Sonoma County Continuum of Care
Agenda for Thursday November 9, 2023
2:00 - 4:00 pm Pacific

Funding & Evaluation Committee Meeting

Zoom Link:

https://sonomacounty.zoom.us/j/91073983229?pwd=cW5RR0dFK1FEbk5IZEVYWkVqZHdaQT09
Meeting ID: 910 7398 3229   Passcode: 567106

#	Agenda Item	Presenter	Packet Item	Time
1.	Welcome/Call to Order	Chair		2:00-2:05 pm
2.	Consent Calendar (ACTION ITEM) • Agenda Review • Minutes October 2023	Chair	F&E Agenda Minutes October 12, 2023	2:05-2:15 pm
3.	Review 2024-25 NOFA Draft (ACTION ITEM)	Staff	-2024-25 NOFA Draft -NOFA Questionnaire -NOFA Application	2:15-2:45pm
4.	Scoring Tool Workgroup Results (ACTION ITEM)	Staff	-Project Performance Measurement Tool: ES/Interim Housing -Project Performance Measurement Tool: PSH -Project Performance Measurement Tool: RRH -Project Performance Measurement Tool: SO)	2:45-3:00 pm
5.	STELLA M Overview	Staff	STELLA M System Modeling Introduction	3:00-3:15pm
6.	Public Comment on Items not on the Agenda	All		3:15-3:20 pm
	Adjourn **Next F&E Regular Meeting: December 14, 2023**	Chair		4:00 pm

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 Andrew.Akufo@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

Fiscal Year 2024-2025 Local Homelessness Services Notice of Funding Availability (NOFA)

This NOFA is a consolidated NOFA that includes funds from:

State Emergency Solutions Grant (ESG) Funding Program

Homeless Housing Assistance and Prevention (HHAP) Round 4

Homeless Housing Assistance and Prevention (HHAP) Round 5

California State Homeless Housing Incentive Program (HHIP) Year 2

Local Sonoma County Discretionary and Other Funds

Summary

The Sonoma County Department of Health Services (DHS), on behalf of the Sonoma County Continuum of Care, invites new and renewal proposals from eligible applicants for local homeless services projects in the Fiscal Year 2024-2025 Notice of Funding Availability (NOFA), also known as the "Local Homelessness Services NOFA".

Schedule

NOFA Issued	December 11, 2023
Bidder's Conference	December 18, 2023 10am-12pm Sonoma County Department of Health Services 1450 Neotomas Avenue
Deadline for Written Answers and Questions	January 2, 2024
Answers and Clarifications Posted	January 8, 2024
Deadline to Submit Proposals	January 22, 2024
Funding and Evaluation Committee Review of Projects	February 2024
Final CoC Board Approval	March 2024
Board of Supervisors Authorization of Contracts	May 2024
Project Start Date	July 1, 2024

*Dates Subject to Change – check the CoC's website for updates and changes: https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/annual-homeless-services-consolidated-nofa

<u>Attachments</u>

Attachment 1 – Application Template

Attachment 2 – Scoring Tools

Attachment 3 – Project and Agency Questionnaire

1. Introduction

The Sonoma County Department of Health Services (DHS) serves as the Lead Agency for the Sonoma County Continuum of Care. The CoC Board oversees the policies and funding priorities for this Local Homelessness Services NOFA, in alignment with the CoC's 2023-2027 Strategic Plan on Homelessness. Funds in this NOFA include annual and one-time funds from State and Local sources. Full funding amounts will be released at a later date as an addendum.

Our Goals with this NOFA. This NOFA is intended to achieve the following goals:

1. Advancing the goals and action steps of the 2023-2027 Homelessness Strategic Plan.
2. Improve transparency of funding sources, the decision-making process, and resultant funding awards
3. Fully incorporate scoring and performance metrics that are consistent with the Continuum of Care's, HUD's, and HCD's performance goals.
4. Involve and embrace strategies and programs that improve housing outcomes for communities overrepresented in homelessness.
5. Involve and embrace strategies and programs that involve persons with lived experience in homelessness in all aspects of program design and delivery.
6. Award funds in a timely manner such that service providers can rely upon awarded funds as soon as the new Fiscal Year begins.

Eligible Applicants. Eligible applicants include 501(C)(3) nonprofit organizations, cities within Sonoma County, and the County of Sonoma itself.

New and Renewing Projects. Applications will be accepted from existing projects (known as "renewal" projects from Fiscal Year 2023-2024) as well as new projects that are either new to this funding stream or new in program design and concept. Applicants submitting new projects to this NOFA should note whether the submitted project is **entirely new** or instead **new to this funding** stream. If the project is new to the funding stream but has been in operation, please:

- Note what date the project began operating.
- Indicate the applicant's experience operating the same or a similar program elsewhere and for how long
- Describe the funding history of the project
- Describe previous experience and efforts to improve program design

- **Evidence-Based versus Promising New Projects.** Applicants to the Local Homelessness Services NOFA are encouraged to explore creative approaches when submitting renewal or new projects for review. Per the 2023-2027 Strategic Plan, no less than 80% of the total funding will go to projects utilizing proven/evidence-based practices: "The homeless system of care should strive for a funding ration of up to 80% of existing, evidence-based, or proven programs and 20% to innovative or "promising practice" program concepts with evaluation plans."

This ratio can include renewal projects or new projects in the FY 24-25 process. For more information, applicants can review nationally recognized practices at the Center for Evidence-based Solutions to Homelessness as well as local practices with Upstream Investments:

http://www.evidenceonhomelessness.com/evidence-base/

https://upstreaminvestments.org/

Applicants should detail their responses for projects in *Attachment 3 – Project and Agency Questionnaire*. Responses will include the level of evidence that fits the proposed service, links to documentation reflecting the stated level of evidence, and detail how the implementation of the service will reflect the practices cited in a proposal.

2. Funding Priorities

The Continuum of Care's 2023-2027 Homelessness Strategic Plan is the primary guidance document for this NOFA's funding. Therefore, this NOFA prioritizes:

1. Interventions that target chronic homelessness.
2. Permanent Supportive Housing (either for supportive services, capital construction, operations, or some combination of these).
3. Improving supportive services for existing projects, including ways to recruit and retain qualified staff and/or lower case management ratios (to a level not less than 20:1 for permanent supportive housing interventions and not less than 30:1 for rapid rehousing interventions.
4. Geographic gap-filling projects, such as street outreach and interim housing/emergency shelter in the Sonoma Valley.
5. Allocate funds based on need
6. Subregional Street Outreach models that also incorporate best practices in housing-focused street outreach.
7. Programs and projects that address racial disproportionality in Sonoma County's homelessness population and that attempt to achieve equitable provision of services and outcomes for Black, Native and Indigenous residents.

8. Evidence-based programs that are housing-focused and that include clear pathways to permanent housing.

Additionally, core values in all projects should include:

- Compliance with the funding requirements of **Housing First** in California (Health and Safety Code Section 50234[f]), which includes delivery of programs and services in a low barrier, trauma informed, and culturally responsive manner.
- The inclusion of persons with lived experience in project design and delivery.
- The inclusion of equity based and culturally responsive principles in project design and delivery.
- An ability to begin services and hiring of staff on July 1, 2024 for both new and renewing projects.

To that end, the CoC Board invites the following proposals for its 2024-2025 NOFA:

A. New and existing permanent supportive housing projects. Permanent supportive housing projects may include supportive services, capital costs, operating subsidies, operations, and funds for master leasing.

B. Permanent supportive housing projects that utilize Housing Choice Vouchers/Project Based Vouchers (if available)

C. Existing interim and emergency shelter projects with an emphasis on non-congregate shelters (including capital projects that modify structures to increase client privacy in congregate settings). Per State ICH funding guidelines, new interim/emergency projects cannot be funded until the jurisdiction has proved it has dedicated sufficient resources to permanent housing. However, areas in geographic need of shelter may be funded with HHIP or Local funding. These include areas that have a demonstrated lack of adequate shelter/interim housing such as the Sonoma Valley.

D. Renewing street outreach programs and funding for new street outreach programs aligned with Sonoma County's model for subregional street outreach.

E. Rapid rehousing projects that are *tenant-based (per California ICH regulations)* with demonstrated success and/or targeting specific populations (such as transitional-aged youth, veterans, families, victims of domestic violence, and justice-involved individuals).

F. Homelessness prevention programs are limited to renewing projects. The CoC is preparing a coordinated pilot project to serve the region for homelessness prevention programs.

G. Innovative/promising projects such as Safe Parking, Shared Housing, Host Homes, or other project types that are 100% homeless-dedicated and are housing-focused, meaning that an essential component of case management is creating strong pathways to permanent housing.

H. Ongoing support for the region's Project Homekey sites, with a priority towards those Homekey sites that provide interim housing.

All projects are required to utilize a Housing First approach and enter data into the Homeless Management Information System (HMIS) or a comparable database for victim service providers. Additionally, all rapid rehousing and permanent supportive housing projects <u>must</u> ensure that all placements are facilitated through the Coordinated Entry System.

<u>Geographic Considerations</u>

In this FY 24-25 NOFA, the Continuum of Care seeks to ensure that all regions of Sonoma County are covered by quality street outreach and sufficient emergency shelter or interim housing to provide shelter and services close to clients' desired location. As such, this NOFA prioritizes each of these in areas like the Sonoma Valley or in alignment with the CoC's Subregional Street Outreach model.

While permanent supportive housing (PSH) and rapid rehousing (RRH) projects will (and must) take all referrals through Coordinated Entry, thus serving all areas of the county, this NOFA may be used to inform the CoC Board and Lead Agency staff as to the presence or absence of adequate PSH and RRH programs across all regions of Sonoma County to respect the geographic and community affinities of the clients we serve.

3. **Application Submission**

Applicants must submit funding proposals to the Department of Health Services by 5:00 p.m. on January 22, 2024. All applicants must submit the following to have an application package that is deemed complete:

- A completed project application
- A signed cover sheet (by the agency or entity Chief Executive Officers or their equivalent)
- A completed project budget worksheet that includes all sources of funding that the project or program has received or for which it has applied.
- The applicant agency's most recent financial audit, or financial reports from the most recent two fiscal years if an agency has not had a full audit
- A completed Agency and Project Questionnaire

Applications may be submitted electronically to Chuck Mottern, Homeless Funding Coordinator, at Chuck.Mottern@sonoma-county.org Applications may also be delivered in person to Sonoma County Department of Health Services, 1450 Neotomas Avenue, Suite 115, Santa Rosa, CA, Attn: Michael Gause, Ending Homelessness Manager.

4. Selection Process

The Continuum of Care's Funding and Evaluation (F/E) Committee will review all project applications and make funding recommendations to the Continuum of Care Board. The F/E Committee includes representatives of the County of Sonoma, cities, philanthropy, funders, service providers, and individuals with lived experience of homelessness. Committee members who may have conflict of interest as to an application or applications may not vote on the application(s) in question. The Committee is staffed by the Ending Homelessness Team at Sonoma County DHS.

The review process will be as follows:

1. Applications received will be analyzed for eligibility by Lead Agency staff;
2. staff will prepare brief staff reports for the F/E Committee. The staff reports will include specific funding recommendations for each application. These staff reports will be available at least three days before the Committee's first public meeting at which applications will be reviewed.
3. Prior to its public meeting(s), the F/E Committee may elect to conduct site visits with agencies applying for funding. Any site visit must be directly coordinated with and attended by Lead Agency staff. At no time shall more than a quorum of the Committee make a specific site visit. Agencies may decline a physical site visit due to client care, privacy and/or security concerns.   Doing so shall not penalize the applicant agency in any way as to scoring. The F/E Committee will hold a noticed public meeting(s) to discuss, ask questions about, and ultimately vote upon the applications and funding recommendations. The F/E Committee will vote upon one or more recommendations for funding to the full CoC Board including:
   - A list of recommended projects for funding
   - Level of funding recommended
   - Projects not recommended for funding

Your Role as an Applicant. Applicants are encouraged to review staff reports, contact DHS staff with questions and concerns, and attend F/E Committee meeting(s) to support their proposal or answer questions. The F/E Committee funding recommendations will be made public at least three days prior to the first public meeting of the CoC Board at which the Board will consider

the applications. Applicants are encouraged to review the recommendations and to attend the Board meeting to comment on their proposal or to answer questions.

Please note: Individuals who directly represent an agency with an application before the Continuum of Care Board and who are also members of the Continuum of Care Board may not participate in any part of the discussion or vote on any item that would approve or fund their agency's application. "Directly represent" includes being employed by the applicant agency, having a family member who is employed by the applicant agency, or serving on the governing board of the applicant agency.

Final project contracts for FY24-25 will be presented to the Sonoma County Board of Supervisors in a public meeting on or before July 1, 2024. This is a procedural step that allows the Board of Supervisors to authorize the execution of the contracts and the expenditures within a formal adopted budget.

5. Scoring

Projects will be scored on alignment with performance metrics, including HUD System Performance Measures, as well as priorities within the CoC's Strategic Plan on Homelessness. Scoring tools will be utilized by project type (permanent supportive housing, rapid rehousing, emergency shelter/interim housing, and street outreach). *Project performance will be compared within each project type and scored by project type, meaning a permanent supportive housing project will not be compared against an emergency shelter or street outreach project.*

All projects will be scored on a 100-point scale (70 points for project performance and 30 points for agency capacity). As outlined in Attachments 4 and 5, scoring includes:

A. Alignment with the Strategic Plan Goals and this NOFA
B. Housing Performance – retention of and placement into permanent housing, cost per outcome, and returns to homelessness.
C. Income Performance – increasing clients earned and other income.
D. Project specific metrics by project type (for example: shelter bed utilization and enrollment into Coordinated Entry)
E. Housing First practices delivered in a low barrier, trauma informed, and culturally responsive manner
F. Concepts that demonstrate a commitment to addressing racial disproportionality in Sonoma County's homelessness population and that attempt to achieve equitable provision of services and outcomes for Black, Native and Indigenous residents.
G. The involvement of persons with Lived Experience. The relative fiscal health of the applicant.

H. If a returning applicant:
a. , the applicant's ability to spend-down funds in a fund-compliant, orderly and timely manner.
b. The applicant's past quality of HMIS data input and management

See Attachment 3, Scoring Tools, for full details.

Other Project Requirements:

- Project requests of less than $30,000 annually will not be considered.
- Projects must note all other funding sources, including funds from private sources as well as sources from outside the FY 24-25 NOFA in the Project Budget form.

6. Funding Conditions and Regulations

A. Timeliness

Funds for homeless services activities in this NOFA must be expended within 12 months of the fiscal year for which funding is allocated, unless specified for a longer period. Funding that is unexpended after the agreement term will likely be reprogrammed, unless an extension is granted. Extensions may be granted at the discretion of the Division Director of the Lead Agency or their designee.

B. Compliance with the Equal Access Rule (Gender Identity Rule)

Per HUD final rule entitled "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity" (2012 Equal Access Rule) and the 2016 Equal Access Final Rule (2016 Equal Access in Accordance with Gender Identity Final Rule) housing programs funded through the Lead Agency are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. This includes transgender and gender non-conforming individuals who must be accommodated in temporary, emergency shelters, and other buildings and facilities used for shelter, that are permitted to have shared sleeping quarters or shared bathing facilities.

C. Homeless Management Information System (HMIS)

All funded applicants must input data into the County Homeless Management Information System (HMIS) and must provide match funding from non-McKinney-Vento, non-HEARTH Act funding sources to the agency managing the HMIS.   Data must include where clients have exited homelessness, so that our HMIS and Coordinated Entry systems are up to date to the maximum extent practicable.

Funded homeless-dedicated programs must meet both HUD Continuum of Care and locally developed data standards for timeliness and completion.

Domestic violence sexual assault service agencies are a key exception to this requirement, being prohibited from entering client data into the HMIS by the Violence Against Women Act (VAWA).

These agencies must enter client data into a separate but comparable database that can provide aggregate reporting on all HMIS data elements.

F. Regulatory Environment:

Project models including eligible activities, record keeping, and eligible spending are defined per Emergency Solution Grant regulations stated in 24 CFR 576.100 – 576.501.

Projects also must follow the Sonoma County CoC Program Standards, which are specific to project type. Standards can be located on our website here: https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/coc-governance-and-compliance

7. Funding Sources

Funding sources for this NOFA may include, but not be limited to:

A. State Emergency Solutions Grants (State-ESG)

The State ESG program is administered by the California Department of Housing and Community Development (HCD) with an allocation for the Continuum of Care. Eligible uses include a minimum of 40% to be utilized on rapid rehousing with emergency shelter street outreach and homelessness prevention also eligible uses. The estimated allocation of State ESG in this NOFA is $161,000.

B. State Homelessness Housing, Assistance, and Prevention (HHAP) Rounds 4 and 5

HHAP is administered by the California State Interagency Council on Homelessness (ICH) and funds a large portion of existing programs in the system of care. Eligible uses include permanent supportive housing, rapid rehousing, emergency shelter/winter shelter and non-congregate shelter, street outreach, homelessness prevention, diversion, services coordination,

and improvements to existing shelter projects to enhance privacy. 10% of HHAP funds must be utilized on services for transition age youth (TAY) ages 18-24.

Please note: HHAP's Round 5 funds require the development, submittal, and approval of a Regionally Coordinated Homelessness Action Plan between the County of Sonoma, interested cities (if any) and the Sonoma County Continuum of Care. Interested cities may also sign on to the Action Plan..

Funding totals from residual HHAP-4 and the full amount of HHAP-5 will be shared when known.

C. State Homelessness Housing Incentive Program (HHIP)

The State HHIP Program is administered by Partnership Health Care (PHC) of California with funds from the State Department of Health Care Services. HHIP funds are directed towards persons eligible for and/or enrolled in Medi-Cal and are based on an incentive metric with funds being allocated to the County of Sonoma after performance benchmarks are met. As of the writing of this NOFA, approximately $2 million is expected to be available.

Eligible uses for HHIP include street outreach, services coordination and direct services (for permanent supportive housing, rapid rehousing, shelter, etc.), building lease or purchase, prevention and shelter diversion, interim sheltering, Coordinated Entry operations, and shelter improvements. Enhancing and deepening current projects for sustainability and which serve persons eligible for or enrolled in Medi-Cal is a priority for HHIP funding.

D. Local County Funds

Local County discretionary funds are allocated to the Lead Agency to support projects in the system of care. Eligible uses may include street outreach, permanent supportive housing, rapid rehousing, interim shelter (including winter shelter and non-congregate shelter), warming and cooling centers, homelessness prevention, services coordination, administrative funds for projects and other projects not eligible under State/Federal funding streams. The amount of local funds is unknown at this time.

E. Measure O

As of the date of this NOFA, no determination has been made as to whether the Department of Health Services or the Board of Supervisors will have access to additional funds within various balances from Measure O, the local sales tax initiative for housing and homelessness. Should the Department and Board decide to allocate Measure O fund balance to this NOFA, Lead Agency staff will inform the applicants of this action.

Questions? Contact Chuck Mottern at Chuck.Mottern@sonoma-county.org or Michael Gause at Michael.Gause@sonoma-county.org

Agency Name:

Project Name(s):

Project Type:

Please answer the following questions related to your new or renewal project(s) for the FY 24-25 NOFA. If you have multiple projects, please complete this sheet for each project.

Section 1: Project(s) Overview (Not Scored)

1. What is the project type? What's working and not? Include any key barriers the agency has faced in serving clients and how these were addressed. Also include any specific populations that your project serves (ex: veterans, families, transition-aged youth, victims of domestic violence, etc.).
2. If this is your first year operating a project, please describe your process for ramping up and starting the project. If your project is not at full capacity in terms of bed utilization, please detail your timeline for finalizing the full ramp-up. If this does not apply to you, please respond with not applicable.

Section 2: Housing First Practice (Not Applicable for Street Outreach Projects)

3. Does your project require a background screening prior to program entry (including criminal and credit)? If any background check is required, please describe the rationale for the background check below, why it is conducted, and if there is an appeal process.
4. Does your project require participants to be sober prior to program entry or during program stay? If so, please describe the reason and whether or not this was approved by the State funders and the Lead Agency.
5. Does the project require participants to have a mental health evaluation/screening prior to program entry? If so, is the evaluation used to ensure that the most vulnerable individuals are prioritized for project placement/services or is the evaluation used to screen out individuals?
6. Does the project require participants to have income at time of program entry? Please describe your procedure for ensuring that individuals with little or no income are placed into your program.
7. Does the project require participants to participate in supportive services as a term of enrollment (such as vocational training, budgeting, life skills classes, etc.)?
8. Does the project include any requirements, outside of those in a standard lease, for initial housing readiness or ongoing tenancy? Please discuss your rationale for any provisions not found in a standard lease (e.g., curfews, required "lights" out time, guest policy, etc.). (For non housing projects, please note Not Applicable)

9. Does housing management have a role or authority in providing services to participants? Please detail if there is a division between service provision and property management.   (For non-housing projects, please note Not Applicable).
10. Are services participant-driven? Please discuss the ways in which participants guide their service plans.

Please complete the HUD Housing First Assessment Tool to submit with your application. Note, if you have multiple projects, please complete one for each.

Section 3: Coordinated Entry Participation (For PSH/RRH projects)

11. Please discuss your agency's involvement with Coordinated Entry, including participation in Coordinated Entry Case Conferencing and Coordinated Entry Advisory Committee meetings if applicable.
12. How do you document rejections of participants from Coordinated Entry in your project(s)?
    If any referrals were rejected within the last year were denied for reasons other than denial by choice, the individual disappeared, or they did not meet eligibility (e.g. individual being referred over to a family unit, adult over 25 being referred to TAY project) please provide an explanation and how many there were.
    For ES/Interim/SO projects, please describe your process to ensure clients are enrolled into CES when staying in your projects.

Section 4: Local and HUD Priorities

*When answering the following questions, please address whether your **agency and/or project** addresses each of these goals as they relate to the 5 year CoC Strategic Plan.*

13. Please describe how your agency and project promotes collaboration with healthcare providers. Include specific examples of healthcare partners. Examples for health care services would include partnerships with providers that could address mental health, physical health or substance abuse issues to participates in the project.
14. Please describe your project's case management ratio and how it aligns with best practices of no more than 20:1 for PSH and no more than 30:1 for ES/RRH. (For street outreach, this does not apply.)
15. Is your agency on the Upstream Investment Portfolio (yes or no)? Does your agency use evidence-practices in the provision of services in your project(s)? Is yes, please list which practices are used and how often staff are trained on them. Describe how your project aligns with best practices on other registries such as the Center for Evidence Based Solutions.
16. Please describe your project procedure for screening clients for appropriate and relevant mainstream resources for which they may be eligible and how your agency provides access to training for staff related to accessing mainstream services (e.g., Medi-Cal, CalFresh, TANF, substance abuse programs, employment assistance, etc.).

Section 5: Financial Management

17. What is the size of your fiscal department, and what are their qualifications? Have there been any changes in financial management staff since last year?
18. Who monitors monthly expenses vs. budget, and how are budget modifications made?
19. How does your agency separate the transactions of your project between funding sources? (E.g. separate checking account, funding accounting system, salaries, etc.)

Section 6: Contract Administration

20. Does your Annual Performance Report (APR) show that the project accomplished the outcomes promised in the relevant project application (submitted in the prior year)? If not, what challenges, obstacles, or problems did you have or do you foresee in the future?
21. Has there been any changes to the initial project design in the project application? How did you achieve these changes (e.g., was there an amendment executed through the Lead Agency or one in process)?
22. Who submits the APR? If there were any errors on your last APR submission and/or if it was late, what measures have you taken to prevent this from occurring again?

Section 7: Contract Spenddown of Funds

23. If your agency was unable to spend down the grant during the last contract term, please explain why and your plan to address this with your upcoming contract.

Section 8: Cultural Competency & Disability Access

24. Describe how your program participants find out about and access your projects. This includes physical access such as transportation, walk-in hours, referrals or enrollments through Coordinated Entry, outreach materials made available to potential participants, etc.
25. Does your agency have materials in languages other than English? Do you have staff that are bilingual? Please detail any staff with bilingual capability, translations services used, and materials that are available in other languages.
26. Describe your agency's denial of service policy and grievance procedure.
27. Please provide detail on any project exits due to eviction or loss of housing. For ES/Interim projects, please detail reasons for involuntary exits from the project and your exit policy.
28. How do you notify program participants of their rights under disability rights laws? How are staff trained on obligations under the Americans with Disability Act, fair housing laws, and other disability rights laws and how often these trainings take place?
29. Please describe the process for someone to file a reasonable accommodation with your agency; this includes through the Coordinated Entry referral process as well as your internal policy for individuals who request an accommodation while already residing in your project(s).

Section 9: Lived Experience Feedback Process

30. Does your agency have a client advisory board, or do you have lived experience members on your advisory board? If you have a client advisory board, how often do they meet? What are their responsibilities? If you are in the process of developing one, please provide details.
31. How do you obtain and evaluate client feedback (is there a form, monthly meetings, etc.)? What do you do with the feedback you receive and how do you use the feedback to improve service delivery? How does the perspective of individuals with Lived Experience guide policymaking, process and program development in your agency?
32. Please discuss one example of how client feedback led to a change in your project or agency's practices in the past year.
33. Describe your grievance process, including the top 3 most common grievances.

Section 10: Racial Equity and Anti-Discrimination Practices & Policies

34. Has your organization reviewed data for racial and ethnic disparities in the provision of or the outcome of homeless assistance? If racial or ethnic disparities are present, has your organization worked to identify barriers faced by these populations that resulted in being less likely to receive assistance or receive a positive outcome (e.g., lack of outreach) and steps taken or will take steps to eliminate the identified barriers faced by these populations?
35. Please describe efforts made to address racial equity within your programs (including staffing and individuals served as well as training on equity).
36. Do you have an agency anti-discrimination policy? If you have an anti-discrimination policy, how are participants informed and how are staff trained on the policy? If you do not have an agency anti-discrimination policy, please provide a timeline in which your agency will have the approved policy, as required by HUD.
37. Does your anti-discrimination policy include references to HUD's Equal Access Final Rule and Gender Identity Final Rule? Did staff attend the Sonoma County CoC-wide training on HUD's Equal Access/Gender Identity Final Rules or watch the recorded training if they were unable to attend?

Section 11: Data-Informed Program Research

38. How do you use data to enhance your project(s) design and/or service delivery? How often is it reviewed and what data sources are used? Do you rely on HMIS data for your own planning?
39. Please provide at least one example of how you have used data within the past year to enhance programming either agency wide or CoC Program project specific.

Section 12: Change Management and Institutionalization of Knowledge

40. Who are key program staff and what are their backgrounds?
41. What steps does the agency take to ensure project and grants administration knowledge is communicated to new staff? What role does the Board of Directors take in ensuring institutional knowledge is maintained?

42. Please list any key personnel changes in your agency's leadership as well as project staffing in the past year. If there were changes in program staffing in the last year, how was this communicated to the Lead Agency?
43. Does your agency have Standard Operating Policies and Procedures for your project type? If yes, please describe your policies.

1. New vs. Renewal

a. Application Funding Background:

In the following section, please choose one project category:

☐ **New Project Proposals**

(*This proposed project is NEW and has not previously been funded through the annual Sonoma County Homeless Coalition (SCHC) NOFA, Sonoma County Department of Health, or the Sonoma County Community Development Commission, and has __NOT__ otherwise operated as a service*)

☐ **The applicant organization has not operated __this__ project prior to this application submission.**

☐ **New to the SCHC annual NOFA competition**

(*The proposed project is currently in operation but has not previously been funded through the annual Sonoma County Homeless Coalition (SCHC)NOFA, the Sonoma County Department of Health, or the Sonoma County Community Development Commission.*)

☐ **This project has been in operation prior to this submission.**

1. **The date this project began operating:** _____

2. **The location of services:** _____

3. **List the primary funding sources supporting this project previously:**

        Name of Source   **Annual Allocation**

- _____ $_____

- _____ $_____

☐ **Funded in Fiscal Year 2023-2024**

(*This project was funded through the Continuum of Care NOFA in Fiscal Year 2023-24*)

1. **List the amount of the Fiscal Year 2023-2024 SCHC Allocation:**

- $_____

b. Project Readiness:

☐ **If funded, this project is prepared to begin services and hiring of staff on July 1, 2024, for both new and renewing projects.**

☐ **If necessary, this project will have site control for the proposed project to begin operations as of July 1, 2024, for both new and renewing projects.**

1. **Please enter the proposed project's site location if applicable:**

- _____

Sonoma County Continuum of Care
Fiscal Year 2024-2025 Local Homelessness Services Project Application

c. Fidelity to the Project Model:

☐ If funded, the Applicant, by checking this box, agrees to operate the proposed project with fidelity to the project model defined in 24 CFR 576.1-501 or per the COC Interim Rule for Permanent Supportive Housing projects, and in alignment with the Sonoma County Homeless Coalition's program standards.

https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.104

https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/

d. Project Type

This application requests funding for one of the following eligible activities:

☐ **Rapid Re-housing**

☐ **Permanent Supportive Housing**

☐ **Emergency Shelter / Navigation Center**

☐ **Non-Congregate Shelter**

☐ **Street Outreach (Including Safe Parking focused projects)**

☐ **Homelessness Prevention**

If the project is not in the stated categories, please state the general project focus:

☐ **Other Homelessness Services Project (State General Project Focus):**

_____

For Other Homelessness Services Projects, please *briefly* describe the proposed modality used in your project:

2. Funding Priorities

a. The proposed project targets chronically homeless individuals

☐ Yes

☐ No, the project type applied for does not require chronic homeless status for entry.

b. For Permanent Supportive Housing project applications only:

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☐ This project application is for housing services only.

☐ This project application is for capital improvements or construction.

☐ This project application is for services and capital improvements or construction.

c. Does this project increase supportive services for an existing project?

☐ Yes, this project application will increase supportive services for an existing project.

In the space below, please broadly describe what aspects of services will be increased:

d. Focus on increasing staff retention?
In the space below, please broadly describe what strategies will support increased staff retention:

e. Case Management/Services Ratio:

Sonoma County Continuum of Care
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Please acknowledge the anticipated case management to client ratio for the project type being applied for:

☐ 20:1 - Permanent Supportive Housing

☐ 30:1 - Rapid Re-housing

30:1 – Emergency Shelter / NCS Site

☐ Other- Please describe:_____

f. Sonoma Valley Services
☐ **The proposed project focuses on service gaps in the Sonoma Valley.**

If the box above is checked, please indicate your project type that will operate in the Sonoma Valley:

☐ Street Outreach

☐ Interim housing

☐ Emergency Shelter

☐ Permanent Supportive Housing

☐ Rapid Re-housing

g. Subregional Street Outreach
If applying for a Street Outreach project, please indicate what subregion of Sonoma County your project will focus upon.

☐ North County   (Windsor to Cloverdale)

☐ Central County   (Santa Rosa)

☐ Eastern County   (Kenwood, Glen Ellen, Sonoma Springs, City of Sonoma)

☐ Southern County (Rohnert Park, Cotati, Penngrove Petaluma)

☐ West County (Sebastopol, lower Russian River Communities, Sonoma Coast)

h. Use of Housing Choice or Project Based Vouchers
- **Rapid Re-housing Applicants Only**

☐   This Rapid Re-housing application is for a tenant-based project (per California ICH regulations)

☐   This Rapid Re-housing application is for project-based RRH

Does the proposed Rapid Re-housing project target any of the following specific populations:

☐   Transitional-aged youth,

☐   Veterans

☐   Families

☐   Victims of domestic violence

![Sonoma County Department of Health Services logo] **sOnoma county**
DEPARTMENT OF HEALTH SERVICES
Homelessness Services Division

Tina Rivera – Director
Dave Kiff – Division Director

Sonoma County Continuum of Care
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☐ Justice-involved individuals)

- **Permanent Supportive Housing Applicants Only**

    ☐ This proposed **<u>Permanent Supportive Housing</u>** project will be able to utilize Housing Choice Vouchers/Project Based Vouchers.

    ☐ This proposed **<u>Permanent Supportive Housing</u>** project will be a project-based Permanent Supportive Housing Project.

    ☐ This proposed **<u>Permanent Supportive Housing</u>** project will be a tenant-based Permanent Supportive Housing Project.

    Does the proposed Permanent Supportive Housing project target any of the following specific populations:

    ☐ transitional-aged youth,

    ☐ Veterans

    ☐ Families

    ☐ Victims of domestic violence

    ☐ Justice-involved individuals)

i. Evidence Based and Promising Practices:

☐ The proposed project will utilize an Evidence-Based, or Promising Practice in service delivery of the project described in this application.

> If you checked the box above, please list the Evidence Based or Promising Practice used directly in the proposed project:

> - _____

> - _____

> - _____

> - _____

> **Please state the number of staff who are trained in the Evidence-Based, or Promising Practice who will be working directly with service recipients in the proposed project:**

> - _____

Sonoma County Continuum of Care
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Please state how your organization will ensure that staff are trained in the Evidence-Based, or Promising Practice strategies to utilize these practices to fidelity.

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. ES/Interim Housing Outcome: % of exits to permanent destinations	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Staff scored	10	% exits to permanent destinations prorated 30% = 10 pts to a minimum threshold of 5% = 0 pts 30%-21% = 10 pts 20% -11%= 7.5 pts 10% = 5 pts
1d. Percent exiting to permanent housing returning to homelessness in 6 months	HMIS Coordinator will score	8	Pro-rated by % between 5% returns to 25% returns (Ex: 5% = 8 points 25% = 0 points)
1e. The projects average enrollment year-end utilization	APR: % of average enrollment utilization rate, quarterly in one year	8	90% - 5 points 85 percent – 3 points 80% - 2 points <80% 0 points
1f. Enrollment into CES	Enrollments into CES/ Number of unique individuals served	8	90% - 5 points 75% 3 points >75% 0 points
2. Income performance			
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	6	Pro-rated by % exiting w/ increased income Ex: 100% =6pts; 50% =3 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	6	Pro-rated by % increased other income Ex: 100% = 6pts; 50% = 3 pts
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of clients accessing Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	8	Pro-rated by # of people accessing mainstream resources Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to *Questionnaire Section 2:*	8	6pts total awarded 1 pt per question Housing First Practice Section;

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Performance Measurement	Scoring Methodology	Points	Scoring Key
	Housing First Practice and HUD Housing First Assessment Tool		2 pts for Housing First Fidelity Tool
Local Priorities			
7. Alignment with Strategic Plan Goals	2 points for each goal that is a focus of the project, up to 8 points. Goals include (options a-d below):	8	Full pts per narrative response
a. Evidence of Project's collaboration with healthcare providers b. Case Management/Services Ratio of 30:1 c. Staff training/client screening for mainstream resources including. Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance d. Implement best practices gathered from National Alliance to End Homelessness' Center for Evidence-based Solutions to Homelessness, State of California ICF, and alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases.			
Total Points for Performance/Local Priorities		**70**	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by SCDHS Staff/ Accounting staff & *Questionnaire: Financial Management Section*	3	3 pts: No findings, timely audit, etc. 2 pts: Findings from agency audit in past 2 years, late audit 0 pts: Lack of audit 1 pts: Findings in the audit during the last year
9. Spend down of funds	Review of APR by SCDHS (staff scored) *Questionnaire Section 7: Contract Spenddown of Funds and Match* Informational Review only	4	4 pts: full spenddown 3 pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0 pts: < 65%
10. Client/lived experience Feedback Process	*Narrative Questionnaire: Lived Experience Feedback Process*	6	1 pt per question, full pts for having a client advisory board, full explanation and examples

27.

Performance Measurement	Scoring Methodology	Points	Scoring Key
11. Racial Equity and Anti-discrimination Practices & Policies	*Narrative Questionnaire: Racial Equity and Anti-Discrimination Practices & Policies*	6	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
12. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	*Questionnaire Section 12: Change Management and Institutionalization of Knowledge*	3	Full pts for plan and procedure for management change and turnover and evidence of Program training; Pro-rated pts for lack of formal procedures
13. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; Data Quality Score: Income and Benefits health insurance 2) Assessment data is entered in HMIS 6 days or less after assessments are administered; 3) Data Validation Reports from HMIS are reasonable for project type 1) Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		**30**	
Total Possible Points		**100**	

Committee Member Notes:

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Performance Measurement	Scoring Methodology	Points		Scoring Key
1. Housing performance				
1a. RRH Housing Outcome: % of exits to permanent destinations	From APR: ((Q5a. total number of clients) - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 10 points for 89% or higher.- Staff scored	10		% exits to permanent destinations prorated 89% = 10 pts to a minimum threshold of 49% = 0 pts Ex: 89% = 10 pts 67% = 7.5 pts 50% = 5 pt
1b. Percent exiting to permanent housing returning to homelessness in 12 months	TBD	8		Pro-rated by % between 5% returns to 25% returns (Ex: 3% = 8 points 10% = 0 points)
1c. Length of time between projects start and housing move in date	From HMIS APR Q 22C		3	7 – 60 days = 3 pts 61 – 180 = 2 pts 181 – 730 = 1 pt
2. Income performance				
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	8		Pro-rated by % exiting w/ increased income Ex: 100% =8 pts; 0% = 0 pts

Performance Measurement	Scoring Methodology	Points	Scoring Key
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults - Staff scored	8	Pro-rated by % exiting w/ increased income Ex: 100% =8 pts; 0% = 0 pts
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of clients accessing Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	8	Pro-rated by # of people accessing mainstream resources Ex: 100% = 8pts; 50% = 4 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to *Questionnaire Section 2: Housing First Practice* and HUD Housing First Assessment Tool	8	6pts total awarded 0.75 pts per question Housing First Practice Section; 2 pts for Housing First Fidelity Tool
6. Coordinated Entry Participation (Total 9pts)	Percentage of accepted eligible referrals from Coordinated Entry- P/Y Reporting Period- 2022-2023	2	2 pts- 50% accepted or above 1 pts- 25% accepted or above 0 pt less than 25% accepted

Performance Measurement	Scoring Methodology	Points	Scoring Key
	(HMIS Coordinator will score) (does not include rejections due to ineligibility or program being over-referred)		
	Percentage of enrollments that were referred by Coordinated Entry- P/Y Reporting Period- 2022-2023 (SCDHS Staff and HMIS Coordinator will score. Providers will be notified of findings prior to ensure findings do not include any enrollments following the Internal Emergency Transfer Priority- as permitted through HUD, required by VAWA. Those identified as ETPs will not impact scoring)	7	7 pts- 100% referrals accepted from CES- in compliance; 0 pts- 99% or below of referrals accepted from CES- not in compliance with contract; =
Local Priorities			
7. Alignment with Strategic Plan Goals	2 points for each goal that is a focus of the project, up to 8 points. Goals include (options a-d below):	8	Full pts per narrative response

Performance Measurement	Scoring Methodology	Points	Scoring Key
a. Evidence of Project's collaboration with healthcare providers b. PSH Case Management/Services Ratio of 20:1/RRH 30:1 c. Staff training/client screening for mainstream resources including Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance d. Implement best practices gathered from National Alliance to End Homelessness' Center for Evidence-based Solutions to Homelessness, State of California ICF, and alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases.			
Total Points for Performance/Local Priorities		70	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by SCDHS/ Accounting staff & *Questionnaire: Financial Management Section*	3	3 pts: No findings, timely audit, etc 2 pts: Findings from agency audits in past 2 years, late audit 0 pts: Lack of audit 1 pts: Findings in the audit during the last year

Performance Measurement	Scoring Methodology	Points	Scoring Key
9. Spend down of funds	Review of APR by SCDHS Staff (staff scored) *Questionnaire Section 7: Contract Spenddown of Funds and Match* Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
10. Client/lived experience Feedback Process TALK TO LEAP Board	*Narrative Questionnaire: Lived Experience Feedback Process*	6	1 pt per question, full pts for having a client advisory board, full explanation, and examples
11. Racial Equity and Anti-discrimination Practices & Policies	*Narrative Questionnaire: Racial Equity and Anti-Discrimination Practices & Policies*	6	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
12. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	*Questionnaire Section 12: Change Management and Institutionalization of Knowledge*	3	Full pts for plan and procedure for management change and turnover and evidence of Program training; Pro-rated pts for lack of formal procedures
13. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; Data Quality Score: Income and Benefits health insurance 2) Assessment data is entered in HMIS 6 days or less after assessments are administered; 3) Data Validation Reports from HMIS are reasonable for project type 1) Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		**30**	
Total Possible Points		**100**	

Committee Member Notes:

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34.

2023-2024 Homelessness Services NOFA
Project Performance Measurement and Local Priorities –PSH

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. PSH Housing Outcome: % of exits to and retention of permanent destinations	From APR: ((Q5a. total number of clients) - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 10 points for 89% or higher - Staff scored	10	% exits to and retention of permanent destinations prorated 89% = 10 pts to a minimum threshold of 49% = 0 pts
1b. Percent exiting to permanent housing returning to homelessness in 12 months	TBD	8	Pro-rated by % between 5% returns to 25% returns (Ex: 3% = 8 points 10% = 0 points)
2. Income performance			
2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased $ at /Exit + and annual. Did Not Have the Income Category at Entry and Gained the Income Category at annual and exit ÷ Q5a Total Adults - Staff scored	6	Pro-rated by % exiting w/ increased income Ex: 100% =6 pts; 0% = 0 pts
2b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased $ at Exit + and annual. Did Not Have the Income Category at Entry and Gained the Income Category at annual and exit ÷ Q5a Total Adults - Staff scored	8	Pro-rated by % exiting w/ increased other income Ex: 100% =8 pts; 0% = 0 pts
3. Mainstream resources: % of clients accessing mainstream resources (HUD System Performance Measure 4)	From APR: (1 - (Q20b. Number of clients accessing Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staff scored	8	Pro-rated by # of people accessing mainstream resources Ex: 100% = 8pts; 50% = 3 pts
4. The projects average unit Year-end Utilization	From APR PSH/RRH:Q02. % of avg. unit utilization rate (quarterly). - Staff Scored	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
5. Housing First Practice and Implementation	Full points awarded for compliance with responses to *Questionnaire Section 2: Housing First Practice* and HUD Housing First Assessment Tool	8	6 pts total awarded 0.75 pts per question Housing First Practice Section; 2 pts for Housing First Assessment Tool

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Performance Measurement	Scoring Methodology	Points	Scoring Key
6. Coordinated Entry Participation (Total 9pts)	Percentage of accepted eligible referrals from Coordinated Entry- P/Y Reporting Period- 2022-2023 (HMIS Coordinator will score) (does not include rejections due to ineligibility or program being over-referred)	2	2 pts- 50% accepted or above 1 pts- 25% accepted or above 0 pt less than 25% accepted
	Percentage of enrollments that were referred by Coordinated Entry- P/Y Reporting Period- 2022-2023 (SCDHS Staff and HMIS Coordinator will score. Providers will be notified of findings prior to ensure findings do not include any enrollments following the Internal Emergency Transfer Priority- as permitted through HUD, required by VAWA. Those identified as ETPs will not impact scoring)	7	6 pts- 100% referrals accepted from CES- in compliance; 0 pts- 99% or below of referrals accepted from CES- not in compliance with contract; =
Local Priorities			
7. Alignment with Strategic Plan Goals	2 points for each goal that is a focus of the project, up to 8 points. Goals include (options a-d below):	8	Full pts per narrative response
a. Evidence of Project's collaboration with healthcare providers b. PSH Case Management/Services Ratio of 20:1 or lower/ c. Staff training/client screening for mainstream resources including Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance d. Implement best practices gathered from National Alliance to End Homelessness' Center for Evidence-based Solutions to Homelessness, State of California ICF, and alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases.			
Total Points for Performance/Local Priorities		**70**	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by SCDHS/ Accounting staff & *Questionnaire: Financial Management Section*	3	3 pts: No findings, timely audit, etc 2 pts: Findings from agency audits in past 2 years, late audit 0 pts: Lack of audit 1 pts: Findings in the audit during the last year
9. Spend down of funds	Review of APR by SCDHS Staff (staff scored) *Questionnaire Section 7: Contract Spenddown of Funds and Match* Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
10. Client/lived experience Feedback Process TALK TO LEAP Board	*Narrative Questionnaire: Lived Experience Feedback Process*	6	1 pt per question, full pts for having a client advisory board, full explanation and examples
11. Racial Equity and Anti-discrimination Practices & Policies	*Narrative Questionnaire: Racial Equity and Anti-Discrimination Practices & Policies*	6	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
12. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	*Questionnaire Section 12: Change Management and Institutionalization of Knowledge*	3	Full pts for plan and procedure for management change and turnover and evidence of Program training; Pro-rated pts for lack of formal procedures
13. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; Data Quality Score: Income and Benefits health insurance 2) Assessment data is entered in HMIS 6 days or less after assessments are administered;

Performance Measurement	Scoring Methodology	Points	Scoring Key
			3) Data Validation Reports from HMIS are reasonable for project type 1. Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		**30**	
Total Possible Points		**100**	

Committee Member Notes:

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2023-2024 Homelessness Services NOFA
Project Performance Measurement and Local Priorities – Street Outreach

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. What is the percentage of people enrolled in SO who were also enrolled in CE?	Number of individuals enrolled into CES divided by number enrolled in street outreach.	25	% enrolled 60%-= 25 pts 30% = 0 pts
1b. What is the percentage of people engaged with SO who exit to permanent destinations?	From APR Q 23C	15	% housed 10+= 15 pts 0 %-0: 0 pts
1c. What is the percentage of individuals placed into emergency shelter/transitional housing?	From APR Q 23C	15	% housed 40+= 15 pts 10 %-0: 0 pts
Local Priorities			
7. Alignment with Strategic Plan Goals	2 points for each goal that is a focus of the project, up to 8 points. Goals include (options a-d below):	15	Full pts per narrative response (5 points per response)
a. Evidence of Project's collaboration with healthcare providers b. Staff training/screening for mainstream resources including Medi-cal, Calfresh, TANF, substance abuse programs, employment assistance c. Alignment with National Alliance to End Homelessness' Center for Evidence-based Solutions to Homelessness, Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases.			
Total Points for Performance/Local Priorities		**70**	

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
8. Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by SCDHS Staff/ Accounting staff & *Questionnaire: Financial Management Section*	3	3 pts: No findings, timely audit, etc 1-2 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit

Performance Measurement	Scoring Methodology	Points	Scoring Key
9. Spend down of funds	Review of APR by SCDHS (staff scored) *Questionnaire Section 7: Contract Spenddown of Funds and Match* Informational Review only	4	4 pts: full spenddown 3pts: 85-99% spend 2 pts: 75-84% spend 1 pts: 65-74% 0pts: < 65%
10. Client/lived experience Feedback Process	*Narrative Questionnaire: Lived Experience Feedback Process*	6	1 pt per question, full pts for having a client advisory board, full explanation and examples
11. Racial Equity and Anti-discrimination Practices & Policies	*Narrative Questionnaire: Racial Equity and Anti-Discrimination Practices & Policies*	6	1 pt per question, full pts for having a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full explanation and examples
12. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	*Questionnaire Section 12: Change Management and Institutionalization of Knowledge*	3	Full pts for plan and procedure for management change and turnover and evidence of Program training; Pro-rated pts for lack of formal procedures
13. High data quality and timeliness of assessments.	HMIS Coordinator Score	8	There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean 1) Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria
Total Agency & Management Capacity points		**30**	
Total Possible Points		**100**	

Committee Member Notes:

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1. System Modeling Introduction

July 2022

Contents

Welcome to System Modeling with Stella Modeling!

Communities are struggling with how to respond to people living in shelters and on the street and other places not meant for human habitation because of a lack of affordable housing and essential supportive services to maintain housing. Many communities find it hard to know what is needed to make a difference – how much more shelter? how much housing? how much and what kind of services? – let alone how to build the public and political will for the investment needed to end homelessness.

To help them develop a plan and build support for making the changes to their existing homeless response system needed to end homelessness, some communities have used a structured, data-informed process called **system modeling.** The process begins with gathering a team of people with experience in homelessness and expertise in the homeless response system who create a data-informed model of an "ideal" system. Such a model projects what types and amounts of assistance would effectively and equitably end homelessness. The community can then use this model to guide its resource investment decisions.

To support a community's system-level planning efforts, HUD developed the **Stella Modeling (Stella M) module**, an online analysis tool that uses the community's data on homelessness, combinations of project types, and performance goals to calculate the inventory of housing, shelter, and services needed to fully meet the community's needs.

This introduction to system modeling provides an overview of the system modeling process and information to help a community decide whether system modeling is the right planning tool for them. System modeling is not a one-size-fits-all approach and will look different in each community. This introduction provides general information and resources. Communities will individualize their approach to planning based on local context and priorities, including who is and is not being served by their homeless response system and what disparities or inequities exist.

The system modeling process starts with understanding how people are currently flowing through the homeless response system. It then uses historical data and the insights of community members, including those most directly affected by homelessness, to make assumptions about what is needed and inform plans to improve the system.

It can feel uncomfortable to make assumptions based on past data and how the system has been operating. But intentionally or not, every time new funding is added or projects are renewed, assumptions are being made about who will use each resource, how long they will use it, and whether it will lead to success and equitable outcomes. **System modeling is a strategic process that leads to more intentional and equitable decision making.** Though the process is informed by data about the current system, a vital component of system modeling is critically examining that current system and

letting go of past assumptions. See [4. Facilitation Guide](#) and [6. Assumptions Guide](#) for further guidance.

System modeling can help communities that have been struggling with the following types of questions:

- Would our homeless response system benefit from a new vision of how to serve people instead of just adding more projects like the ones we already have?
- Are new investments being made into our system without a full understanding of the impact each investment will make?
- Are current planning efforts fully informed by the input of people with lived experience of homelessness?
- Should we add more shelter beds or increase rapid rehousing capacity?
- What level of provider capacity is needed to implement an ideal system?
- How can we reduce unsheltered homelessness in the short term while building out our permanent housing stock over several years?
- How can our system better meet the needs of racial, ethnic, and other groups that are disproportionately affected by homelessness?

These questions, and ones like them, can help a community understand why they might want to engage in system modeling and how the process could improve local planning strategies and their overall homeless response system.

The **System Modeling Toolkit** can support a community each step of the way. Just one of the toolkit's resources and guides, *Introduction to System Modeling* is designed to provide a community with enough initial information to engage in conversations about system modeling and what it could look like locally. It provides all the information needed to strategize and determine whether it is a good time to start a modeling process and to define the goals of the work. Based on the local governance structure, it might be system planners and community leaders who make the decision to start the process of modeling, but as this guide makes clear, effective modeling can be accomplished only with a diverse set of community voices and experiences.

Overview of System Modeling

What is System Modeling?

System modeling is a structured, data-informed process to develop **estimates** of the size and needs of a population of people experiencing homelessness and **assumptions** about the types and amounts of assistance (housing, shelter, services) that would effectively and equitably meet those needs. Often this vision of how existing and new interventions could fully meet households' housing and services needs is called an "ideal" system. The results of system modeling show a community the investments and changes that are needed to implement that ideal system.

Using these estimates and assumptions, Stella M calculates the inventory that is needed to meet the services and housing needs of households experiencing homelessness in the community. This inventory is also called a ***model of an ideal system***. If cost estimates of the project types in the ideal system have been developed as a part of the system modeling process, then the model will also include cost estimates by project type and for the whole homeless response system.

Models can be developed for the needs of the entire homeless response system, such as the inventory needed to exit every individual and family to permanent housing, or the needs of a subpopulation such as youth, Veterans, families, or people identified as long-term homeless. System modeling can be used to intentionally address inequities by using data disaggregated by race, ethnicity, gender, age, and disabling condition in the modeling process and incorporating feedback from people directly affected by the homeless response system.

For example, a community that finds higher rates of returns to homelessness for Black households, might explore further using focus groups or interviews to understand how the current system is not meeting the housing needs of this population. Through these efforts, the community discovers that employment discrimination makes it harder for Black households to find steady employment at high enough wages to pay the rent during the usual length of assistance of the housing programs. The community could include longer rent assistance or increased housing stabilization services in their model of an ideal system. These improved services models would reduce disparities in returns to homelessness by better meeting the needs of this population, while also improving outcomes for any household facing similar barriers to housing stability. Note, system modeling is a process to estimate the inventory needs of a population experiencing homelessness, and does not replace the function of matching individual households to the best services to meet their needs, which is the role of coordinated entry.

Why Would a Community do System Modeling?

Communities undertake a system modeling process to develop a set of recommendations for how their homeless response system should be structured, scaled, and resourced to provide interventions that will meet people's immediate safety needs and assist them to find and maintain housing. Once a community has developed a model, they can work on a transition plan to invest resources and system change efforts to move from their current system to the types and scale of interventions recommended by the model.

System modeling can also serve a more limited purpose such as determining which investment of new resources will have the greatest impact on the existing system.

What Results Can a Community Expect from System Modeling?

Regardless of a community's goals in the system modeling process, they can expect to have the following end products:

- *A set of recommended project types*, including for each project type a description of its target population, services to be offered, length of stay, and anticipated outcomes. A community can use this information in written standards, Requests for Proposals, and contracting for new projects or expanding existing ones.
- *A recommendation for the number of units of each project type* for each year in the model, also called an "inventory recommendation," to guide the transition from the current system to the ideal system. A community can use this recommendation to seek out new resources (advocacy, grant applications, etc.), guide their allocation, or reallocate existing resources.
- *An overview of the performance of the housing and services interventions* for both new and existing projects needed to achieve an ideal system.

Depending on a community's process, the end products also might include:

- System recommendations to address racial and other disparities.
- Operating cost projections by year and project type.
- A gaps analysis.
- An implementation plan.

What is the Process of System Modeling?

System modeling is more than just plugging numbers into a tool to calculate inventory recommendations. It is a process that starts with engaging key partners and forming a workgroup, identifying a facilitator, and determining a decision-making and accountability structure. The workgroup will use quantitative and qualitative data and on-the-ground expertise to develop the project types and estimate the needs of people experiencing homelessness. Doing that can take several months and has been successful in several communities through in-person or remote workgroups. The "Steps in the System Modeling Process" section of this guide provides an outline.

Who Should Participate in System Modeling? How Do People Participate?

Participants in system modeling should be a broad and diverse cross-section of person with expertise in the homeless response system, including people experiencing homelessness, providers, funders, advocates, other organizations serving the populations, and others. Organizing them into groups can help structure their involvement.

A community might end up naming their groups differently, but here are the main three groups of people to consider when planning a system modeling process. Each group could be a pre-existing group leveraged for this purpose, or a new group established specifically for system modeling.

- **Planning Group:** These are the people determining the purpose, goals, and scope of the system modeling process. Tasks could include identifying key partners to include in the workgroup, determining timeline and scope of the system modeling, and selecting a facilitator.
- **Workgroup:** This team collaborates to develop the estimates, assumptions, and other inputs for the system model. Depending on the scope of the system modeling process, there may be more than one workgroup (e.g., one workgroup planning for individuals experiencing homelessness and one workgroup planning for families experiencing homelessness).
- **Leadership Group:** These people are the audience of the system modeling results and recommendations. They are in positions to influence policies and funding decisions for the homeless response system. This could be as simple as the Continuum of Care Board, or it could also include elected officials, funders, agency directors, and other leaders.

See 3. System Modeling Roles and Responsibilities Guide for more information on how to structure these groups and define roles, responsibilities, and decision-making processes. See 2. Identifying and Engaging with Key Partners Guide for more information on determining who should be included in each group.

Difference between System Modeling and Other Planning Processes

Depending on their planning needs, a community can pick from several different planning approaches, of which system modeling is just one. Communities also can combine multiple processes to enhance their homeless response system.

Planning Process	What Questions Does It Answer	How Is It Different from System Modeling?
Asset Mapping		
Asset mapping is catalog existing services, benefits, and resources within the community, such as individuals' skill sets, organizational resources, physical space, institutions, associations, and elements of the local economy. See Section 1: Asset Mapping [guide from UCLA Center for Health Policy Research] for more information.	What are the community's assets and strengths? What are the unmet needs, as we design or redesign a project? How do we best organize community partners around an issue?	Asset mapping does not produce a recommendation about inventory and performance to meet the needs of households experiencing homelessness in a community. It can be helpful if done before system modeling to inform the development of projects and assumptions.

Planning Process	What Questions Does It Answer	How Is It Different from System Modeling?
Coordinated Investment Planning		
In coordinated investment planning, several funders with a common geography assess the housing and services needs in a community and develop strategies for investing their resources as efficiently and effectively as possible. See Rehousing and Coordinated Investment Planning Tool [HUD Exchange resource] for more information.	What investment most efficiently targets a specific goal in the near future?	Coordinated investment planning is similar to system modeling but might not plan for the full needs of all households experiencing homelessness. Coordinated investment planning focuses more on how funds can be coordinated to improve the homeless response system.
Process Mapping		
Process mapping is a technique used to map out workflows and steps in a process, entities responsible for carrying out each step, and decision points in a process. It involves creating a *process map*, sometimes referred to as a *flowchart* or *workflow diagram*. The purpose of process mapping is to communicate how a process works in a concise and straightforward way. It can be used to target parts of a process for improvements. See Improving Performance with Process Mapping [HUD Exchange resource] for more information	How do we make processes, such as referral to a housing resource, more efficient?	Process mapping is focused on the operation of the system currently, not planning for future needs of households experiencing homelessness. It can be used to help a system reach its performance goals once system modeling has been completed.
Power Mapping		
Power mapping is a visual technique used to identify who has power in the community, whom you need to influence, how to influence them, and who can do the influencing, in order to reach a specific goal; and who needs to be empowered so decisions are more equitable and informed.	Who are some key potential allies in your community that can influence others? Who might oppose your plan, and who is in the middle and could be brought over to your side?	Power mapping focuses on understanding who has power or authority in the community to implement a plan but not on how to develop a plan. It can be used to help a system develop support and buy-in for the plan once system modeling has been completed.
Strategic Planning		
Strategic planning is an organization's or system's process of defining its vision and developing goals and strategies to achieve the vision. The strategies might include improving operations, investment or reallocation of resources, and relationship building with partners.	What is our vision or goal for our system? What actions must we take to achieve that vision or goal?	Strategic planning usually includes a broader range of strategies for changing a system to achieve a goal. Once system modeling has been conducted, a strategic plan can incorporate the inventory and performance recommendations into a broader implementation plan with strategies for securing new resources and transforming the system in alignment with the model.

System Modeling Scenarios

A community might choose to undertake system modeling for many reasons. Below are a few of the most common scenarios addressed throughout the System Modeling Toolkit:

- **System Redesign:** The current homeless response system is inadequate. People become homeless, remain homeless, or return to homelessness at unacceptably high rates. System modeling can help quantify the resource gaps and set system-level and project-level performance targets to create an ideal system.
- **Reduce Disparities:** The community have identified disparities in rates of homelessness or in how well their homeless response system meets the needs of populations disproportionately affected by homelessness or inadequately served by the system. System modeling can identify inventory gaps and areas for project and system changes to improve outcomes for such populations.
- **Strategic Funding:** Additional funding is available, and the community wants to be strategic about resource allocation. System modeling can help identify and define effective project types to meet the needs of the population being served and identify inventory gaps to guide funding decisions.
- **Performance Improvement:** Even if a community is not looking to completely redesign their homeless response system, or they do not have additional funds available, they might want to use system modeling steps and tools to test out (to "model") how small or large changes might affect the system. They can forecast the impact of reducing length of stay in projects, increasing exits to permanent housing, or decreasing returns to homelessness, for example. They can consider how shifting resources from one project type to another might affect overall system outcomes.

Planning with Equity

A commitment to equity, including racial equity, must be integrated into the entire system modeling process. Nationally, Black, Hispanic/Latin(a)(o)(x), and Indigenous people become and remain homeless at rates disproportionate to their share of the overall population. LGBTQA+ communities, persons with disabilities, and immigrants are also disproportionately affected by homelessness. Additional groups may also need to be considered based on local context. The planning group should ensure that these groups are represented in the system modeling process. An ideal system must incorporate investments and strategies to end this disparity.

The first step in creating change is to normalize the conversation on racial equity. To talk openly and honestly about racial equity starts with achieving a shared understanding of key concepts among collaborators. A racial equity framework sees racism as both individual and institutional, both explicit and implicit. Once everyone shares those

understandings, the group can address equity as a top priority by setting goals, making a plan, and holding one another accountable.

To plan with equity requires diverse leadership and diverse workgroup membership, an equity analysis component, and incorporating qualitative data from focus groups and interviews. The benefit of good planning is that it can help a community to ensure that everyone who needs to access the homeless response system can access it in an equitable way – regardless of race, ethnicity, gender identity, disabling condition, age, household type, etc.

It is up to each community to decide what form their equity planning should take. Options include these:

- An action plan dedicated to multicultural access and equity.
- Making multicultural access and equity a feature of a broader diversity strategy. Such a strategy might include other diversity initiatives such as establishing partnerships with members of populations disproportionately affected by homelessness, including but not limited to Black, Indigenous, and other people of color; people with lived experience of homelessness; people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, and more (LGBTQIA+); or people with a disabling condition.
- Incorporating multicultural access and equity actions into existing organizational plans and cascading to community-wide planning.

Through system modeling, communities will use a data-informed process to identify gaps and inequities in their current system and design a system that would better meet the needs of groups disproportionately affected by homelessness, including considering adding new project types to the homeless response system that will meet people's needs for permanent housing. Planning with equity also will involve looking beyond Homeless Management Information System (HMIS) data and consider the needs of households that have not accessed services. Additionally, qualitative data can help a community understand people's experiences and provide valuable insight into what types of programs and services will better meet their needs. See 5. Data Guide for more information.

These resources can help a community incorporate racial equity into their planning:

- Equity-Based Decision Making [website]
- Dismantling Racism Works Web Workbook [website]
- Racial Equity Impact Assessment [information sheet]
- Racial Equity Action Plans: A How-to Manual [publication]

Steps in the System Modeling Process

The System Modeling Toolkit provides planning resources to lead communities through the system modeling process, including the use of the Stella Modeling (Stella M) module. The "Step-by-Step" section below identifies the various components in that process including assembling key partners, using data to develop modeling assumptions, and using Stella M to generate inventory and performance recommendations. System modeling is iterative: the planning group and workgroup might review initial results of the modeling and adjust assumptions several times before the model is final.

To get started the planning group needs to consider several factors as they establish the plan for the modeling process and the implementation of the model:

- The goal for the modeling process; for example, modeling for the entire homeless response system vs. exploring the use of a new resource.
- The extent of the model; for example, for a specific subpopulation such as youth and young adult households vs. all households experiencing homelessness.
- Whether other system modeling (for example, for youth through HUD's Youth Homelessness Demonstration Program) already has been conducted in the community, and how the current modeling will incorporate previous models.
- How to organize the modeling process, including the number of workgroups, the timeline, and staffing for various roles.

A community's transition from their current homeless response system to the new model developed through system modeling should begin during its planning step. Designing the process so there is broad buy-in for the final model is essential for securing political support, new resources, and willingness to change the existing system. Critical considerations include:
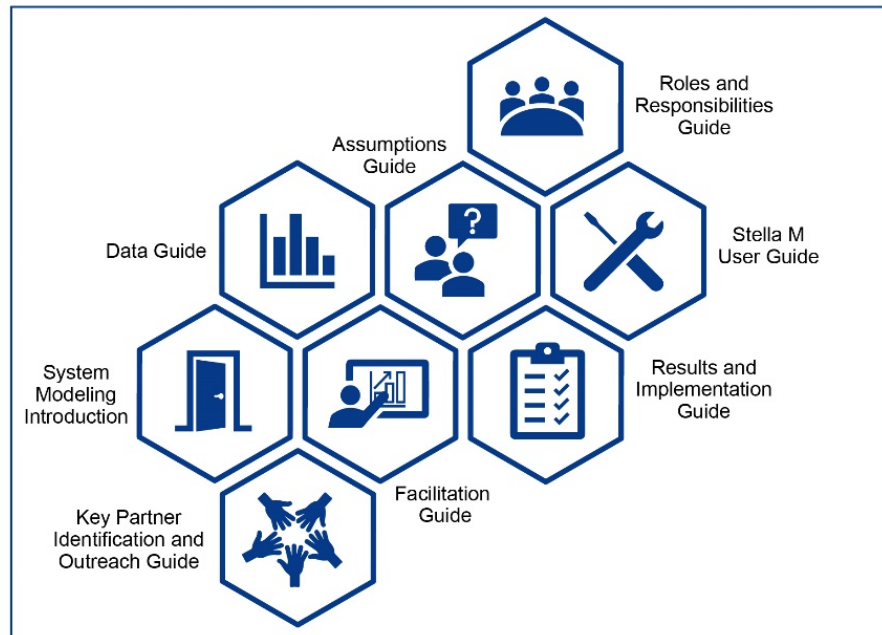
- How the planning group engage champions during modeling, so they are prepared to lead implementation
- What is needed in the final plan to build broader support for the model recommendations and to lay the groundwork for securing new funding
- How to create the foundation for changing the system and programs to achieve the housing, shelter, and services supports recommended in the model?

System Modeling Step-by-Step

The steps in the system modeling process described below are an overview to help communities thinking about conducting system modeling understand the scope of the process and to see the different resources available to support the process. A more detailed description of the process is available in the 4. Facilitation Guide.

1. Once the community decides to conduct system modeling, it forms a planning group. Their initial tasks are to develop a system modeling project plan and identify key partners to participate in the process. See 2. Identifying and Engaging with Key Partners Guide. They may also identify a facilitator

to guide the workgroup. See 4. Facilitation Guide for information on selecting a facilitator.
2. The facilitator orients the workgroup to the system modeling process, including defining and documenting how system modeling decisions will be made. See 3. Roles and Responsibilities Guide and 4. Facilitation Guide.
3. Once the workgroup structure is in place, the facilitator leads the group through the system modeling process. The group's work is informed by available data and guided by the core values and purpose they develop for the modeling process. From that foundation, the workgroup develops estimates, assumptions, and other inputs that will be used to generate the model. See 5. Data Guide and 6. Assumptions Guide.
4. The assumptions and other inputs are entered into Stella Modeling (Stella M) to produce estimates of the quantities and types of inventory needed to meet the community's goals. See 7. Stella M User Guide.
5. The workgroup and other partners review the draft model. They collect feedback and finalize the model.
6. They develop an implementation plan and a strategy for communicating system changes and improvements based on the model. See 8. Results and Implementation Guide.