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HOME Sonoma County
2019 Project Monitoring Questionnaire
FY 2019 Continuum of Care Competition

Please complete this questionnaire for each project whose contract ends in 2019. Form fields are unlimited, but succinctness is appreciated.

Name of Project:

A. CONTRACT ADMINISTRATION

1. Explain the scope of your Continuum of Care-funded Project and any significant accomplishments or challenges in the past year. 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 full ramp-up.

2. How does your current program compare with the original program proposed to HUD? What if any changes and why and how did your agency achieve these changes? Describe how the program may not be working as effectively as it could, and areas where the program might be exceeding expectations set forth in the program design.

3.
 - a. Explain your process for submitting and reviewing the Annual Performance Report. Include in your response who submits the report and the levels of review involved.
 - b. Does your Annual Performance Report accomplish 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? Do you need additional training in the Sage Reporting System?

4. Are the funding and expenditures for programs funded by HUD still in line with the original projected budget provided in the application? If not, please explain the changes.

5. Is there anything we should know about your contract with HUD? (Amendments in process or completed, funds unspent?)

B. PROGRAM PLANNING AND DESIGN

6. What does your project do? 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).

7. Have you had to restructure or change your current program as a result of lost support? What procedures are in place to ensure institutional knowledge is not lost as a result of staff turnover? Please list any key personnel changes in your agency's leadership as well as project staffing in the past year.

8. Who are key program staff and what are their backgrounds? If program staff changes occurred and if so, how were new staff trained on the CoC Interim Rule?

9. Please discuss your agency's involvement with Coordinated Entry, including participation in Coordinated Entry Case Conferencing and/or Coordinated Entry/Housing First Task Group meetings if applicable. How does your project accept referrals for Coordinated Entry? Please provide the number of eligible referrals from Coordinated Entry to your project and the number that were accepted.

10. Please provide detail on any project exits due to eviction or loss of housing.

11. The following 10-Year Plan Goals appear in the draft 10-Year Homeless Action Plan Update. Which of these goals are addressed by your project? In your responses, please explain how **your project addresses each of these goals.**

Collaboration with corrections partners – please provide a brief description below, and attach evidence of the collaboration.

Prioritize chronically homeless or otherwise medically compromised for permanent housing. Please explain below, including a description of both beds dedicated to chronically homeless persons, and beds not dedicated, but prioritizing chronically homeless through turnover.

SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy is provided to project participants. Please describe below and attach documentation of this effort. Have you committed staff to be trained as part of the SOAR Initiative established in 2015?

Alignment with Upstream Investments, HealthAction as evidenced by agency practices on the Upstream Portfolio, or other evidence-based practice databases. Please describe below and attach documentation that these practices are evidence-based.

Please explain responses to Question 10 below.

12. How has knowledge you've gained from your program data shaped program design and improvement? Do you rely on HMIS data for your own planning? Which data sources have you used? (If you have multiple projects, please complete one copy of the HMIS monitoring form.)

13. How do you obtain and evaluate client feedback? What do you do with the feedback you receive? Please discuss one example of how client feedback led to a change in your project or agency's practices in the past year.

14. Please state yes or no as to whether your project meets the threshold requirements of equal access for program participants regardless of sexual orientation or gender identity in compliance with federal law and how you ensure compliance.

15. 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.

16. Discuss how your project serves program participants with the highest needs and vulnerability. Include in your response specifically how your project serves and prioritizes the following populations:

- Individuals with low or no income at entry
- Current or past experience with substance abuse
- Criminal history
- Chronic homelessness