

Coordinated Entry Advisory(CEA) Committee September 21, 2022

Technical difficulties/written public comment

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comment, please contact Thai Hilton at

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Permanent Supportive Housing (PSH) & Rapid Rehousing (RRH) Standards

- Working groups of RRH & PSH providers was formed to update the community standards for RRH & PSH programs
- The community's PSH & RRH standards have not been updated since 2015.
- These standards align with Continuum of Care (CoC) PSH regulations, ESG & CoC RRH regulations, Housing First principals and the Coordinated Entry Policies and Procedures.
- The standards contain a large amount of guidance to PSH & RRH program operators.

Shelter Set-aside bed policy

- In December 2021, the CEA removed shelter referrals from Coordinated Entry (CE) and directed that shelters develop their own intake procedures.
- To accommodate vulnerable individuals, 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, 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.
- Additionally, staff has also heard from the Lived Experience Advisory Board that the current process is too difficult to navigate for many clients. Some reported that they preferred a centralized system for filling the beds. Hospital partners too have echoed this sentiment.

Shelter Set-aside bed policy

- Because there is no reporting of beds, social workers or outreach workers must 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. This means that anyone who is seeking a bed must call each shelter throughout the day to inquire about beds, a cumbersome process.
- The current policy for shelter intakes is uncoordinated, different from agency to agency, and very difficult to navigate for someone experiencing homelessness and is as difficult for those who refer to the set-aside beds. Stakeholders would like some type of community-wide coordination or at the very least a daily report of how many available beds there are at any given time.

Shelter Set-aside bed policy recommendations

- 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 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.
 - Consider creating a work group to develop a proposal for how to improve the shelter intake process.