Responses to clarifications

Note: The responses to these questions are based on how Coordinated Entry is currently being administered. An operator would have the ability to make changes to CES operating processes.

General:

- Will the entire Continuum of Care including all Participating Members be provided the answers to all questions and by when?
    - Yes, as previously noted in the RFI and staff's presentation to the board on March 24th, staff will respond to all questions related to the RFI by April 13th. Responses will be posted to the county's website.
- Please provide a current copy of the CES policies indicated last update date and CoC approval date
    - See attached
- Please provide full financial operating budgets and income sources for the past 3 CES calendar years.
    - See attached
- Please provide copies of any CES monitoring documents for any operators over the past three CES calendar year cycles (including Catholic Charities and/or IFSN), documents should include local, state or federal monitoring engagements and followup
    - See attached

- Define the term "housing focused". Will it be limited to RRH and PSH or it will also encompass TH and Joint RH-TH
    - RRH, PSH and Joint RH-TH Housing focused – strong housing orientation where there is an expectation that individuals are working toward permanent housing while in a shelter or transitional housing options.
- Indicate every entity other than Catholic Charities and IFSN who administer the VISPDAT
    - Sonoma County Human Services
    - Sonoma County Public Health Services
    - Sonoma County Behavioral Health
    - Catholic Charities
    - COTS
    - Buckelew
    - SAY
    - West County Health Centers
    - IFSN
    - Reach for Home
    - SRJC
    - CSN

- Nation's Finest
- VA
- Downtown Streets Team
- Family Justice Center
- West County Community Services
- Face to Face
- Young Woman's Christian Association of Sonoma County
- TLC Child and Family Services

- Is there a certain RFI submission format expected (i.e. page max, font type, size, line spacing, max # words or char)

  No

Introduction Section:

- Language states efficiently match people experiencing homelessness to available housing, shelter and services. What is the expectation around matching to shelter services? Is matching anticipated to be to RRH, PSH or OPH projects as defined by the HUD project set up guides (are there any other)
  - The language mentioned is part of the introduction in the RFI and does not reflect the recent change to CES made by the board to make CES a housing focused referrals source. CES will refer to RRH and PSH projects. Additionally, if there are future projects that require coordination with CE like TH-RRH, CES would refer to those programs as well.
- Is SCCDC looking for the new operator or is the CoC?
  - The CoC is looking for an operator and has directed the CDC to seek the RFI.

Request Section:

- Again in this section, confirming a new service approach would NOT be in the interest of the Sonoma County Community Development Commission, but of the Continuum of Care CA-504, since the CoC is charged with assuring best service delivery for a defined region
  - See previous response

Objectives Section:

- aside from an entity that does not accept referrals from CES, what other conflicts would need to be surfaced by the applicant?
  - That appears to be the only conflict though the CoC Board could provide additional information and direction.
- are there published Quality Assurance expectations, a manual or any kind of guidance? The Policies are the primary manual and can be updated by the CES Committee with approval by the CoC Board.

    - The Policies are the primary manual and can be updated by the CES Committee with approval by the CoC Board.
- confirming CES Operator would or would not be expected to partner with the Sonoma County Housing Authority on voucher placement/utilization
    - CES would only partner with the SCHA in regards to the programs that the SHCA has that receive referrals from CE but this would not extend to the SCHA's normal HCV/ PBV waitlists. Currently the SCHA has 3 CoC funded TBRA programs and one HCV program that receives referrals from CE but is not funded by the CoC.
- what documentation exists for local priorities, please send.
    - See attached CES manual. CES advisory committee can set additional priorities.
- clarify how current staffing structure currently ensures geographic representation
    - Currently CES staff has drop in times for enrollment in services at different times and locations in the county. Additionally, comprehensive access points can enroll individuals in CES after completing a training administered by the CES operator.
- define what is meant by the term 'community' is this the CoC Participating Membership, service partners outside the CoC or local funder's and neighborhoods (all inclusive)
    - Community means all of Sonoma County.
- provide Case Conferencing – describe how this has been done to date. Does the current operator host the meetings, appoint members how often is this done and what are typical outcomes sought now that emergency shelter will not be matched
    - The CES operator hosts a biweekly case conferencing conference for providers who are utilizing the CES for referrals, staff that are completing enrollments in the CES as a comprehensive access site, and various County/Health care providers. All members who participate must be included on the CES ROI. The purpose is for providers to share information, adjust scoring if necessary (vis provider confirmed information), discuss project transfers, provide updates, and/or provide case conferencing for difficult clients.
- provide appeals body for denials – same question approach as q.9, where have appeals been submitted in the past, what body hears them, and who delivers resolution to client? IMDT hears appeals and then provides the decision to send to CES for client.
    - There is currently no active body that is hearing appeals or CES decisions. An appeals body comprised of nonconflicted IMDT members, facilitated by the SCCDC 's CoC Coordinator, was developed prior to the pandemic. Given the urgency with the pandemic, the group only met once to resolve one appeal. The structure of this appeals body consists of non-conflicted providers who review project requirements, client and agency statements regarding the rejection and render a decision. The CEA Committee would need to review the appeals process/policy to reestablish the appeals body. If the committee approves the IMDT as non-conflicted body for appeals, this would also need to be reconfirmed with the IMDT Manager given the increased caseload of the IMDT with the pandemic. It would be up to the CEA Committee to decide if this model will be used and how and when it will be implemented. Once the CEA Committee

approves an appeals process/body, the CoC Board will have the final approval of the process.

- provide an idea of what 'adequate staffing is structured like, how many fte's have been managing the CES system metrics to date?
    - The current staffing structure of Catholic Charities as the operator takes into account referrals to emergency shelter. The CEA Committee and CoC Board approved a housing focused CES. Once the new operator has been identified and revised emergency shelter standards have been approved, the current staffing structure may look different than the new staffing structure needed given the large amount of time CES has spent on filling continued vacancies for emergency shelters. Currently, fully staffed there are 4 FTE Service navigators with at least 2 being bilingual, 1 FTE service navigator supervisor, 1 FTE data support, 1 FTE manager.
- provide explicit use cases for serving persons who lack technology, how has this been done in the past
    - CES operator has drop in hours at different locations for clients to sign up for services if they lack technology.
- what form(s) of measurement will determine a new operator's ability to collaborate, how will good collaboration be determined?
    - Staff can propose measurement to CoC Board for review.

Reporting Requirements

- Will operator be expected to:
    - manage the By Name List?
        - Yes, in partnership with Sonoma County's HMIS lead.
    - redesign the By Name List based on a CES redesign?
        - Yes
    - report directly to the CES Subcommittee and CoC Governance body?
        - Yes
    - administer all vulnerability assessments (or do service partners also administer and enter data which would entail data quality oversight of others)
        - Comprehensive access sites administer VI-SPDAT as well as CES operator
    - design custom performance reporting in the HMIS?
        - Yes, in collaboration with HMIS staff.

CES Metrics

- Because 2020 was a low volume year for homeless services, how to the same metrics compare to calendar years 2018 and 2019?
    - 2018:
        - Number of total CES enrollments: 1,546
        - Number of referrals to RRH and PSH: 36
        - Average time spent homeless: 4.23 years

        - Number of VI-SPDAT assessments: 1,546
    - 2019:
        - Number of total CES enrollments: 1,663
        - Number of referrals to RRH and PSH: 166
        - Average time spent homeless: 2.86 years
        - Number of VI-SPDAT assessments: 1,663
    - More information can be found here: https://sonomacounty.ca.gov/CDC/Homeless-Services/Performance/

- Are you able to separate the number of RRH as opposed to PSH referrals made, if so please provide.
    - Reporting year 2020
        - RRH: 188
        - PSH: 55
- Are these metrics combining Individuals, Families and Transitional Aged Youth Average Length of Time Homeless – do you also have associated VI scores for these clients? 3 years seems very brief given HUD's stated policy of housing the most vulnerable
    - These are combined metrics. A count of clients by VI score can be found on the SCCDC's website https://sonomacounty.ca.gov/CDC/Homeless-Services/Performance/.
- What is the policy for re-taking the VI tool once a household once they've been assessed in order to prevent assessment duplication
    - From the CES policies: "Participants receive the same assessment process at each access point, but in order to minimize potential trauma to participants from repeating the assessment multiple times, CES minimizes the number of times a participant undergoes an assessment using the VI-SPDAT by only conducting a VI-SPDAT at initial intake and/or when vulnerability may have changed."
    - VI-SPDAT adjustments can also be made via Case Conferencing if confirmed by a provider. The VI-SPDAT is a self- reported assessment tool, clients may not trust the assessor or may forget certain things, providers can use case conferencing as a way to provide the correct information to measure their vulnerabilities. An example would be an FQHC staff member attending case conferencing confirming from her records that the participant does have cancer when they reported they did not. Adjustments could be made to the individuals score after confirmation via case conferencing with the CES Operator.

- Did the number of Referrals to RRH and PSH of 243 all result in **housing move-in**? If not what is the rate of the 243 achieving actual move-in?
    - 39% of individuals who were referred to RRH and PSH exited to permanent housing.

Other:

- Who/which partners are responsible to collect housing readiness documentation, do they upload it to the HMIS? Is there a custom Housing Readiness assessment in the HMIS now and if so what are the data elements?
    - Collection of housing readiness documentation is the responsibility of the provider not CES. However, it is the responsibility of the CES Operator to collect as much information as possible prior to the referral for placement.
        - Example: CES Operator has access to participant homeless history in HMIS for documentation of Chronic Homelessness which is required to be sent over with the referrals.
        - CES is responsible for verifying they believe client meets eligibility requirements for PH referrals prior to sending any referral over for placement.
            - PSH- Chronic Homelessness history packet is started with the CES operator, while CES is not responsible for the competition of this document, as much documentation as possible for the provider should be collected prior to the referral.
    - No, there is no housing readiness assessment.
- How are the VI tools administered currently? Is the current CE operator the only trained entity to administer the VI tools, or are other providers trained to administer and then enter them into the HMIS?
    - In addition to the CES Operator, the HOST Street Outreach Team, ACCESS Sonoma's Interdepartmental Multidisciplinary Team (IMDT) and other street outreach teams are trained on CES policies and procedures and are offered the same standardized process as individuals who access CE at site-based access points. Street outreach teams have the capacity to enroll individuals into CE in person and virtually to administer the VI-SPDAT both through the internet and via phone. Access Points also have the capacity to enroll individuals virtually via phone and in person.
- Is the full SPDAT in use by local providers and if so under what conditions per the CES policies?
    - Provider may use SPDAT as a case management tool, but are not required to. It is ultimately up to the agency providing services to determine if they want to use the SPDAT as a case management tool, but it is no longer required via CES policy. The SPDAT was briefly used during the pilot phase of CES in 2015.
- Are Matches different than Referrals in Sonoma? Is this a staged process or do referrals mean the same as matches in the local system? Referrals are the same as matches.
    - Matches are the same as referrals.
- Upon request, will the legacy CES WEBi reporting be restored for use by a new operator including the custom developed 'where did they go' report?
        - Yes, the CES Operator will work with the HMIS Lead to further refine custom reports in order to improve the system.
- Who are the most common PSH/OPH unit providers now that Cypress and others have been removed from the HIC? Will there be inventory increases or add backs reflected in the 2021 HIC as an improvement over 2020 inventory levels or have those gone down?
    - The largest PSH/OPH providers are:

        - VA HUD VASH
        - Sonoma County Housing Authority
        - COTS
    - Projects that were previously listed in the HIC but were removed will not be put back on to the list unless there are changes to entry criteria.
- Which entity now notifies CES of unit/bed opening, or how are available RRH and PSH units noticed to the operator? Is there an external spreadsheet system somewhere or is inventory maintain in the HMIS? If data is being externally managed, will it be afforded to a new operator?
    - Providers inform CES when they need a referral to CE, this is currently done either via phone or through email notification. Victim Services Providers are not permitted to use electronic communications (eg email documentation/HMIS referral system), all of these referrals are done via phone or in person meeting
- What will be the period the current CES operator plans for onboarding a new operator to the existing policies/flows and when would that onboard process be scheduled to commence?
    - To be determined.
- In what ways will a new operator be expected to interface with local street outreach teams such as IMDT, HEART, Downtown Streets Team, Whole Person Care, City SR HEAP, HAP and HOST? If so in what way? Training, data entry oversight and monitoring, custom reporting and what other tasks?
    - The CES operator will be responsible for training access point providers on diversion, enrollment, VI-SPDAT, case noting etc. Additionally, outreach teams are often good sources of information on where a client can be located can verify homelessness status which is needed to documentation of vulnerability and eligibility for PSH projects. Close collaboration between the CES operator and outreach teams is important in achieving these goals.

Attachments:

- Coordinated Entry Policies and Procedures
- Budgets
- Monitoring documents