies. In addition, there is a clear form for clients to submit reasonable accommodations to staff. Their internal Reasonable Accommodations Policy is detailed and easy to understand and follow; providing detailed examples of types of accommodations made. Participants are notified of their right to a reasonable accommodation upon project intake. Project did not note current advisory board or plans to start one. They did however note that they have many youth focus groups to collect feedback, but do not say how often they create these groups. They provided examples of how the feedback is being used. Because they do not describe how often the focus groups are, a half point is dedicated here as it is not a formal advisory board or known occurring feedback group.

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

Organization has Data Director for all projects and enters/uses data in HMIS. Project noted they have reviewed data on race and ethnicity, they found the service population is generally representative of the population of youth experiencing homelessness, and an underrepresentation of Latinx youth compared to the population. Project is working on process to determine barriers that hinder assistance and/or access to services. Noted that organization has participated in nearly two years of Diversity, Equity, and Inclusion work and working to embed equity considerations in every level and facet of the organization. The organization notes that they regularly use HMIS data for ongoing program evaluation and planning but does not provide any examples of improvements or knowledge gained from reviewing data.

Change Management & Institutionalization of Knowledge Score (5/5)

Organization has new Director, and new Lead Youth Advocate for project. Project utilizes written policies and procedure and written training manuals for onboarding staff. Project states program managers and staff are cross trained, in the instance that staff turnover. Organization Strategic Plan includes plan to incorporate succession planning for all key staff. The Executive Committee and the Program & Organizational Development Committee, subcommittees of the Board with agency leadership, provides oversight related to institutional knowledge. The agency notes a loss in staffing for their Chief Financial Officer in March of 2022, but they have brought in a former CFO to provide fiscal staff during this transition, he is also authorized to complete draws in the LOOCs system with HUD and is monitoring the budget of the project. SAY lists the experience and qualifications of those working in their project and CoC Interim Rule training as an onboarding item for new staff.



St Vincent de Paul Renewal Staff Review

Initial Staff Reviewing: Karissa White, Continuum of Care Coordinator

APR Review

Not applicable, this project was just awarded last competition and does not currently have an open contract with HUD or a year of performance.

Housing First

Questionnaire:

The project does not require background checks, sobriety requirements, prior mental health evaluations/screens before entry, minimum income requirements, or supportive services participation requirements, all in line with the housing first model. They do note the requirement for vouchers or to be on a waitlist for vouchers to reside in the project. While this is not typical of any of our other CoC PSH projects, the organization received approval from HUD last year during the application process as it was the only way the project could be sustainable with St Vincent being the owner of the building with a high mortgage. Even though St Vincent de Paul is the owner of the property, they will still be in line with the housing first model noting that two separate legal entities will be responsible for managing the division of property management and supportive services. While the agency lists the primary source of referrals will be through Coordinated Entry, they do note they will be having a separate process with their own waitlist for individuals getting into the project. Not all of the units are dedicated to CoC Program, which do require CE referrals only. They report they plan on having an advisory body for this project for client to give input as it has been successful at the Los Guilicos Village project they operate. (5/5)

Housing First Assessment Tool: 216/204= 106% or 5/5

Collaboration with Coordinated Entry

N/A the project is not currently operating

Alignment with 10-year plan

a) Evidence of Project's collaborations with corrections partners (0.5/1)

The listed they do not work with law enforcement unless they have to call them for service. Are there any outreach efforts, collaboration meetings, partnerships formed with corrections partners, probation, the courts? The organization, however does run the homeless court program which helps individuals remove fines from the court and turn them into volunteer hours, reducing fees and obtaining things such as their license. Although the agency did not list it, half points were provided as this is a crucial service that happens in partnership with the Sonoma County Superior Courts.

b) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy. (0.5/1)

Half points given, they clearly state the experience of the organization providing these services but it is unclear if St Vincent's currently has a staff within the organization that is SOAR trained. If they do have a trained SOAR staff member once the project is in operation, full points will be awarded.

c) Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) (1/1)

Full points for prioritizing chronically homeless and the medically compromised. It is worth noting there seems to be some confusion as the VISPDAT assessment is not completed during intake of the project. This provider is new to the CE process and those details will be worked out with CE operator once they work out the referral process.

d) Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases (0.5/1)

There may have been some confusion about what the question was asking for. The Upstream Investments Portfolio is a collection of evidence-based and evidence-informed programs implemented in Sonoma County. If the agency is not currently on the portfolio it asks what evidence-based practices are (or in this case will be) used in their service delivery (e.g. trauma-informed care, motivational interviewing, etc.) Half point was provided because SVDP did mention they use trauma-informed care and motivational interviewing in their application materials, just not in this section of the application materials.

Annual Performance Review (APR)

Not applicable, the agency has not started serving clients and is a new project without a signed contract from HUD.

Cultural Competency and Client Feedback Process

SVDP lists several ways in which individuals in the community can find out about their programs, including through the CoC, outreach materials, through local homeless advocacy groups, social media and individuals with lived experience. The agency reports they look at the number of program exits to determine if policy adjustments need to happen. They have bilingual staff and materials available in both English and Spanish. They provided outreach materials for their programs. Their grievance and appeals policy appears to have advanced language that some individuals may not understand, and could be rewritten for individuals with lower educational levels. The policy also states that they have to personally present their grievance and appeal in writing, but it does not say if assistance can be provided for those who are unable to write the complaint or for those who are unable to deliver it in person. While they note that they go over their policies and procedures with clients for disability access, the policy provided references employment, and it doesn't include how someone staying in their programs would request a reasonable accommodation. The organization currently has a lived experience advisory body that helps with policy adjustments, they provided an example of how they were able to make changes to one of their programs with the input from the advisory body, and reports they plan on having one for the new site. (4.5/5)

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

SVDP reports that they hire Spanish speaking staff as well as those with lived experience of homelessness to establish trust with program participants for positive outcomes. The organization does not list if they have looked at their data to identify racial disparities and if there are any changes they are working on to reduce these barriers. The agency reports they will be using HMIS data to track client progress and outcomes, however they have not yet started this project so they are unable to provide a report of specific data to shape program design.

Change Management & Institutionalization of Knowledge Score (3.5/5)

The agency reports they have a strong succession plan in place for all management/director level positions. They also note that they have multiple staff involved with projects and grants, digital and hard copy files for all grants. They meet every week with their Board to discuss grants, but do not list whether or not there are policies and procedures for programs in the case that another staff leaves the organization. They report there has been no change to fiscal staff in the last two years. They provide descriptions of key staff working with the organization, including their experience. They note that their staff is very familiar with the CoC interim rule, but do not describe how these trainings were provided to any new staff. Since they are new to the CoC Program, have staff been working on the development of policies and procedures specific to the CoC Program requirements? – this level of detail was not included within their submission.

Site Visit Follow up Questions:

“Referrals will primarily be sourced from the Coordinated Entry system, which operates based on the Vulnerability Index. SVDP also operates based on the vulnerability index, selecting and scoring individuals, based on their level of need. These individuals will be waitlisted in categories and accepted as units become available.” All CoC Program dedicated units will have to utilize Coordinated Entry as the referral source as a HUD requirement. Are you referencing the internal prioritization waitlist for the other units?

Since this organization is brand-new to the CoC Program, is there any materials/guidance needed from SCCDC staff for project implementation?