



**Sonoma County Continuum of Care Coordinated Entry Advisory
Committee**

**Agenda for October 19, 2022
12:00pm -1:30pm Pacific Time**

Zoom Link:

<https://sonomacounty.zoom.us/j/97231969388?pwd=VWdYWmpHWjJsSFZ6WVksVW1rZE5lZz09>

#	Agenda Item	Packet Item	Presenter	Time
1.	Welcome and Introductions		Chair	12:00pm
2.	Approval of the minutes and agenda	1,2	Staff	12:05pm
3.	Standing agenda item: Updates to Coordinated Entry Policies and Procedures (Action Item)	3	HomeFirst staff	12:10pm
4.	HMIS/ Coordinated Entry Combined Release of information (Action Item)	4	Staff	12:35pm
5.	Local preferences in CE referrals (action item)	5	Staff	12:50pm
6.	Coordinated Entry Assessment tool (possible action item)	6	Staff	1:15pm
7.	Public Comment on non-agendized items		Public	1:25pm

PUBLIC COMMENT:

Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the CE committee email Thai.Hilton@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 Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.



Sonoma County Continuum of Care Coordinated Entry Advisory Committee (CEA)

September 21, 2022, 12:00pm. – 1:30pm.

Meeting Recording:

https://sonomacounty.zoom.us/rec/share/ZRrnyD8YJte7c17GgETkSRMJgLUchL95wbzgMjO9aLjAkX71zNAG2DTxBK8lGly.DhILQmo_qHgg6aHJ?startTime=1663786723000

Passcode: eN+Z#+4a

1. Welcome and Introductions: Meeting called to order at 12:04pm; Thai Hilton, Coordinated Entry Coordinator, went over Zoom rules around public comment and Brown Act guidelines. Committee Members made introductions.

Roll Call:

Present: Robin Phoenix, Mary Haynes, Ben Leroi, Jennielynn Holmes, Justin Milligan, Susan Pierce, Heather Jackson, Kathleen Pozzi arrived late 12:30

Absent: Ashlen Artiz, Margaret Sluyk, Kathleen Pozzi

1. Approval of Minutes and agenda:

Jennielynn Holmes, Committee Chair, gave agenda overview and stated she will be stepping down from the CEA committee.

Public comment: None at this time.

Motion: Justin Milligan motions to approve meeting minutes and agenda, Heather Jackson seconds motion.

Vote:

Ayes: Robin Phoenix, Mary Haynes, Ben Leroi, Jennielynn Holmes, Justin Milligan, Heather Jackson

Nays:

Abstain:

Absent: Ashlen Artiz, Margaret Sluyk, Kathleen Pozzi

Motion Passes

2. Committee Vacancy: Thai Hilton, Coordinated Entry Coordinator presented; Jennielynn Holmes will be stepping down from the CEA committee. She has nominated Matthew Verschure to replace her. The committee will need to consider this replacement. Additionally, Jennielynn's departure



leaves the Committee Chair seat open. The CEA will need to nominate and approve a new chair. Any committee member can nominate a current committee member or themselves. Committee can be up to 15 members, and it currently has 10 other openings will be addressed at future meeting.

Motion: Robin Phoenix motions to accept Matthew Versheure as replacement for Jennielynn Holmes, Mary Haynes seconds.

Public Comment: none

Vote:

Ayes: Robin Phoenix, Mary Haynes, Ben Leroi, Jennielynn Holmes, Justin Milligan, Heather Jackson

Nays:

Abstain:

Absent: Ashlen Artiz, Margaret Sluyk, Kathleen Pozzi

Motion Passes

- 3. Election of Committee Chair:** Thai Hilton, Coordinated Entry Coordinator made request for nominations to committee chair.

Questions/discussion:

Robin Phoenix: Nominates Matthew Versheure

Motion: Robin Phoenix motions Matthew Versheure as Committee Chair; Susan Pierce seconds.

Public Comment: None at this time.

Vote:

- **Ayes:** Robin Phoenix, Mary Haynes, Ben Leroi, Matthew Versheure, Justin Milligan, Heather Jackson
- **Nays:**
- **Abstain:** Ashlen Artiz, Margaret Sluyk, Kathleen Pozzi

Motion passes

- 4. Approval of Rapid Rehousing and Permanent Supportive Housing Standards:**

Thai Hilton, Coordinated Entry Coordinator, shared PowerPoint presentation covering working groups of RRH and PSH providers that formed to update the community standards for RRH & PSH programs in Sonoma County. The community's RRH & PSH standards have not been updated since 2015. These standards are in alignment with housing first and Continuum of Care PSH and Continuum of Care and Emergency Solutions Grant RRH regulations. Additionally, these standards are aligned with the recently approved Coordinated Entry Policies and Procedures. These standards



provide guidance to RRH & PSH program operators on various aspects of RRH & PSH programs, many of which were not included in the previous document. Community Development Commission staff thank the RRH & PSH providers who collaborated on this important document. Addition made for Non-Discrimination Policy.

Questions/discussion:

Justin Milligan: Question, is this going as is or will it be looked at again for edits, found minor edits. CDC responded- minor edits can be sent to Thai Hilton.

Matthew Verscheure: On PSH provision on page 19, needs exceed services- can language be added around folks who are unable to get IHSS worker, clients can fall into unsafe conditions because of lack of support needed. If providers are not available could providers use this exclusion and remove someone who is unable to care for themselves. CDC staff responded- Provided background that came from PSH providers experience, policy is written prior to being taken when referral is made. All terminations and issues would need to go through Case Conferencing to problem solve.

Susan Pierce- Making sure someone is in the right level of care is always the right thing. Need to look at solutions for people who can't get an IHSS worker. Gave example of experience in different county.

Kathleen Pozzi- IHSS workers are difficult to get despite salaries going up, family members and friends can be IHSS workers to help bridge that gap.

Public Comment: None at this time.

Motion: Justin Milligan motions to approve standards for PSH and RRH; Kathleen Pozzi second's motion.

Vote:

- **Ayes:** Robin Phoenix, Mary Haynes, Matthew Verscheure, Ben Leroi, Justin Milligan, Kathleen Pozzi, Heather Jackson
- **Nays:**
- **Abstain:**

Motion passes

5. **Shelter Monitoring Committee/Set-aside bed policy:** Thai Hilton, Coordinated Entry Coordinator, shared PowerPoint and gave overview on history of shelter set aside policy. In December 2021, the CEA removed shelter referrals from Coordinated Entry (CE) and directed those shelters develop their own intake procedures. Aware that vulnerable individuals would have difficulty in navigating agencies' intake procedures, the CEA directed that 25% of the beds in a shelter be set aside for referrals from outreach providers, hospital social workers and other emergency service providers. Since implementation, CDC staff has received feedback from hospitals and outreach providers that it is very difficult to navigate the different agencies' procedures to place an individual into a bed. There is currently no reporting mechanism to know exactly how many beds



have been filled by outside agencies through the set-aside policy but based on anecdotal reports, the numbers are most likely quite low. Additionally, staff has also heard from the Lived Experience Advisory Board that the current process is too difficult to navigate for many clients. Because there is no bed-availability reporting, social workers or outreach workers have to call each shelter and ask about availability throughout the day. Beds in shelter are filled throughout the day so a bed that is available in the morning, may be filled in the afternoon.

Recommendation:

The CEA should consider alternative shelter intake/shelter set-aside policies/procedures.

- Some potential options
 - Increase the percentage of set aside beds and ask agencies to report bed availability on a Google Sheet or other system daily.
 - Pros: allows referring agencies to see available beds and remove the need to call each shelter.
 - Cons: Shelters report that beds turn over quickly and having to do data entry on multiple platforms is burdensome.
- Develop a centralized system to refer to shelter beds, similar to Coordinated Entry
 - Pros: Centralized system that is easier for clients and emergency service providers to refer to.
 - Cons: Funding and an operator would need to be identified.

The CEA should consider creating a work group to develop a proposal for how to improve the shelter intake process and report back to the CEA committee with its suggestions.

Questions/discussion:

Ben Leroi: Question, how many emergency shelters are participating in the set aside bed process? CDC staff responded- 7 shelters Mary Issak Center, SAY, Sam Jones Hall, Family Support Center, Hearn House (for Veterans, CAP-Sloan House (only for women), Los Gullicos.

Kathleen Pozzi-Do we now for big shelters of those beds how many come from referrals? Should 25% be increased and is there a time limitation on how long someone can stay? CDC staff responded- It depends on shelter for example Sam Jones Hall has several different types of set aside beds that come from different funders. 180 days for all shelters committee is discussing.

Matthew Verschuer: Is Labath landing going to be part of set aside? CDC staff responded- Yes, believe so Thai Hilton has to confirm.

Matthew Verschuer: For Sam Jones Hall set asides are 14 beds, practice is trying to move from set-aside to regular bed so that the 25% can be available.

Robin Phoenix: With COTS process is fairly successful because they have 2 specific persons. This means Emergency services have one person to call not multiple. Would be hard to report open beds.



Mary Haynes: Would like to recommend using a working group to create a list of what each program offers, and eligibility compiled in document and get that out to hospitals and outreach workers for what's an appropriate referral. CDC staff responded- Has document that may need to be updated- has been shared in Eng. and Spa with Hospitals.

Ben Leroi: Feedback from referral providers received has been coordination and system in place to access beds and number of beds vs need. Address system issues but also capacity 25 % seems to low.

Susan Pierce: Hospitals are required to do certain things because of the homeless district planning law, flow in and out of ER peaks at 2-3 in the afternoon where most shelters not available after 3-3:30pm. Great to use a working group to look at centralizing how/when even though list is helpful but not as consistent as one single source would be. Agree with number of beds not being enough.

Matthew Verschuer: CCDSR will be doing reeducation with hospital partners with Carita's Nightingale opening. Will be adding 28 beds- guiding hospitals to nightingale they will have stepdown to SJH outside of set asides

Thai Hilton: Added, unaware who is taking people outside of CCDSR-COTS, part of the problem is there is no data. For entry into other shelters.

Heather Jackson: Agree needs to be work on set aside policy, does Sonoma County have access to the funding that would be needed to develop a centralized system? CDC staff responded- no funding has been identified. Example given was from other community.

Mary Haynes: Is there a group of hospital Social Workers what meets around homeless services and how can Hearn House participate. Response from group: IMDT-Community Transitions of Care meeting

Heather Jackson: Would workgroup invite be sent out broadly or just this group? CDC staff responded- Up to group, can reach out to LEAB and shelter providers.

Ben Leroi: Support idea of work group expand to providers who make referrals and shelters, LEAB. Depends on if the scope of the workgroup is just set aside beds or the whole process for people trying to get into a bed?

Heather Jackson-Suggestion that email go out to Lived Experience/Service Providers and see what feedback is first.

Susan Pierce: Can give suggestions on people. Agree the need to be clear on scope, only set asides or full process? Is Nightingale included in the process given it has another pathway. Matthew Verschuer responded- would like to have someone from NG present.

Thai Hilton: Question, for shelter providers present do you have data that shows how many beds have been filled through 25%?- COTS and CCDSR yes, and can provide.



Public Comment: None at this time.

Motion: Ben Leroi motions to create a working group that will look at the set aside bed policy and gather data on number of referrals that are received. It will involve stakeholders including, shelter operators, lived experience and hospital social workers or other outreach providers that are able to refer to set aside beds. Work group will talk about process and develop a proposal. Susan Pierce seconds motion.

Public Comment: None at this time.

Vote:

- **Ayes:** Robin Phoenix, Mary Haynes, Ben Leroi, Matthew Verscheure, Justin Milligan, Kathleen Pozzi
- **Nays:**
- **Abstain:**

Motion passes

6. Public comment on non agendized items: None at this time.

Meeting adjourned at 1:15pm



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 3 Updates to Coordinated Entry Policies and Procedures

Date: October 19, 2022

Staff Contact: Hunter Scott Hscott@homefirstsc.org

Agenda Item Overview

HomeFirst will regularly provide updates to the Coordinated Entry policies and procedures. Attached is a description of the changes and the rationale for the change.

Recommendation

Approve the updates to the CE policies and procedures.

Summary:

- 1) Change: Remove 1 year required timeline for completing the Standardized Assessment Tool (the VI-SPDAT).

Reason: Required updates based on time elapsed are not supported by OrgCode nor the technical assistance running HUD Assessment and Prioritization cohort that Homefirst and CDC staff have been attending. This requirement has also created some confusion among providers in recent months.

- 2) Change: Participants will be discharged from CES programs after 365 days of no contact with the system. They may be added again at any time without being required to re-complete the full CES Assessment.

Reason: The inactive By-Name-Lists are populated with many people who have not had any system contact in over 365 days. For example, 47.5% (678 people) of the inactive individuals list have not had system contact over 365 days. As we move to a Built For Zero approach towards “quality data” we will need to have a better understanding of those who are likely currently homeless in our community. Furthermore, significant data errors are generated as a result of not having ROIs in place for those who have not had contact with the system in years.

- 3) Change: Enhanced Prioritization: references to the SPDAT have been removed.

Reason: If Sonoma County moves to a new assessment process entirely, the lift required to train Assessors on a separate tool that will be used only temporarily likely is not worth it.

Language changes:

CES Assessment step 3) Standardized Assessment Tool

- 1) After completion of steps 1 and 2 of the CE Assessment, the Access Points will:
 - a. Collect a new CES ROI;
 - b. Complete the Standardized Assessment Tool. Sonoma County CES utilizes VI-SPDAT, TAY VI-SPDAT, and Family VI-SPDAT, along with a series of local questions, as its Standardized Assessment Tool. The VI-SPDAT is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity and vulnerability. These are taken into consideration with other

factors to determine housing and services prioritization. The correct Tool to be used is defined as follows:

- i. VI-SPDAT: Used for all single adults over the age of 24 years and 6 months. Couples without children shall each receive a VI-SPDAT;
 - ii. TAY VI-SPDAT: Used for Transitional Age Youth between the ages of 18-24 and 6 months;
 - iii. Family VI-SPDAT: Used for families with minors who are in custody of the adult(s) more than 50% of the time; this shall only be used for family units with a maximum of 2 adults, and any additional adults shall receive the VI-SPDAT;
- c. Throughout the administration of the Tool, the Access Point shall reference information already gained through previous knowledge, observation, or the rest of the Assessment to assist the participant in answering the questions. If the Access Point already knows the answer to a question, they shall ask permission to use information already gathered in answering the question.
 - d. The participant may choose not to answer any or all of the questions on the Standardized Assessment Tool. If this happens, the Access Point shall reiterate the participant's right to refuse to provide any information, but explain that not answering may affect the CES' ability to refer to the most appropriate housing intervention to meet the participant's needs.
 - e. The Access Point shall not disclose the score to anyone outside of the CES Release of Information list of agencies, including the participant.
 - f. The Standardized Assessment Tool shall be updated if:
 - ~~i. The household continues to experience homelessness 1 year after the Tool was first administered;~~
 - ii. Life changes occur that will significantly impact the score, such as emergency room visits, hospitalizations, learning about a new diagnosis, and involvement in the child welfare system, or juvenile detention center encounters;
 - iii. The Access Point assesses that previous answers were incorrect and the household is willing to update them with the correct information.

iv. To update the tool, the Access Point shall copy the previous HUD Touchpoint and only change the individual answers as needed, rather than readministering the tool in its entirety.

~~g. Any time the Standardized Assessment Tool is updated sooner than 1 year from the previous administration of the Tool, the Access Point shall notify the CES Operator through email of the justification for readministering the tool.~~

***NOTE: All other references to the 1 year re-administration requirement throughout the Policies and Procedures will also be removed if the above change is approved.

By-Name-List Management and Inactive Policy

A participant shall remain on the active list By-Name-List until they are housed permanently no longer eligible for CES due to homeless status, are outside CoC geographic bounds with no planned date of return within 90 days, they voluntarily request to be removed, or there has been no contact with the system in 365 days. A participant shall remain "active" on the By-Name-List" until there has been no contact with the system in 90 days, or all efforts have been exhausted in attempting to contact the participant.

Procedure:

- 1) Housing Programs CES Cooperating Agencies shall notify the CES Operator when a participant is housed no longer eligible for CES due to homeless status or leaves the CoC geographic bounds with no planned date of return within 90 days, and the Operator shall exit the participant from the CES HMIS program and remove them from the By-Name-List.
- 2) Participants may contact any Access Point or the CES Operator directly and request to be removed from the By-Name-List. If this occurs at an Access Point, the Access Point shall notify the Operator of the request, who shall remove them from the list and the CES HMIS program.
- 3) The CES Operator shall perform weekly data cleaning of the By-Name-Lists and remove from active status any participant who has not had known contact with a homeless program (outreach, shelter, safe haven, transitional housing, safe parking, CES) in the HMIS system for 90 days.
 - a. Wherever possible, the operator shall confirm with collaborative system partners who manage similar lists, including Sonoma County Behavioral Health and the Veterans By-Name-List, that the participant is no longer homeless in the community before making them inactive on the By-Name-List.

- b. Fifteen days before making inactive the Operator shall reach out to known contacts of the participant in HMIS to inform them that participant will be removed if no touchpoint is added.
 - c. ~~The list of potential inactive names shall be presented at CES Case Conference to confirm lack of contact from any provider present, before making inactive.~~
 - d. The Operator shall create an “inactive” tag for the participant when doing so which will remove them from the active By-Name-List.
- 4) The Operator shall add the inactive tag to any participant who has had a housing referral rejected because the community present at CES Case Conferencing has unanimously agreed that all efforts have been exhausted in attempting to contact the participant.
- 5) Any participant removed from the By-Name-List **or made inactive** may be re-added **to the active list** at any time with the same Total Prioritization Score when they make contact with the system and choose to be on the list again. They shall not be required to complete the CES Assessment again, though Access Points shall encourage them to **update their assessment if significant life changes have occurred do so if it has been over 1 year** since the last Standardized Assessment Tool was completed.
- a. ~~If a participant does not want to complete the Standardized Assessment Tool again but wishes to be re-added to the By-Name-List after being removed or made inactive, the Access Point fielding the request shall notify the CES Operator along with any updated contact information, who shall re-enroll the participant in the CES HMIS program if necessary and add them to the By-Name-List based on the last information known.~~

Enhanced Prioritization

Additional documentation of service needs and vulnerability may be collected during the Enhanced Assessment phase of the CES Assessment by trained staff. **The documentation provided shall have been created by staff who have the professional ability to do so, e.g. licensed credentials.**

The staff collecting the evidence for Enhanced Assessment shall present the evidence in a case presentation at the CES Case Conference. The CES Case Conference shall be utilized to make the final assessment as a community if a participant should be prioritized higher or lower than their Total Prioritization Score based on Enhanced Assessment evidence. Enhanced Prioritization shall follow Community Prioritization Standards, as well as prioritization standards established in HUD notice CDP-16-11 for PSH. For example, a person may score low in Total Prioritization Score, but **if an outreach worker presents documented evidence of significant behavioral health and physical health disabilities, a SPDAT assessment in which the mental health, physical**

health, substance use, and utilization of Emergency Services sections all scored a 4 each with strong observational evidence, then the community may agree that the evidence presented clearly shows high vulnerability in the two most weighted prioritization standards and therefore should be prioritized for PSH. Conversely, a case may be presented for a PSH referral in which the only evidence for higher prioritization is an ID that shows someone is older than 90. Given the lower weight the community prioritization standards places on “years of age above 65”, the community may decide this case should not be prioritized for PSH.

The community present at the CES Case Conference shall also include in the Enhanced Prioritization and Assessment a determination whether the available housing intervention will meet the needs of the participant being presented for Enhanced Assessment and Prioritization. For example, the additional assessment evidence may show that someone who scored a 7 on the Total Prioritization Score actually has very high emergency services utilization and long term mental health service needs, and the community may determine that the service needs will require longer term assistance than Rapid Rehousing can provide. Or, the Housing Mitigation Form (see **Appendix 7**) may show that a participant with a Total Prioritization Score above the RRH range can have their needs met successfully by a RRH program.

Procedure:

- 1) The Access Point or other provider shall present the additional assessment evidence collected as part of Enhanced Assessment at the CES Case Conference.
 - a. To prioritize a participant for a more intensive housing intervention (in cases where a participant’s Total Prioritization Score is too low to capture their true vulnerability and service needs), these **may shall** include additional documented evidence of vulnerability and service needs and the Enhanced Prioritization Form, ~~or if observational evidence is all that is available, the staff shall complete the SPDAT (tool provided as part of the Access and Assessment training).~~
 - b. To prioritize a participant for a less intensive housing intervention (in cases where a participant’s Total Prioritization Score places them above a housing intervention range that would sufficiently meet their needs), the staff may complete a Housing Mitigation Form (see **Appendix 7**).
- 2) The community shall determine whether the evidence presented places the participant at highest priority for the available housing intervention based on the community prioritization standards.
 - a. The evidence presented must be in alignment with one or more of the community prioritization standards, with prioritization weight also following the standards.

- b. Those present at the CES Case Conference must reach unanimous agreement to finalize any Enhanced Prioritization decision.
- 3) The referral shall be submitted according to the procedures in [E. Referral](#).
- 4) If the referral is not successful for any reason, the participant shall maintain their prioritization status assigned through Enhanced Prioritization. They shall be referred to the next available housing opportunity that targets the assigned prioritization. A separate list shall be maintained by the CES Operator of all participants who have received and been referred according to Enhanced Assessment and Prioritization. Only additional Enhanced Prioritization consensus shall change that participant's prioritization status going forward.



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 4 HMIS/Coordinated Entry Combined release of information

Date: October 19, 2022

Staff Contact: Thai Hilton thai.hilton@sonoma-county.org

Agenda Item Overview

Currently, there are 2 releases of information used in Sonoma County for homeless services. One release is for the Homeless Management Information System (HMIS). This is the main data system for homeless service projects. Its use is required for funding. There is a separate release for individuals assessed and enrolled in CE.

The attached release combines these 2 releases. These releases were combined to reduce paperwork and increase efficiency. This combined release was reviewed by the HMIS data committee and feedback was provided. The HMIS committee supports the combined release as it is more efficient.

Recommendation

Approve the combined HMIS/CE release.

Sonoma County Continuum of Care HMIS and Coordinated Entry System

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

What This Release Does: The purpose of this Release of Confidential Information consent form is to allow the homeless services system to use your information to help with housing/shelter placement and provide you with support services. We will share information with homeless service providers and other partners, verbally or in writing, when we are helping you find housing or providing services you desire. If housing resources become available, you will be notified about the referral(s) being made. Your information will be entered into the Homeless Management Information System (**HMIS**), a confidential HIPAA compliant online database. Your de-identified information may also be used for research purposes. All information entered into HMIS is protected by passwords and encryption technology and steps are taken to safeguard your information in our HMIS system.

Note: If you ever suspect that your confidential information in the HMIS system has been misused, please immediately contact the Sonoma County HMIS Coordinator at Daniel.Overbury-Howland@sonoma-county.org or call the Community Development Commission at (707) 565-7500.

Disclosures and Period of Enforcement: The release you are signing will be in effect for a period of three years from the date of signed authorization by you, unless you wish to identify a different date below:

This consent will expire on (Insert date) _____ (if left blank, this consent will expire three years from date of signature).

Signing this form is voluntary and your records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. If you don't want to sign this consent, you and your family will not be refused services; however, allowing the homeless providers you work with access to this information will help them create a fully informed care plan to help place you into homeless services programs. You have the right to refuse to answer any of the questions during your screening, however, some questions are tied to program eligibility, which means that you could miss out on a potential housing opportunity.

If you do not wish to share your personal information (such as name, date of birth, and Social Security number) you have the option to enroll for services without providing this information. If you are experiencing/fleeing domestic violence, you may want to discuss this with a staff member, so additional measures can be taken to further protect your identity.

Overview: The Sonoma County Continuum of Care HMIS is a shared database used by provider agencies that work together to provide services for those experiencing homelessness. Client information assists the agencies to plan for and provide services. This information will be shared among agencies to provide coordination and delivery of those services.

Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may also be required to enter data into HMIS. Other projects voluntarily enter data

into HMIS to support services coordination efforts. The Sonoma County Homeless Coordinated Entry System (CES), which maintains information in HMIS, provides “no wrong door” access at many CES Cooperating Agencies to housing programs throughout the county, and reduces the work people experiencing homelessness must do to locate housing and move out of homelessness. Participants must consent to any collection, use, and release of their information.

You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org; or call (707) 565-7500. Revocation will take effect the day it is received, but will not affect any disclosure staff previously made.

The list of Sonoma County HMIS Participating Agencies and CES Cooperating Agencies who may have access to your information is on page 5 of this release. Additional agencies may become HMIS Participating Agencies or CES Cooperating Agencies at any time, and you may request a current list of those Agencies at any time.

Agreement to execute using electronic signature: I understand and intend that my electronic signature and electronic initials on this form shall have the same force and legal effect as if signed or initialed with an original ink signature. I represent, warrant, and agree that my signature and initials, whether in electronic or original ink, are a valid, enforceable, and fully effective consent and agreement.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

- I am allowing HMIS Participating Providers and CES Cooperating Agencies to provide coordinated case management for shelter/housing placement and/or services.
- I, as head of my household, authorize HMIS Participating Providers and CES Participating Agencies to collect, update, use, view, and share the following with other HMIS Participating Providers and CES Cooperating Agencies to whom I have been or may be referred for housing, shelter, or other homeless service:
 - Identifying information including full name, DOB, SSN, race, ethnicity, gender, phone number, address, and other similar identifying information
 - Confidential information gathered during the intake or assessment process (including health, personal finance information, and homeless history)
 - Eligibility information including proof of homelessness, veteran status, income, insurance, and disabilities
 - Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
 - Shelter and/or housing program(s) preference and information
 - Record of services provided
 - The date of enrollment and exit in programs and the Coordinated Entry System
- I authorize any CES Cooperating Agencies to share the following information with _____ (contact listed “Participant Info” section of HMIS Dashboard) for the purposes of coordinating enrollment in CES and contacting me when housing opportunities arise:

- Enrollment status in the Coordinated Entry System
- Date of enrollment
- Details of housing opportunity available

• My signature (or mark) indicates that I have read (or been read) the information provided above, have had all my questions satisfactorily answered, and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System or services of an HMIS Participating Agency.

• Information that the agencies on this form share with each other may be re-disclosed by the recipient. I understand that sometimes re-disclosure is allowed by law and my information may no longer be protected by confidentiality laws; for example, if I allow disclosure to a family member.

• I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.

• I understand that participation in HMIS and the Coordinated Entry System is on a voluntary basis. I do hereby release the Sonoma County Coordinated Entry System and its Cooperating Agencies from any liability from any injury, accident, vandalism or theft that may occur during my(our) enrollment in Coordinated Entry. The release includes all family members listed below.

I hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information System (HMIS) Yes No

I hereby decline to provide my personal information into the Sonoma County HMIS and will be assigned a unique code instead of my using my name Yes No

If assigned a code, I give CES Cooperating Agencies the permission to contact me about possible housing opportunities and for updates on my housing situation.

I understand that my number will be kept outside of HMIS and will be secured with the following agency:

_____.

Staff Name:_____ Email:_____

Phone Number:_____ Staff Signature:_____

PRINT NAME (Participant)

REPRESENTATIVE (if applicable, guardian)

SIGNATURE OF HEAD OF HOUSEHOLD or OTHER PARTY DATE

HOUSEHOLD MEMBERS (if applicable):

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Sonoma County Continuum of Care HMIS and Coordinated Entry System

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

The list of Sonoma County Homeless Service Providers (HMIS Participating Agencies or CES Cooperating Agencies) who may have access to your information is listed below:

Housing/Shelter/Outreach/Homeless Services Providers

- Access Sonoma Interdepartmental Multidisciplinary Team, IMDT
- Buckelew Programs
- Burbank Housing
- Catholic Charities of the Diocese of Santa Rosa, CCDSR
- Committee on the Shelterless, COTS
- Community Action Partnership Sonoma, CAPS
- Community Support Network, CSN
- Corazon
- Downtown Streets Team
- Homeless Action Sonoma
- Homes for the Homeless
- Interfaith Shelter Network, IFSN
- HomeFirst
- Nation's Finest
- PEP Housing
- Petaluma People Services
- Reach for Home, RFH
- Redwood Gospel Mission, RGM
- Saint Vincent de Paul, SVDP
- Santa Rosa Junior College Student Resource Center
- Santa Rosa Housing Authority
- Social Advocates for Youth, SAY
- Sonoma Applied Village Services, SAVS
- Sonoma County Housing Authority
- Sonoma Overnight Support, SOS
- TLC Child and Family Services
- US Dept of Veteran's Affairs, VA
- Unsheltered Friends Outside
- Wallace House
- West County Community Services, WCCS

Healthcare/Behavioral Health Providers

- Alexander Valley Healthcare
- Apple Valley Post-Acute
- Beacon Health Strategies
- Athena House
- Child Parent Institute, CPI
- Creekside Post-Acute
- Drug Abuse Alternative Center

- Face to Face, F2F
- Kaiser Permanente, KP
- North Bay Regional Center
- Petaluma Health Center, PHC
- San Francisco VA Healthcare Care System, VA
- Santa Rosa Post-Acute
- Santa Rosa Community Health, SRCH
- Sober Sonoma
- Sonoma County Behavioral Health, SCBH
- Sonoma Valley Community Health Center
- St. Joseph's Health
- Sutter Health
- Turning Point
- West County Health Centers
- Women's Recovery Services

Justice System

- California Department of Corrections and Rehabilitation
- County of Sonoma Probation Department
- County of Sonoma- Superior Court of California
- North County Adult Detention Facility
- Sonoma County Main Adult Detention Facility

City/County Government Offices

- City of Petaluma Housing Department
- Sonoma County Human Services Dept, SCHSD
- Sonoma County Public Health Services

Intimate Partner Violence Services Provider

- Family Justice Center, FJC
- The Living Room
- Verity
- Young Woman's Christian Association of Sonoma County, YWCA

Other

- Legal Aid Sonoma County
- Red Cross
- Sebastopol Public Library
- The Volunteer Center of Sonoma County
- Vet Connect
- Overland, Pacific & Cutler, LLC, OPC



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: Local Preference for HHAP-funded projects

Date: October 19, 2022

Staff Contact: Thai Hilton Thai.hilton@sonoma-county.org

Agenda Item Overview

A local preference limits service in a housing or shelter program to individuals living in a specific geographic area. In general, local preferences are prohibited in homeless-service programs because federal and state funds are intended to serve the region. All of Sonoma County is considered our region in the eyes of the State and HUD.

West County Community Services has a Rapid re-housing program that has a local preference for individuals who have been assessed by a health center in west county. The program is funded with HHAP funding and is supported with local funds. The preference is only for those who have been assessed by a health center. It does not include all who are experiencing homelessness in west county. Staff initially denied the use of the local preference as we were under the impression that it was not permitted. To be sure, staff reached out to the state for clarification. Their response, attached to this summary, stated that they did not prohibit the practice but discouraged it.

West County Community Services states that the program was originally funded locally and was intended to only serve those in west county. They also state that having to serve individuals who live in distant areas would be a burden to their staff. They would like to keep the local preference.

Staff believes that a local preference does not align with the region efforts that the local CoC is pursuing. Staff is asking the Coordinated Entry Advisory Committee (CEA) to decide if a local preference will be allowed for housing programs funded with revenue that allows a local preference. If CEA approves, certain aspects of a local preference need to be clarified. The list of questions below would have to be answered so that Coordinated Entry can have a consistent process for providing referrals. As HHAP funding is increasing, it is possible that other providers may seek these funds to provide localized services. To be clear, if this is approved by this committee, it would be limited to programs that are funded with local funding or HHAP-funded projects.

Questions/areas needing clarity

- 1) **Should a local preference be allowed?**
- 2) **If yes,**
 - a. **Define local preference:** Local preference can mean something different to each agency or region that institutes it. The west county project defines it as anyone who has been assessed by a west county health center. This does not include anyone who may not have been assessed by a health center nor does it account for individuals who may be from west county but are



experiencing homelessness in another part of the county so they can receive services, like a family with minors using a family shelter. It does not include anyone who may receive their healthcare from a provider that is not a west county health center. Finally, it does not account for participant choice, a basic tenant of housing first and Coordinated Entry. Individuals can indicate areas they are interested in living, including being open to any opportunity. CE would like a definition of a local preference, preferably one that include participant choice.

- b. **Determine the extent of the preference:** Should the preference be in effect until all local individuals have been served or will referrals stop? There are roughly 20 referrals that can be made.

Recommendation

Staff does not support a local preference as it is not aligned with regional efforts to end homelessness and it is discouraged by the funder. Additionally, local preferences do not allow for participant choice. The CE assessment captures a preference for an area to live in. Also, some individuals have no preference of where they want to live and would accept housing anywhere. Local preferences do not account for these individuals and their preferences.

Staff feels strongly that the community needs to find a new assessment tool and redesign the community's assessment process. There are ways to incorporate local preferences into a prioritization system that do not run afoul of CE regulations and include client choice. Staff feels that the local preference should not be permitted until the community can develop a consistent prioritization process that accounts for participant choice.

From: [HHAP](#)
To: [Thai Hilton](#)
Subject: RE: Local CES preference and use of HHAP funds
Date: Tuesday, September 13, 2022 4:47:51 PM
Attachments: [image002.png](#)
[image003.png](#)

EXTERNAL

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Hi Thai,

Thank you for your patience as we considered this question. HHAP funds are intended to support regional coordination and serve the individuals of the jurisdiction they are awarded to while also being able to be used in collaboration with regional partners to serve the region as a whole, and discourages local preferences for services. And, we generally recommend that services be delivered in accordance with your local CES processes. That being said, this is also a decision that Sonoma County, as the primary recipient of the funds can determine for your contractors and include in your subcontracts. Essentially, you can determine to not allow your contractor to implement local preference.

Please let us know if we can further support you with this.

Best,

Emily Moran-Vogt (*she/her*)

Grants Administration Supervisor

California Interagency Council on Homelessness (Cal ICH)

Cell: (916) 566-9232



**California
Interagency Council
on Homelessness**



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From: Thai Hilton <Thai.Hilton@sonoma-county.org>

Sent: Friday, September 2, 2022 3:47 PM

To: HHAP <hhap@bcsh.ca.gov>

Subject: Local CES preference and use of HHAP funds

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: Thai.Hilton@sonoma-county.org

Hello,

I am reaching out from Sonoma County. We recently switched Coordinated Entry operators and we are trying to update some of our local CES policies and procedures. We have a Rapid Rehousing project that is using HHAP 3 funds that serves a rural community. They state that they have a local preference in their program meaning that they are only willing to serve people who are experiencing homelessness in the west part of our county. Our CE policies do not allow for a local preference rather individuals are referred to RRH projects based on vulnerability to anyone in our community enrolled in CE and within the scoring scheme for RRH. We are trying to figure out if this is permissible. Can agencies using HHAP funding institute a local preference for their programs? Are you able to answer this question? If not, can you direct me to someone who can? I appreciate your time.

Thanks,

Thai Hilton
Coordinated Entry Coordinator
Sonoma County Community Development Commission
1440 Guerneville, Rd.
Santa Rosa, CA 95403
Ph: (707) 565-7548
Fax: (707) 565-7583



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Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 6. Coordinated Entry Assessment Tool

Date: October 19, 2022

Staff Contact: Thai Hilton thai.hilton@sonoma-county.org

Agenda Item Overview

Our community uses a locally modified version of the VI-SPDAT assessment tool. Many feel that this tool is flawed and should not be used. Some feel that the tool does not accurately capture vulnerability and it the tool has been shown to have racist outcomes. One report found that on average, BIPOC clients receive statistically significantly lower prioritization scores on the VI-SPDAT than their white counterparts (Wilkey, Et. Al. 2019). Because the tool is used to determine referrals to supportive housing project, the tool is contributing to inequities in our homeless-service system.

CDC staff and HomeFirst believe that the community should begin conversations about replacing the tool. If directed by the CEA committee and the CoC board, staff and HomeFirst can begin researching new assessment tools and processes and can develop a proposal for how to move forward. An assessment tool is a major aspect of any Coordinated Entry system, therefore, robust community engagement will be needed to design a local assessment tool and process. Additionally, there are ways to develop a prioritization system that can include local preferences that do not run afoul of CE regulations and include client choice, something that is desired in the community.

Recommendation

Recommend to the CoC board that the community begin the process of redesigning their assessment tool and process.