



Sonoma County Continuum of Care (CoC)

FY2022 CoC Competition Evaluation Committee

Agenda for June 8, 2022

1:00-3:00pm Pacific Time

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		CDC Staff	1:00pm
1.	Approve Agenda (ACTION ITEM)	-Agenda 6/8/2022	Chair	1:05pm
2.	Approve Meeting Minutes (ACTION ITEM)	- Meeting Minutes 5/18/2022	Chair	1:10pm
3.	Site Visit update and Scoring Review- Buckelew, Committee on the Shelterless (COTS), and West County Community Services (WCCS)	- Executive summary of site visits and additional information collected	CDC Staff	1:15pm
4.	Site Visit update and Scoring Review- Community Support Network (CSN), Sonoma County CDC Housing Authority (SCCDC HA), and Catholic Charities (CCDSR)	- Executive summary of site visits and additional information collected	CDC Staff	1:35pm
5.	Site Visit update and Scoring Review- YWCA, Reach for Home (RFH) Social Advocates for Youth (SAY) and St Vincent de Paul (SVDP)	- Executive summary of site visits and additional information collected	CDC Staff	1:55pm
6.	Financial Audit Scoring Review	- Executive Summary and attached staff reports for financial audits	CDC Staff	2:15pm
7.	Renewal Scoring Recommendations and Approval (ACTION ITEM)		Chair	2:35pm
8.	Public Comment on Non-agendized Items		Chair	2:55pm

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)
CoC Competition Evaluation Committee
Meeting Minutes for May 18, 2022

2:00-5:00pm Pacific Time

Welcome and Roll Call

- Dennis Pocekay, CoC Competition Evaluation Committee Board Chair, called the meeting to order at 2:10pm.
- Roll Call was taken:
 - Present: Dennis Pocekay, John Moore, Andrea Garfia, Lauren Koenigshofer, Angela Struckmann (arrived late), and Chessy Etheridge (arrived late).
 - Absent: None

1. Approve Agenda

Public Comment: None at this time

Motion: John Moore made motion to approve meeting agenda as is; Andrea Garfia seconded motion.

Ayes: Dennis Pocekay, John Moor, Andrea Garfia, and Lauren Koenigshofer

Noes: None

Abstain: None

Absent: Chessy Etheridge and Angela Struckmann

The motion passed

2. Approve Meeting Minutes

Public Comment: None at this time

Motion- John Moore made motion to approve 4 /25/2022 meeting minutes, Andrea Garfia seconded.

Ayes: Dennis Pocekay, John Moore, Andrea Garfia, and Lauren Koenigshofer

Noes: None

Abstain: None

Absent: Chessy Etheridge and Angela Struckmann

The motion Passed

3. Continuum of Care Program CA-504 FY 21 Scoring

Karissa White, Continuum of Care Coordinator, reviewed Continuum of Care program scoring CA-504 for FY 21. This included final CoC score 142/173, areas in which full points were awarded, sections with high scores, scores that need improvement and overall CA-504 Sonoma County CoC score. After presentation Dennis Pocekay, CoC Competition Evaluation Committee Board Chair, lead committee discussion. Angela Struckmann joined meeting at 2:16pm.

4. Preliminary Scoring Review-

Karissa White, Continuum of Care Coordinator, shared scoring spreadsheet that showed agency preliminary scores. Overview of spreadsheet included review of each project and columns; APR (annual Performance Report), Housing First Practices, Collaboration with Coordinated Entry, Local priorities, Contract administration, Cultural Competency and Client Feedback Process, Data-Informed program research, Change Management & Institutionalization of Knowledge, High quality data, timelines and coverage of all programs serving homeless. Financial Audits are also part of scoring, scores not provided as they are under review. Committee provided feedback and possible adjustments to scoring.

Projects that were reviewed:

- Buckelew: Sonoma SCIL and Samaritan FACT
- Committee on the Shelterless (COTS): Community Based PSH
- West County Community Services (WCCS): Mill Street Supportive Housing

Public comment:

None at this time

5. Preliminary Scoring Review-

Karissa White, Continuum of Care Coordinator, shared scoring spreadsheet that showed agency preliminary scores for the following projects:

- Community Support Network (CSN): Sanctuary Villas and Stony Point Commons
- Sonoma County Housing Authority (SCCDC HA): CoC Rental Assistance Youth with Disabilities and CoC Rental Assistance HIV/Aids
- Catholic Charities (CCDSR): PSH 2 and PSH 2 Expansion

Chessy Etheridge joined meeting at 3:15pm.

Public comment:

None at this time

6. Preliminary Scoring Review-

Karissa White, Continuum of Care Coordinator, shared scoring spreadsheet that showed agency preliminary scores for the following projects:

- YWCA: YWCA Rapid Rehousing for vulnerable survivors of Domestic Violence
- Reach for Home (RFH): North County Rapid Rehousing
- Social Advocates for Youth (SAY): SAY Sponsor Based Rental Assistance and SAY SBRA Expansion
- St. Vincent de Paul (SVDP): St. Vincent de Paul Commons

Public comment:

None at this time

7. Renewal Preliminary Scoring Recommendations and Approval:

Karissa White, Continuum of Care Coordinator and Dennis Pocekay, CoC Competition Evaluation Committee Chair, led conversation and recommended score adjustments. COTS scored the highest, Reach for Home (RFH) is under 80% of top score. The Committee confirmed Corrective Action Plan (CAP) for the Reach for Home project. Staff will reach out to the organization to confirm if they would like to proceed with a CAP, or if they wish to voluntarily reallocate the project due to lack of performance (give the funding up).

Public Comment: Gerry La Londe-berg

Motion: John Moore made motion to approve scoring as amended, Andrea Garfia seconded.

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

Noes: None

Abstain: None

Absent: Lauren Koenigshofer

The motion Passed

8. Public Comment on Non-agendized Items:

None at this time.



Sonoma County CoC Competition Evaluation Committee Executive Summary

Item: 3, 4, & 5 Site Visit Update and Scoring Review

Date: June 3, 2022

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

Agenda Item Overview

Site visits for Continuum of Care Program renewal projects were conducted from May 23rd through June 3rd. Sonoma County Community Development Commission's Continuum of Care Coordinator Karissa White, Homeless Projects Specialist Araceli Rivera, Coordinated Entry Coordinator Thai Hilton, and select CoC Competition Evaluation Committee members met with renewing agencies to discuss initial scoring.

During the site visits, providers were given the opportunity to dispute any scoring discrepancies or provide additional information for the Committee to consider when finalizing scoring during the meeting on June 8, 2022.

Attached to this executive summary is a brief write-up that includes additional information collected during the site reviews. Organizations that submitted responses in writing to SCCDC staff are also included.

Regarding a meeting with our CoC's HUD field office and SCCDC staff, two organizations were asked to provide additional information related to their background check requirements as it is not in line with the CoC Program's requirements of Housing First. As this is information being discussed directly with HUD, we are providing the information for transparency; this included requests for information from Catholic Charities PSH 2 project as they are using project-based vouchers through the Sonoma County Housing Authority requiring background checks, and Community Support Network's Sanctuary Villas project requiring background checks due to mixed funding of the units in the house (only four are dedicated to the CoC program).

Updated Scoring Sheet: <https://share.sonoma-county.org/link/k6zDIEURN7A/>

Staff Recommendation:

Review additional information provided by each organization to determine final scores for approval.

Buckelew, Sonoma SCIL and Samaritan Fact

Housing First- 0.5 points deducted in original review for not providing enough details about the mental health screening used, committee/staff were unclear if this was used as a tool to screen people out or assess services needed.

- Confirmed this is an assessment tool, self-sufficiency matrix, in order to provide the most appropriate services to help identify needs (not used to screen people out).

SOAR/SSI/SSDI Benefits question: 0/1 no mention of connection to SS benefits not having a SOAR representative.

- Staff reported they work with Sonoma County Behavioral Health SOAR advocate to help their clients through this process.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (3.75/5) due to lack of explanation of how they use data to improve programming/track outcomes.

- Implementing new electronic health record system, still building out the reporting function. This electronicsystem will be used to collect data, track trends, and hoping to even incorporate client rents to have everything in one place.

Committee on the Shelterless (COTS), Community Based PSH

Housing First (4.5/5) due to lack of client advisory board.

- They have individuals with lived experience on their board of directors and also employ 25% of staff with lived experience.

Cultural competency and client feedback process (4/5) for lack of advisory board and no way to submit client feedback outside of an exit interview or grievance. Also noted screening people and applications, unsure if this was related to screening people out.

- Working on setting up an advisory board for the tiny villages.
- Provided an annual client feedback survey printed copy used to collect feedback from clients.
- COTS board of directors includes individuals with lived experience and they employ 25% of individuals with lived experience.
- Screening process is to identify needs of individuals coming into their project, not to screen out. Provided hard copy of the questions asked.

Change Management & Institutionalization of Knowledge Score (4.5/5)- points deducted lack of response to new staff being trained on CoC Interim Rule.

- Organization provided their HUD PSH manual for the CoC Program and reported they train staff on the CoC Interim rule by utilizing the HUD resources available online.

West County Community Services, Mill Street Supportive Housing (full written response attached)

Housing first (4.5/5) Overnight guest policy needed prior approval

- Provided documentation of CA Laws used in terms of overnight guest policy, overnight visitors are permitted according to these laws. Confirming the overnight guest policy of the project was

implemented prior was agreed upon with tenants that were in the units before, based on client feedback, but has changed with new occupants.

Coordinated Entry referrals (2/6) shown in the system as two individuals not having an option of rejecting referrals. Both reasons showed up as blank in the system.

- Confirmed HMIS referrals system sometimes will not let you include a reason, system error not staff.
- One rejected because they didn't want to live in shared housing and the other just didn't want to live there.

Cultural Competency and Client Feedback Process (3.5/5) no formal client advisory board, unsure of tenants trained on their rights, grievance response time 60 days- unsure if grievances are collected outside of a formal written response.

- Board of directors has more than one person with lived experience on it to oversee the organization as a whole. No interest from current guests to create advisory body.
- Partner with legal aid to provide trainings on landlord tenant rights; this includes flyers, helping with past evictions on records, and host the community meeting in West County providing this information.
- Separate grievance with landlord. The form provided was for services is outdated, and says 60 days to respond. Their office is right next to the PSH site, people drop by and voice concerns or send information, their staff is on call 24/7 to handle any situations; confirming it doesn't take 60 days to respond and they respond immediately.
- Also noted a number of LGBTQ+ program staff, management and on their board.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (3.5/5) lack of information on using HMIS data.

- Confirmed utilizing system data frequently to attract funders, press releases to advocate for the programs, educate the community on homeless issues as there has been historical push-back in West County surrounding homelessness programs.
- They gave the example using recently they noticed a trend in individuals aging in West County.

Community Support Network, Sanctuary Villas

Chronically Homeless (1.25/5) Three individuals showed up as not being chronically homeless on their APR

- Confirmed individuals served during this time were approved via HUD as Sanctuary House experienced a tragedy and those residents needed to move. They have confirmed there is only one individual remaining in the project.
- The background check (livescan fingerprinting) is a Community Care Licensing requirement in order to serve non-minor dependents of the foster care system (other 4 units in house). CSN reported and provided evidence of an AAQ submitted to HUD. SCCDC were asked to provide additional information for an upcoming HUD Meeting. (response attached)

Sonoma County Housing Authority, Rental Assistance for Youth with Disabilities and Rental Assistance HIV/Aids

- No additional information provided, noted they are having issues with identifying TAY who are Chronically Homeless. This has impacted the projects ability to achieve full utilization of beds.

Catholic Charities PSH 2 and PSH 2 Expansion

Chronic homeless score (2.74/5) only 23 (55%) individuals served were showing as chronically homeless within their annual performance report (APR) from 2020-2021.

- Catholic Charities confirmed that these individuals were all moved over from PSH 3 when they consolidated grants and re-enrolled into PSH 2 with a new start date during the site visit and in a follow up email. Noting none of these individuals actually moved units.
- Staff followed up to see how the grant consolidation happened, reviewed HMIS data, only a number of individuals moved from PSH 3 to PSH 2, and those that did were enrolled in their City funded Rapid rehousing (RRH) project for approximately 1-2 months (depending on the client), then moved to PSH2.
- Movement from PSH to RRH or RRH to PSH requires a program transfer through Coordinated Entry (CE) which was not done.
- This project requires that 100% of beds be filled by Coordinated Entry. Many of these individuals did not have a CE referral, some were moved directly from City funded RRH to PSH 2, with no original CE referral or project transfer via CE.
- Staff were notified of these findings.
- After the site visit, the organization adjusted assessment questions from one year ago to add “non-cash benefits” which is not permitted in HMIS. Assessments are taken at a point in time, information not collected during the assessment should not be added after the fact. Information on how to improve this data was provided for future assessments; they informed staff they thought staff directed them to change this information.

Housing First Questionnaire (5/5) agency noted in application materials that background checks were not being conducted.

- Catholic Charities staff confirmed background checks were not being conducted through their organization, rather through property management. Noting a separate process was set up for the screenings with project-based vouchers (PBV) and they were unaware of how many people had been rejected based on the background screenings.
- CoC Program funding is attached to the units, therefore, the property management company conducting these background checks to screen people out does still fall on the grant recipient.
- Conflicts between PBV and CoC Program funding is currently being discussed with HUD representatives for a resolution.
- The follow up information requested from HUD is attached as they requested more information to understand how lenient the process is. Our HUD field representatives’ goal is to work with another HUD department and hopefully adjust/relax the background requirements of the PBVs.
- Staff found that 10 individuals were being overcharged for rent as it relates to the Housing Authority’s minimum rent requirement of \$50. Staff provided a list of clients for the organization to look into, they did not have access to this information. Staff recommended reaching out the Housing Authority to keep this documentation in their client files so they have access to this information and can resolve issues that come up.

Collaboration with Coordinated Entry (6/6) organization received full points here for not rejecting CE referrals outside permitted reasons in the policies and procedures.

- APR data from 2020-2021 showed that many individuals were enrolled in PSH 2 project without a referral from Coordinated Entry.
- Staff conducted a full report of CE referrals from 7/1/2018-current date, for all of their PSH projects in the CoC program (Scattered sites, PSH 2 and PSH 3) and found:
 - 48 unique individuals served
 - 28 enrollments outside of CES, one waived via litigation
 - 27 referrals confirmed to be outside of the Coordinated Entry referral process
 - Total 56% not enrolled through CES during the report period (7/1/2018-current)
- Catholic Charities was sent an email with the reports from HMIS and findings on May 31st informing the staff to respond by 10:00 am on Monday, June 6th with any additional information. No response was received.

YWCA RRH for Vulnerable Survivors of DV

Alignment with 10-year plan, Upstream Investments Portfolio/use of evidence-based practices (.5/1) agency did not list if they were on the portfolio, but documented practices used.

- Agency reported confusion with the question, confirming they are indeed on the Upstream Investments Portfolio.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (4/5) no examples provided on how they utilize data for system performance and/or how they use data to look at racial disparities within the system.

- In terms of racial equity, they look at the overall population to ensure the make-up of their team represents the population of the community.
- They use their data to track demographics of populations served. Examples provided looking at ages of children accessing program to ensure they have things of interest to them while receiving services (different needs for teens vs. toddlers).
- Meet weekly to review data identify gaps and look for ways to improve across all programs. Example provided of referrals/call in's being low, enhance outreach and materials provided to increase these numbers.

Change Management & Institutionalization of Knowledge Score (4.5/5) Missing information on CoC Interim Rule training for new staff.

- New staff are trained and are being trained on the CoC Interim Rule.
- They use the HUD website for trainings and materials.

Reach for Home, North County Rapid Rehousing

Project start up issues, they had challenges with start-up of the project because it was during a time when the California's Eviction Moratorium started. This made it challenging because most people were not moving out of their units, so units were scarce. Agency agreed to the Corrective Action Plan approved by the Committee.

Alignment with 10-year plan, SOAR benefits advocacy (0/1) although the staff does not have a trained SOAR member, they did not write if/how they connect participants to these benefits.

- Staff confirmed they work with the client if assistance is needed on the application, will sit with them during appointments and be there for support when they make calls if needed. Connect them with lawyers when denied.

Social Advocates for Youth, SAY Sponsor Based Rental Assistance and SAY Sponsor Based Rental Assistance Expansion

Housing First (4/5) scored lower because of guest policy outside of a standard lease, no guests between 10pm-10am and no overnight guests permitted.

- SAY reported there are a number of mix-funded units in the same project for youth. Some of the units being temporary placement vs. permanent, they wanted to ensure other individuals would be treated the same in the project. One staying in a temporary unit would not think it was fair if someone across the hall were able to have guests.

Alignment with 10-year plan. 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) Did not fully list prioritization process of the most vulnerable via CES.

- Agency reports and provided written response they do prioritize chronically homeless through the coordinated entry system referral process.

Cultural Competency and Client Feedback Process (4.5/5)- agency noted focus groups for feedback but did not list how often or confirm if they have an advisory board.

- SAY working with the CoC to develop the Youth Advisory Board (YAB) with the SCCDC
- With COVID- groups to solicit feedback are now meeting every six months
- QR code was developed because they found it was the best way for youth to provide feedback, more information comes in anonymously with the youth population as it might be difficult for a young individual to bring up issues and/or suggestions for improvements.

Data-informed program research/ documented best practices/Used outcomes info for accomplishing goals Score (4/5) captured the racial equity question for full points but did not list how they utilize HMIS data for ongoing improvements/program evaluation.

- Provided example of need for more case management after reviewing the data, and were able to secure funding to increase staffing.
- Reviewed length of time youth stayed in this program in HMIS and noticed pattern with scattered site (outside Dream Center) found that folks coming into Dream Center then scattered site had more success with stability.

St. Vincent de Paul Commons

- Discussed room for improvements and project set-up.
- Resources to be provided, this project has not yet started and gets a pass.

Housing First:

Units for this program are split between scattered site community rentals and on-site Dream Center housing. For youth living in scattered sites, their leases have no restrictions on visitors. For those living in the Dream Center, their leases similarly do not place restrictions on guests. However, Dream Center policies do require the mentioned restrictions. The Dream Center facility is a converted hospital, so rather than each unit having its own kitchen and living space, those spaces are communal, and the bedrooms are private spaces. On the administrative side, these rooms are funded from a wide variety of sources. From the youth side, we try to ensure that rules and guidelines are as consistent as possible so that no young people feel they are being slighted or mistreated. The overnight guest policy is one of those policies, intended to make sure everyone is a considerate neighbor during nighttime hours.

We emphasized the QR code process rather than direct, face-to-face feedback because we have found that to be the most effective form of soliciting feedback from clients. Clients are always welcome to provide feedback to their case managers, who use trauma-informed principles to ensure youth concerns are heard in a space free of judgement or retaliation. However, given the traumatic experiences that bring them into our services, we're aware that our young people are often unwilling to speak about concerns or complaints directly to a person in a position of power. The QR code process is designed to use plain language and simple questions to create a sense of safety and accessibility.

Prioritizing chronically homeless:

SAY uses the TAY VI-SPDAT to prioritize youth for program entry, as mentioned in our questionnaire. We also partner with Coordinated Entry to ensure that chronic homelessness is one of the considerations for entry into services. We receive referrals for this program through Coordinated Entry.

Cultural competency and client feedback process:

SAY is partnering with the Continuum of Care to re-establish the Youth Advisory Board for Sonoma County to ensure youth with lived experience are able to provide direct feedback on all services and programs. Youth are queried routinely for program feedback, but COVID-19 has reduced the frequency of these opportunities to approximately once every six months. The grievance form that accompanies our grievance policy is attached.

Data-informed program research/documenting best practices/ used outcome info for accomplishing goals:

As an example of using data to improve programs, after reviewing SBRA data we realized that dedicated SBRA case management was not able to rise to the level of touchpoints needed by the young people in the program. To address that, we applied for expanded case management funding from the HUD CoC opportunity to ensure that each client was able to get the intensity of support best suited to their needs.

In a second example, our Data Director and the program Director reviewed the length of time young people stayed in our SBRA program and realized that there was a consistent pattern. Those youth who

started out immediately in a scattered site unit after chronic homelessness were less likely to stay in the program and more likely to return to homelessness upon exit. When youth started their time in SBRA at the Dream Center, where they could get more direct support and connection in person at any time of the day, they were more likely to stay in the program, move to a scattered site location, and then exit to stable permanent housing. As such, we have adopted this approach in most cases. Unless there is a specific youth need or preference to the contrary, we generally start youth entering the program in the Dream Center and help them transition to a scattered site unit when they are ready for more independence.

Housing First Questionnaire:

In the CDC comments you said, “noting that prior notice must be given for overnight visitors as well as having a limited length: not found in a typical lease.”

Comment:

Background checks:

EBMC is the Property Management firm hired by the owner/developer. We are contracted and funded as the service provider. The application and leasing process is done through them. WCCS has to make sure they meet the CH status documentation. This is a function of property management and services being separate. EBMC as a matter of law must treat all applicants the same way. Since they are a separate entity I am not sure what types of background checks are done. The law on what information can be obtained and used has also changed in recent years and it is EBMC's job to adhere to that. I know they must treat all applicants the same because if they were ever sued with a claim of unfair practices they need to show that everyone is treated the same from their firm. We have a long working relationship with EBMC in which, even if their professional screening software recommends rejection, which is often the case with the population we serve, WCCS can and does still accept them.

It is important to note that WCCS is the agency who pushed the HUD Interim Rule with the CDC in order to provide housing to 290's and also brought it to the table when updating the Program Standards. In addition we currently have a 290 at the shelter that I would house if their PO didn't deny it stating it was a few feet to close, as the crow flies, to the school.

In answer #7 I don't see where we “noted that prior notice must be given...” (and an example of change based on client feedback) if it is that is not accurate. Is this an interpretation from the quote from the standard lease that I included?

The language is directly from the Ca lease. Ca rental law provides tenancy rights to guests that stay over a certain length of time regardless of them actually being accepted as a tenant or having a written lease with the property management. The quote about ‘prior written agreement’ is standard to the lease allowing a way for a guest to exceed the legal time limit without triggering a legal residence.

Collaboration with CE: 2/6 points

CoC notes: “There was one rejected referral giving the project a 75% acceptance rate.”

WCCS Comment: The only ones that we had to reject in the system to clear them out refused MSSH. In addition he was housed elsewhere. We were provided referrals in excess of the opening available so if they didn't reject us we would have had to reject someone due to capacity.

Also, as an aside, there have been times when we asked for referrals and did not receive any for weeks. Currently the person who does the referrals is not available until June. I wasn't informed until after the person was gone, out of town for training is what I was told.

- It was confirmed by both HMIS persons on the review committee that the HMIS system is supposed to provide a pop up requiring a reason and will not let you continue without selecting one. They both said there is a glitch in the system where, from time to time, the pop up does not, well, pop up. Since we do so few this wouldn't be readily noticed by me as a system error.

Additional Collaboration noted in initial response: “WCCS was actively involved in the Coordinated Entry meetings that later evolved into two different groups, Coordinated Entry Referral Committee and Coordinated Entry Access Committee.

Now several of WCCS staff participate in CE Case Conference meetings, the Executive Director is a member of the Strategic Planning Coordinated System of Care committee and the Director of Housing and Homeless Services has been involved with all the Program Standards updating groups, the EHV groups, Built for Zero, Centralized Housing Location and Sonoma Front End meeting.

When the project has a vacancy ready to be filled, we contact CE and inform them of the vacancy as well as pertinent information about the unit available. CE then sends us referrals to fill the vacancy via the ETO system with a corresponding email informing us of the referral. All residents at MSSH were referred by CE.”

Cultural Competency;

While the use of client feedback and documentation use in a termination process was indeed in order to elevate the level of safety and services for the other tenants, it is important to note that we were responding to their complaints, they were the driving force because of the highly negative impact some individuals were having in the unit. After this (and using this as an example) we were able to secure some additional funding to provide some extra staff availability to MSSH.

The change in the visitor policy (above) is also an example of program change based on resident feedback. Former tenants had wanted guests approved by the group for their own safety in their home. It was a one-time process. After approval they were an authorized guest going forward.

The tenants who asked for that protection are no longer resident and the current residents did not want this process so we all agreed to end that provision.

Our Board Member who was a former resident:

I believe the “served” was a typo that was supposed to be “serves” as she was on the Board during the time we are speaking about. We have other Board Members who have lived experience as well.

As a matter of Cultural Competency, I note that I have never mentioned that we have a number of members from the LGBTQ+ community at program staff, management and Board level. I just have never given that a thought until this moment.

Grievance policy:

While outdated for sure, as it was created by the developer at the beginning of the program, the policy states this is for dissatisfaction of services specifically. In cases of evictions there is a very specific legal process that EBMC must follow and provide noticing of. I don’t understand relating to the shelter as the shelter has its own policies and procedures as does all the programs. These P&P’s are specific to each program.

There is also a comment about other methods of submission. As a matter of running the program tenants have staff, management and property management contact information, including a 24 hour line to reach EBMC in case of an emergency outside normal business hours. We rarely receive official grievances, but when we do it is usually complaints about other tenants/visitors on the property.

We usual receive grievances and work/repair requests from tenants directly, either given to staff or they bring them to the office which is 2 blocks away. We also receive phone calls and emails. The form has the mailing address as well as our web site, which has contact information, already printed on it as yet an additional indirect way to provide the information without having to be in direct contact as that could be stressful and even a barrier for many especially if the grievance is about staff.

- In our site review we discussed many things in detail that the committee took notes on.
- One was:

Data – Informed program research: I thought this was in reference to the program as questions joggle between Agency and Program specific question. I will keep in mind this one can be answered from an Agency perspective.

WCCS pulls many reports to write grants and form strategies on community need. The Executive Director often asks for demographics or utilization rates to construct funding request and present in public formats i.e. Facebook, fliers etc. as well as at community meetings to educate and look at needs. Most currently one of the main uses of data has been the conversion of the Winter Shelter to the 24/7 Corvid Navigation Site and our collaboration with the CDC on a HomeKey project for housing and services to the Russian River area at a site known as George's Hideaway. This provided the need for localized housing for Chronically Homeless as well as Non Chronically Homeless as well as showing the river area to have an even more aged population in our homeless community.

From: Matthew Verscheure

Sent: Friday, June 3, 2022 9:35 AM

Subject: Re: Additional Information Request: CCDSR CoC Competition- Renewal Site Visit, Monday at 2:30pm 3345 Santa Rosa Ave, Santa Rosa,

Hi Karissa

Below is what we were able to pull together regarding the PBV questions you had:

As it relates to current/existing residents:

1. Have any of the current units been transferred over to PBV, if so how many? **Yes, 23 units.**

1. If indeed there are individuals currently residing in these units as existing clients that are now PBV, were any of these individuals impacted by background checks? **Yes, 4 individuals.**
 - **2 clients in a 1 unit had a voucher, clients did not comply with the housing authority and to our knowledge they lost the voucher. These clients also have an attorney working with them.**
 - **2 clients in 1 unit refused to participate in the PBV process. They came from the JR trail and had an attorney working with them. ****

1. If existing residents were transferred to PBVs and background checks were used for eligibility, did anyone have to file an appeal and did anyone lose their unit because of this? Please quantify this question if applicable (e.g. # of appeals/#of individuals lost their units) **Yes, 1 unit refused the appeal and the other unit's appeal was not**

successful.

If you are currently using PBVs for units that are open to receive referrals from CES:

1.How many people have been referred over to units with PBVs? **35 total.**

9 currently in ETO

23 referred to units

4 did not make it ** see for explanation.

2.If referrals have taken place for PBV units, were there any referrals denied based on the results of the background checks; if yes, how many? **4 referrals did not pass background check so they did not enter a lease with property management and as a result were not enrolled in the program.**

3.If background checks are taking place, did any of those result in the appeals process with the Housing Authority and were any of those denied/overturned; if yes, how many?

0 were overturned, one was denied and one refused to appeal.

4.If folks were denied based on the background check and denial of appeal, is there a process to identify another housing placement? Please indicate the final disposition of those who were denied housing placement. Were they housed by another program? Did they remain in homelessness? **Clients transitioned to the master lease program, and they did not lose housing.**

What process, if any, has been developed for the background checks and referrals from Coordinated Entry? Does the referral from CES go to CCDSR staff, then to SCHA for the background check? **When Burbank Housing was managing the Palms a best practice protocol was developed so Burbank could receive referrals from CES, complete the PBV process with the client and once leased up Catholic Charities (CC) would enroll them in the PSH program; Since March the referrals are now coming to CC and CC will collect paperwork and send it to SCHA for approval (this is not best practice - really should be the property management company)**

Minimum Rent Requirements of the Sonoma County Housing Authority vouchers:

A policy of the SCHA is to include a \$50 minimum rent requirement for those utilizing the vouchers. As it relates to these units and CoC Program regulations, there can be no minimum rent charged as some folks do not have income and there is a process outline by HUD

to determine the amount of rent the client is charged based on their income. If this \$50 minimum rent is set, is this something your organization is covering the cost of, is there a process worked out to ensure you are still following the CoC regulations? **As far as we know, if the client can't afford the \$50 they will reach out to the housing authority to try to fill out a waiver. Casbar Property management is following up with the housing authority to get more information since Casbar holds the agreement with the housing authority, not CC.**



Matthew Verscheure, MS (*he/him*)

Director, Homelessness & Housing Solutions

o: 707.525.0227

a: 465 A Street, Santa Rosa, CA 95401

w: www.srcharities.org e: mverscheure@srcharities.org



Community Support Network

Denial/Screening question Responses to HUD.

Sanctuary Villas

Zachary Rosemoore, LMFT

5-27-2022

Sanctuary Villas background checks questions from Sonoma County Continuum of Care:

1. What are you screening for with background checks (e.g. recent violence, arson, etc.)?

-The background check (livescan fingerprinting) is a Community Care Licensing requirement in order to serve non-minor dependents of the foster care system, which is important for our 4 THP spots. My understanding is the process screens for recent violent offenses in addition to sex offenses and history of being a perpetrator of child abuse.

2. How many eligible people have been denied entry to the project based on the outcome of a background check?

-None have been denied during my tenure in this position starting in February 2022, although one person self screened knowing that his criminal record would likely disqualify him and he didn't want to wait for the appeal process. In a file marked "Sanctuary Villas – Denied Applicants" there are 3 CCL requests for live scan service dated between 7/7/22 and 8/12/22. I did not find information related to other eligibility requirements with these forms.

3. If there have been denials because of background checks, have any of those individuals filed an appeal to the decision; if yes, how many?

-In the Denied Applicants file there is a correspondence between the Youth Housing Director of that time, Meghan Murphy, and the TLC THP/THP+ director, Vanessa Guevara saying that an applicant needs to be rescanned for the Child Abuse Database, which is required when an applicant has lived out of state in the past 5 years. There are no indications of appeals.

4. Is there a process to appeal with your agency prior to taking the appeal to CCL?

-I will talk through the rationale of any CCL denials and assist a potential resident with an appeal at their request.

5. If there have been appeals, how many of the denials were overturned?

-I have no record of appeals.

6. Of those individuals who were denied based on background check (includes initially and denied appeals), what is your process to connect those individuals to other housing opportunities?

-I will connect these applicants with appropriate case management referrals and housing in non-congregate Permanent Supportive Housing if available. It is my experience that there is a deficit of this type of housing for youth in our community resources though it fills an important need for those who present a safety risk to others.

Denial of service policy:

In your application materials you wrote, "Applicants who do not meet criteria and/or cannot safely live independently in a congregate living environment are denied."

1. Please describe your process for screening applicants to determine if they can or cannot safely live independently in a congregate setting? Is there an assessment used for this? If yes, please provide documentation. If there is not a screening tool/assessment used to determine this, please provide a narrative response of what is asked during the screening and what are the grounds for denying someone based on these responses.

-Below please find the core questions I ask to determine if PSH, which involves minimal supervision, is an appropriate level of care for our applicants. As an LMFT I must use my clinical judgment to determine if I can keep the applicant and other program beneficiaries safe in our congregate setting. There are no wrong answers. This assessment presents an opportunity to collaborate and trouble shoot potential safety risks. Lack of insight into recent violent behaviors, severe functional impairments, homophobia, transphobia, ongoing substance use that will take place on house property are causes for concern at the level of care that we offer.

Are you willing to participate in a recovery living environment? Yes No

Are you willing to participate in a LGBTQ friendly living environment? Yes No

Are you able to cook, clean, and manage your own schedule? Yes No

Do you have suicidal or homicidal thoughts? Yes No

If yes, explain:

Do you have any felony or misdemeanor charges? Yes No

If yes, explain:

How do you deal with anger?

How will you address a problem with a housemate?

What questions can we answer for you?

2. How many individuals in both projects have been rejected based on their ability to not live independently in a congregate living environment?

-based on the records I have, 3.

- a. How many of those were appealed?

-I have no records of appeals.

- b. If appealed, how many of the denials were overturned through the appeal process?

-n/a



Sonoma County CoC Competition Evaluation Committee Executive Summary

Item: 6: Financial Audit Scoring Review

Date: June 3, 2022

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

Agenda Item Overview

Attached are the financial audit reviews completed for each the CoC Program Renewal Applicants. Each organizations score is now incorporated into the scoring sheet, up to 5 points for Financial Audit section.

Renewal Applicants and financial Audit score

- Buckelew, Score: 5
- Catholic Charities, Score: 3
- Committee on the Shelterless, Score: 5
- Community Support Network, Score: 3
- Reach for Home, Score: 3
- Social Advocates for Youth, Score: 5
- Sonoma County Housing Authority, Score: 3
- St. Vincent de Paul, Score: 3
- West County Community Services, Score: 5
- YWCA, Score: 5

Financial Reports/spreadsheets per Agency: <https://share.sonoma-county.org/link/lj-jMn2GgNY/>

Staff Recommendation:

Provide recommendations for and approve the Financial Audit Scoring.

Organization: Buckelew

Balance Sheet:

Current Assets declined 15% or \$811K to \$4.7M. The decrease in Current Assets is due to the recognition of the \$1.6M Paycheck Protection Program Loan. Fixed and Other Assets displayed minor changes. Based on the aforementioned, Total Assets declined 5% for \$1.1M to \$19.7M

Total Liabilities declined 3% or \$316K to \$10.8M. The decline was due to the recognition of the \$1.6M forgivable Paycheck Protection Program Loan. Other items included the decline in Accounts Payable and Accrued Liabilities. Total Liabilities was \$10.8M.

Based on the aforementioned, Equity declined 8% or \$816K to \$8.9M. The Current Ratio of 3.48:1, Debt to Equity Ratio .55:1 and the Debt to Equity Ratio 1.21:1 remained relatively unchanged from the last Fiscal Year.

Income Statement:

Income rose 6% or \$847.9K to \$15.9M. The primary increase was due to the recognition of the Paycheck Protect Program Loan as Revenue. Total Expenses increased nominally at 2% or \$351.2K to \$15.6M. With the recognition of the Paycheck Protection Revenue and maintaining the line with expenditures, Buckelew income rose \$496.6K to \$313.3K. In FYE20, Buckelew had a net loss of \$183.3K.

Comments:

- Buckelew current ratio was good at 3.48:1 and remained in-line with the previous FY
- Debt to Asset remain good at .55:1 and remained in-line with the previous FY
- Debt to Equity ratio of 1.21:1 indicates that Buckelew retains various loans on their books. Currently, Buckelew has \$8.9M in Notes Payables.
- There were no findings
- Rating: 5

Organization: Catholic Charities (CC)

Balance Sheet:

Total Assets increased 13% or \$3.6M to \$30.8M. Increases noted across the board with increases to cash, grants, pledges and property. Total Liabilities increased 18% or \$1.4M to \$9.0M. The largest increase was in Accrued expenses and other liabilities. Accruals centered on vacation, payroll, unemployment payables, insurance payables, and construction cost. Based on the aforementioned, Equity increased 11% or \$2.2M to \$30.8M.

The Current, Debt to Asset and Debt to Equity Ratios indicate small changes. The Current Ratio declined from 2.42 to 2.40, the Debt to Asset Ratio increased from .28 to .29 and Debt to Equity Ratio increased from .39 to .41

Income Statement:

Total Revenue declined \$2M from \$4.2M to 2.2M. Despite a rise Total Revenue of 4% or \$959K to \$23M which was attributed the Paycheck Protection Program income of \$1.2M, Total Expenses rose 17% or \$3.0M to \$20.8M. The largest increases were attributed to Program / Support Services and Fundraising expenses.

Comments:

- Balance Sheet remains good with good ratios evidencing good liquidity at 2.4
- There were no significant deficiencies identified
- There were no findings
- Rating: 3 (Most recent Audit provided was for FY 06/20. CC provided a Transaction Report for the period 04/01/20 – 05/31/21. However, a report for the period 07/20 through 06/21 should be completed and analyzed.

Organization: Committee On The Shelterless

Balance Sheet:

Total Assets rose 6% or \$447.1K to \$8.0M. This increase was primarily due to an increase in the fair market value of investments portfolios.

Total Liabilities increase 21% or \$155.4K to \$912.4K. The increase was primarily due to booking a liability for a forgivable \$581.3K Paycheck Protection Program Loan.

Based on the aforementioned, Equity rose 4% or \$291.7K to \$7.0M. The Current Ratio rose from 4.56:1 to 8.27:1. Debt to Asset and Debt to Equity Ratios remain strong at .11:1 and .13:1, respectively.

Income Statement:

Income rose 6% or \$369.5K to \$6.8M. Despite Grant decline of \$1.8M, Contributions, Program Fee Income and Investments saw sizable increases.

Expenses rose 4% or \$234.3K to \$6.5M. The rise in expenditures was a result in increases Management & General and Fundraising expenditures.

Based on the aforementioned, Net Income rose 86% or \$135.1K to \$291.7K.

Comments:

- COTs current ratio was strong at 8.27:1, a substantial increase from the previous year of 4.56:1
- Debt to Asset remain good at .11:1 when compared to the previous year of .10:1
- Debt to Equity ratio of .13:1 when compared to the previous year of .11:1
- There were no audit findings
- Rating: 5

Organization: Community Support Network

Balance Sheet:

Total Assets declined 7% or \$342.9K to \$4.5M. The largest decrease is attributed to the use of cash for operations, purchase of assets and mortgage loan payments.

Total Liabilities declined 3% or \$160.4K to \$4.4M. Current Liabilities declined 49% or \$892.9K to \$928.8M. This decline was attributed payments made toward mortgage loans. However, Long-Term Liabilities rose 26% or \$732.5K to \$3.5M due to the acquisition of additional real property.

Based on the aforementioned, the current ratio rose from .48:1 to .63:1. CSN remains in a position that they have more current liabilities than current assets that could lead to financing needs to fund current operations. Debt to Asset ratio was .97:1 while the Debt to Equity ratio was 38.86:1. CSN has a substantial real estate portfolio and financing needs.

Income Statement:

Total Income declined 2% or \$73.4K to \$3.4M. It was noted that the Fundraising activities for FY20 had decreased substantially; declining 99% or \$107.6K.

Total Expenses rose 16% or \$517.7K to \$3.7M. CSN saw a rise in both Program Services and Administration.

Based on the aforementioned, CSN had a net loss of \$314.7K as compare to net income of \$276.6K in PY.

Comments:

-CSN current ratio was .63:1 as compared to the PY of .48:1. CSN current liabilities exceed current assets

-Debt to Asset ratio was .97:1 compared to .94:1 in the PY

-Debt to Equity ratio was 38.86:1 compared to 15.5:1.

-CSN has a large amount of properties secured by many mortgage loans. CSN maintains a \$100K line of credit to assist when cash-flow challenges arise.

-The Audit Report indicates no findings, no material weaknesses and CSN qualify as a low-risk auditee.

-CSN should present their completed 06/30/21 Audit for current information

-Rating 3

Organization: Reach For Home

Balance Sheet:

Total Assets from their preliminary draft dated 11/10/21 was \$2.0M as of 12/31/20. 12/31/21 or 12/31/19 information was not available. A comparative analysis was not completed.

Total Liabilities was \$512.2K as of 12/31/20. 12/31/21 or 12/31/19 information was not available. A comparative analysis was not completed.

Based on the aforementioned, the current ratio was 20.94:1: Debt to Asset ratio was .25:1 and Debt to Equity Ratio was .34:1.

Income Statement:

Total Income was \$1.4M. Total Expenses was \$1.1M. Net Income was 359.2K.

Comments:

-RFN Current Ratio was 20.94:1.

-Debt to Asset Ratio was .25:1.

-Debt to Equity Ratio was .34:1.

-12/31/21 and 12/31/20 were not provided for review.

-Information provided was only a preliminary audit for discussion purposes only.

-Rating: 3

Organization: Social Advocates For Youth

Balance Sheet:

Total Assets declined 2% or \$293.3K to \$14.9M. The decline is largely due to Property Depreciation.

Total Liabilities declined 28% or \$1.0M to \$2.6M. The decline is due to the forgiveness of a \$911K Paycheck Protection Program Loan. The Loan considered revenue in FY21.

Based on the aforementioned, the Current Ratio was 2.57:1: an increase from the PY of 1.86:1. Debt to Asset Ratio was .18:1: a decrease from the PY of .24:1. The Debt to Equity Ratio also decrease from .21:1 from .31:1.

Income Statement:

Income rose 8% or \$510.4K to \$6.8M. The increase was due to contributions, both monetary and in-kind contributions.

Expenses rose 3% or \$287.7K to \$7.0M. The increase is due the increase in Supportive Services expenses in Development.

Based on the aforementioned, SAY had a net loss of \$210.4K from operations. However, based on the Paycheck Protection Program Loan forgivable loan of \$920.1K, SAY had a net income of \$709.6K.

Comments:

-SAY Current Ratio was 2.57:1 for FY21 vs. PY of 1.86:1

-Debt to Asset Ratio declined to .18:1 vs PY of .24:1

-Debt to Equity Ratio also was good at .21:1 vs PY of .31:1

-Auditee qualifies as a low-risk auditee with no identified material weaknesses. Also, the SAY had no findings

-Rating: 5

Organization: SC Community Development Commission

Balance Sheet:

Total Assets increased 18% or \$23.9M to \$156.5M. Fixed Assets accounted for the largest increase, rising 113% or \$12.7M. The Commission acquired two hotels through Project Homekey funding. Assets as Increase in valuation of mutual funds primarily attributed to the rise. In addition, Other Assets increase \$7.3M due to the rise in Notes Receivables or Loans.

Total Liabilities rose 21% or \$2.4M to \$13.9M. The rise is due to the increase balances of Accounts Payable.

Based on the aforementioned, the Current Ratio was 4.53:1; a decrease from PY of 6.69:1. Debt to Asset Ratio was .09:1 and Debt to Equity Ratio was .10:1, both remained unchanged from PY.

Income Statement:

Income rose 13% or \$8.5M to \$73.6M. The rise was due to a \$7.4M increase in Intergovernmental Revenue Special Event Revenue.

Expenses rose 17% or \$10.7M to \$72.7M. The increase was largely due to Program Delivery Cost.

Based on the aforementioned, the Commission's Net Income declined 70% or \$2.2M to \$.9K. However, due to the rise in Investment Income and Capital Grants / Contributions of \$21M, the Total Net Change in Assets was \$21.9M. This represented a 705% or \$18.4M increase from PY.

Comments:

- The Commission's Current Ratio was 4.53:1, good but a decline from PY of 6.69:1.
- The Debt to Asset Ratio of .09:1 and Debt to Equity Ratio of .10:1 remained unchanged from the PY.
- There were no material weaknesses; however, there was a finding as the Commission did not clear the revolving fund as the fund had a net position. The fund was not reconciled properly. In addition, Management provided a Letter implementing new policies to prevent reoccurrences.
- Rating: 3

Organization: The Society of St. Vincent de Paul

Balance Sheet:

Total Asset rose 142% or \$5.1M to \$8.7M. Fixed Asset displayed the largest increase, rising 686% \$7.4M. SVdP acquire property via Notes Payable, Accounts Payable and Accrued Expenses.

Total Liabilities rose 107% or \$2.3M to 4.8M. SVdP financed the acquisition of property via current Accounts Payable and Notes Payable of \$1.4M. L/T Liabilities rose \$1.2M due to L/T acquisition liability cost.

Based on the aforementioned, the Current Ratio was .95:1 as compared to 30.92:1 PY. This indicates that SVdP does not have enough current assets to meet their obligations. Debt to Asset Ratio was .54:1 while the Debt to Equity Ratio was 1.20:1. This indicates that SVdP is heavily leverage.

Income Statement:

Income rose 72% or \$1.7M to \$4.0M. SVdP received an increase of \$1.0M in Contributions. In addition, SVdP received an additional \$2K in In-Kind Donations, Rental Income and miscellaneous revenue. Expenses rose 116% or \$1.9M to \$3.6M. The largest increase was in Program Services. Based on the aforementioned, Net Income declined 35% or \$241.7K to \$449.6K.

Comments:

-SVdP Current Ratio was .95:1 which indicates that SVdP would potentially need to develop alternatives to meet current obligations.

-Debt to Asset remain good at .54:1

-Debt to Equity ratio of 1.20:1 indicates that SVdP is heavily leverage.

-There were no findings

-A current Audit report needs to be submitted for review

-Rating: 3

Organization: West County Community Services

Balance Sheet:

Total Assets rose 42% or \$718.1K to \$2.4M. This increase is primarily due to Grant Receivables from Count of Sonoma and the Community Development Commission.

Total Liabilities rose 33% or \$185.6K to \$750.4K. This increase is primarily due to accrued expenses and deferred revenue.

Based on the aforementioned, Equity rose 47% or \$532.5K to \$1.7M. The Current Ratio was 3.58:1 with Debt to Asset Ratio of .31:1 and Debt to Equity of .45:1.

Income Statement:

Income rose 97% or \$2.9M to \$5.8M. This was a substantial increase over the previous year. WCCS obtained funding for Coronavirus Relief from the County of Sonoma.

Likewise, expenditures rose 78% or \$2.3M to \$5.3M. WCCS hired additional staff to assist with Coronavirus Relief efforts.

Based on the aforementioned, WCCS had a net profit of \$532K compared to a loss of \$27K from the previous year.

Comments:

-WCCS Current Ratio was strong at 3.58:1

-Debt to Asset and Debt to Equity Ratios were strong as well, .31:1 and .45:1, respectively

-WCCS had no findings

-Rating: 5

Organization: Young Women's Christian Association

Balance Sheet:

Total Assets increased 5% or \$191.2K to \$4.4M. Increase in valuation of mutual funds primarily attributed to the rise.

Total Liabilities declined 19% or \$280.8K to \$1.1M. The decline is due to the forgiveness of a \$320.8K Paycheck Protection Program Loan.

Based on the aforementioned, the Current Ratio was 4.7:1; and increase from PY of 2.11:1. Debt to Asset Ratio was .27:1: a decrease from the PY of .34:1. The Debt to Equity Ratio also decrease from .53:1 to .36:1.

Income Statement:

Income rose 21% or \$528.3K to \$3.0M. The rise was due to Special Event Revenue, Gain on Investments and Contributions / Grants.

Expenses rose 7% or \$189.3K to \$2.9M. The increase is due the increase in General and Administration Expenses.

Based on the aforementioned, YWCA returned to profitability from a PY loss of \$187.7K to a new revenue of \$151.3K from Operations. With the Paycheck Protection Loan Forgiveness of \$320.8K, YWCA Net Change in Assets was \$472.1K.

Comments:

- YWCA Current Ratio was 4.7:1 FY21 vs. PY of 2.11:1.
- Debt to Asset Ratio declined to .27:1 vs PY of .34:1.
- Debt to Equity Ratio also was good at .36:1 vs PY of .53:1
- There were no findings
- Rating: 5