



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

**Agenda for August 18, 2021
12:00pm. – 2:00pm. Pacific Time**

Zoom link:

https://sonomacounty.zoom.us/webinar/tJUvcOGqjsoGNJbGZAY6tfZAuD5-1chSZRZ/ics?icsToken=98tyKuCprDwiGtCVshuBRowcAI_CWfTwIGJBjY13njfIhkFdgXMF_dmZ_8uE9Dj

	Agenda Item	Packet Item	Presenter	Time
1.	Welcome, Roll Call and Introductions		Committee Chair	12:00pm
2.	Approval of agenda (Action Item)	1	Committee Chair	12:05pm
3.	Approval of minutes from 8/11/21 meeting (Action Item)	2	Committee Chair	12:10pm
4.	Review of updated CES RFP and scoring matrix	3	Committee Chair	1:00pm
5.	EHV: centralized housing location and other implementation updates		Committee Chair	1:35pm
6.	Public Comment on non-agenized items		Public	1:55pm

PUBLICCOMMENT:

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 Board Meeting Meeting Minutes

August 11, 2021

3:00 pm – 5:00 pm Pacific Time – Meeting held by Zoom

Meeting Recording: Topic: CEA Committee Special Meeting

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Meeting Recording:

<https://sonomacounty.zoom.us/rec/share/PoVO8ChI-DLTNeFR1nwt0NF-SBbDbU0XngNURNnkCteK26bE-SKvcQV5cJSFxdeq.unlR8ucD2Gq4vzRS>

Welcome and introductions: Meeting called to order at 3:00 pm.

Roll Call was taken:

Present: Jennielynn Holmes, Robin Phoenix, Amy Ramirez, Jed Heibel, Kathleen Finigan, Asya Sorokurs, Tanya Carvajal (proxy for Lisa Fatu), Margaret Sluyk

Absent: Jaclyn Ramirez, Mark Krug, Mary Haynes, Ben Leroi, Tom Schwedhelm

Approval of the Agenda: Asya Sorokurs motions to approve the agenda, Robin Phoenix seconds

Public Comment: None

Ayes: Jennielynn Holmes, Robin Phoenix, Amy Ramirez, Jed Heibel, Kathleen Finigan, Asya Sorokurs, Tanya Carvajal (proxy for Lisa Fatu), Margaret Sluyk

Nays: None

Approval of the minutes from August 5th:

Kathleen Finigan noted that at the end of the last meeting she stated her concerns about the very limited time frame for using these vouchers and she would like that to be reflected in the minutes.

Public Comment: None

Robin Phoenix motions to approve the minutes with the addition of Kathleen's statement. Asya seconds.

Vote:

Ayes: Jennielynn Holmes, Robin Phoenix, Amy Ramirez, Kathleen Finigan, Asya Sorokurs,

Nays: none

Abstain: Jed Heibel, Tanya Carvajal (proxy for Lisa Fatu), Margaret Sluyk



Jennielynn states that this meeting is to discuss the implementation of the EHV vouchers and opened it up to the HAs to outline what they need.

Martha (SCHA) states that she would like to know how the referrals will go to the HA and which groups would go first referred.

Staff mentions that he recommends RRH to be the first referred group as they would be quick lease up. He also suggested that a group may convene to work out referrals.

Rebecca Lane (SRHA) mentions that the HAs have developed a universal intake packet and are working on a training.

Jennie then opened up the meeting to the members to share their questions.

Asya states that she would like to see all of the information in one place that will be easy to access

Tanya (proxy for lisa) wanted to know: What project in HMIS the clients would be enrolled in and who would be accepting the referrals, wants clarification on the issuance process and clarification on who would provide the case management and for RRH clients, how would they be enrolled in HMIS.

Jed mentions that there was an error in the agenda and the meeting minutes that were to be approved were from August 5th but the agenda stated that the minutes that were to be approved were from 7/16/21 and he was unclear about which the vote was on. Staff stated that the date in the agenda was incorrect and that the minutes that were approved were from 8/5/21 not 7/16/21. Staff stated that he thought it would be a good idea to redo the vote so that everyone was clear on what they were voting on. Committee decided to do another vote

Approval of minutes from August 5th:

Motion: Jed motions to approve the minutes from August 5th. Asya seconds

Ayes: Jennielynn Holmes, Robin Phoenix, Amy Ramirez, Jed Heibel, Kathleen Finigan, Asya Sorokurs

Nays:

Abstain: Tanya Carvajal (proxy for Lisa Fatu)

Margaret asks about case management and would also like to know who will be providing it.

Kathleen asks how many individuals are on the ground who can go out and get clients document ready. She also wanted to know if housing navigators can start to identify units. She thinks that waiting to look for units would be waiting too long and that the process should start right away.

Public Comment on what implementation discussions should be had: Ted Norquist, Gregory Fearon at 24:53 of recording.



Training from HAs

Rebecca states that they are working on developing a training and would like to get a training going in the next week.

Jennie asks if the county can post that to their website. Thai states that it can.

Karissa also states that she could do a CH documentation training as well.

Project in HMIS

Thai states that the CES participation is limited and they only need to receive referrals from CES and no further HMIS involvement is needed.

Tanya would like to know how it is going to work for participants who are not enrolled in CES.

Thai responds that the CES policies were amended to allow the enrollment into CES and that clients in RRH would have to be enrolled in CES and then referred to the program with a screenshot or referral form.

How to determine who the referrals will come from and how they will get to the HAs

Martha states that the HAs can take 10 referrals at a time each (20 total). She stated that she thinks that it should take a few weeks for them to process the referral. She states that the process is: A completed packet will be received by the HA, the HA would reach out and schedule an appointment with the client and service provider to go over documents. In regard to which HA the clients should be referred to, she stated that the client should be referred to the HA for where they would like to live.

Tanya asked if the voucher had to be leased up by the end of October or issued.

Martha stated that HUD would like to get as many people leased up as possible before October 31st but there would be no penalty for not being able to do that.

Jennie asks if the CoC can ask for an extension of the vouchers.

Martha states that there is no need for an extension and that the vouchers come with searching time.

Margaret asks if we know how many units in Sonoma county that qualify for section 8 that are available.

Martha states that the HA maintain an AUL but those are limited and that there is no other inventory that she knows of.

Jennie wants to know if there is a process for setting aside vouchers for units that are coming online

Martha mentions that they can't be project based. Rebecca mentions that there would have to be an agreement between the owner and the agency and that the HA does not have an ability to set them



aside. She then mentions that with advanced notice, the HA could expedite the process by doing a pre-inspection.

Kathleen states that she was under the impression that the vouchers had to be used by October 31st and asked for clarity.

Martha states that HUD's target date is October 31st but that not reaching that goal would not mean the community would lose the vouchers. She explains that HUD bases the number of vouchers that are issued to based on how many vouchers the HA uses in a currently in use so they more that are leased up, the better.

Amy Ramirez asks if there is any mass outreach to LLs or incentives. Jennie states that there is no current plan to do that but that may be done in the future.

Martha states that HUD has provided \$3,500 per voucher of funds that the HA can use for many different uses: LL incentives, furniture etc. She states that these funds can not be duplicative. The agency that refers the person cannot have a similar service that would provide that assistance. For example, if the hospital were to refer people, those individuals would be eligible as the hospital does not have these funds. Martha states that HUD wants the community to look for all similar portions and use those before using these funds.

Martha states that the HAs do not want to receive referrals from multiple places at once. She suggests a working group to decide who is going to be referred.

Asya states that she is concerned about only taking referrals from one group at a time and that all groups could be referred at a time.

Jennie asks if the committee would like to create another working referral group. She states that CCDSR could provide administrative support.

Jed suggests that the committee talk about the sub populations and which agencies they are involved with and use those agencies and existing groups to decide on referrals.

Jennie proposes to let the TAY referrals go through SAY. The DV population would be referred through WYCA and Verity to determine their referrals, the high users of medical care subpopulation would be referred through "community transitions of care". The other populations would have to go through a working group.

Amy states that the hospitals would not be able to help get clients document ready. Jennie states that the clients have to be connected to a support service for them to be eligible to be referred.

Amy asks Jed if there would be a way to figure out who is connected with services and then refer the other clients to the CH group.

Kathleen states that she is concerned that the process is slow and that she is worried that there won't be a dent made in the homeless population (check this at 4:23pm)

Jed asks if HMIS has the ability to identify who is CH and use that system.



Jennie states that the CE list is going to be used as the first tier. She then explained the other tiers.

Jennie restates her proposal to let the 5% TAY referrals go through SAY. The 5% DV population would be referred through WYCA and Verity to determine their referrals,”. The other populations would have to go through a working group.

Jed asks why they don't just use the CES by names list (BNL). Jennie goes over the tiered process where CES BNL is used, followed by community BNLs and finally outreach groups.

Asya states that she thinks that one group will be a massive undertaking.

Margaret states that she thinks one group is good idea.

Public comment: Gery LaLonde-Berg, Gregory Fearon, Colleen Halbohm, Jennifer Harte

Motion: The CEA will create a referral working group to work on creating a BNL for the referral categories for all populations except TAY and DV subpopulations. The group will identify the clients, identify the service agencies that will make sure the clients have support to get document ready and get the referral to the HA. CCDSR will provide administrative support.

Robin Phoenix motions to approve, Tanya seconds

Ayes: Jennielynn Holmes, Robin Phoenix, Amy Ramirez, Jed Heibel, Kathleen Finigan, Asya Sorokurs, Tanya Carvajal (proxy for Lisa Fatu)

Nays:

Abstain:

Jennie states that there is another meeting next week. She asks the group if any EHV will be agenized. The group agrees.

Thai states he will include other committee members. Thai then asks if the TAY and DV subpopulation can move forward with referrals. The group agrees.

Tanya states that she would like to have the training and then would be ready to refer.

Public Comment on non-agenized items: Gregory Fearon 1:59:06 of the recording.

Meeting is adjourned at 5:01pm.



Continuum of Care (CoC)

Sonoma County Continuum of Care

Purpose

The Sonoma County Continuum of Care invites submissions from qualified nonprofit agencies to operate a Coordinated Entry System, using available funds in the amount of \$349,991. The resulting contract would be for operations of the CES system for 2 years with annual performance reviews and funding contracts.

Timeline:

Date	Event
TBD	Release of RFP
TBD	Responses to RFP due

Section 1: Project Background and Funding Information

The Sonoma County Community Development Commission (CDC) is a local governmental agency responsible for administering affordable housing and other programs in Sonoma County, CA. The CDC serves as the host agency for the Sonoma County Continuum of Care (CoC) and Homeless Management Information System (HMIS) and is the recipient of the US Department of Housing and Urban Development (HUD) Project Number CA1173L9T041200, under which the Coordinated Entry System Project is funded. Thus, the CDC, on behalf of the Sonoma County Continuum of Care, is seeking respondents—either a single agency or a collaborative with a single lead agency—to implement a combined project including Coordinated Entry for a total contract award of \$349,991.

Funding is available for the operation of the Coordinated Entry system program through Continuum of Care funding in the amount of \$349,991 for the first year, and is anticipated to be the same amount in subsequent years assuming performance goals are met. CoC funds are governed by their own set of federal rules and regulations as published in the HUD 24 CFR §578, the Continuum of Care Program Interim Rule:

<https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>.

Eligible Applicants:

Eligible applicants may include private nonprofit organizations, or State or local government entities or instrumentalities. Coordinated Intake services will be made available county-wide to homeless families with children in order to meet the HUD mandate that the centralized system serve the Continuum of Care's entire geography.



Continuum of Care (CoC)

Sonoma County Continuum of Care

Coordinated Entry Requirements:

The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 included a requirement that all local homeless Continua of Care (CoC's) establish a centralized or coordinated entry point into the local homeless system of care.

On July 28, 2014, the HUD Office of Community Planning and Development published Notice CPD-14-012 titled "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status,"

(<http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>). Section IV.A. of the notice reiterates the provisions of 24 CFR 578.7(a)(8) which require that each CoC establish and operate a centralized system to provide initial, comprehensive assessment of the needs of individuals and families for housing services. *The notice identifies a clear priority for permanently housing homeless persons based on the severity of their needs as an individual or family, rather than on a first come, first served basis, and suggests adoption of standardized, evidence-based assessment tools to accomplish this.*

The Sonoma County Coordinated Entry System (CES) prioritizes crucial services such as Rapid Rehousing (RRH), Emergency Shelter (ES), Transitional Housing (TH), and Permanent Supportive Housing (PSH). Participants are prioritized in HMIS using the VI-SPDAT evidence-based screening tool, unless those presenting for services can be diverted. Currently, CES provides walk-in services with 20 different Access Sites (AS) in all 5 regions of the county. Specialized AS were designed to help support people with a history of domestic violence and those diagnosed HIV/AIDS. The System prioritizes those with the highest vulnerability, the lengthiest homelessness, highest usages of emergency services, those with disabilities and those who are literally on the streets for all services. Additional prioritization factors for vulnerability are factored into scoring for families and the youth population. The Continuum of Care Board recently formed the Coordinated Entry Advisory Committee (CEA) to oversee the Coordinated Entry System. The Continuum of Care Board will have the final approvals of the recommendations of the CEA Committee.

Recently, the Sonoma County Continuum of Care Board voted to make the Sonoma County CES a Housing focused referral system, removing the responsibility of shelter referrals from CES. CES would be responsible only for referrals to Rapid Rehousing and Permanent Supportive Housing programs. In FYs 19-21, CES has averaged approximately 193 referrals to housing programs.

Funding Overview	
Remaining Funding for FY 2021	TBD
Funding for FY 2022	\$349,991



Continuum of Care (CoC)

Sonoma County Continuum of Care

Scope of work:

The selected provider is responsible for ensuring the Coordinated Entry System is administered in accordance with the requirements of applicable notice(s). In addition to the regulatory and working provisions outlined above and in the background documents, the respondent will explain how they will demonstrate the following:

1. Demonstrate an ability to serve clients in all geographic areas of the county.
2. Demonstrate strong partnerships with local service providers and with City and County medical providers or a plan on how to develop relationships with providers and stakeholders.
3. Access Points: Develop a plan to support community partners who will provide access points to the CES system and to expand access points to provide better coverage. Including providing regular, on-going training and technical assistance to access points.
4. Develop a plan to map all available access points and provide a gap analysis.
5. Provide an appeals body for denials that is run by a non-conflicted agency/body.
6. Provide a regular case conferencing meeting of local service providers to address barriers to clients accessing housing programs.
7. Conflict of interest policy. Operator is responsible for operating the local CES process for Sonoma County and must not have a conflict of interest (does not accept referrals from the CES). If the operator does have a conflict, they must demonstrate measures they would put in place to address it.
8. Demonstrate financial stability within the agency.
9. Demonstrate how your organization will use data and other information as a self-evaluation tool to ensure CES is operating well and how you will use that data to inform your decisions.
10. Manage the By Names List and prioritize referrals.
11. Develop processes to assist clients with acquiring documents that are needed to access housing programs.
12. Operator prioritizes referrals to local projects within the County of Sonoma.
13. Demonstrate a staffing structure that has the capacity to work with vulnerable populations, has knowledge of or the ability to learn and correctly use the Homeless Management Information System (HMIS).
14. Demonstrate the ability to leverage outside funding sources (in kind or match)
15. Demonstrate a capacity to serve individuals who lack technology and connect them to services.
16. Demonstrate a plan to outreach to and serve special populations including but not limited to: Transitional Aged Youth, Families, LGBTQ+, individuals with severe physical or mental disabilities.
17. Demonstrate an ability to prioritize and refer approximately 193 referrals to housing projects in the CoC's jurisdiction in a timely manner.



Continuum of Care (CoC)

Sonoma County Continuum of Care

18. Complete the attached budget including additional funds that may be leveraged.

Responsibility of the Sonoma County Community Development Commission (CDC):

1. Contract with, and oversee the work of, the selected program operator.
2. Support the Coordinated Intake Program in HMIS and document the HMIS data collection requirements, including management and performance reporting for the Coordinated Intake program.
3. Monitor and evaluate all Coordinated Entry System Project data reporting in HMIS.
4. Monitor program effectiveness and facilitate recommended changes to the scope of work.

Other Information:

Upon submission, all applications shall be treated as confidential documents until the selection process is completed. Once the notice of intent to award is issued by the CDC, all submissions shall be deemed of public record. In the event that an applicant desires to claim portions of its submission exempt from disclosure, it is incumbent upon the submitter to clearly identify those portions with the word "Confidential" printed on the top right-hand corner of each page for which such privilege is claimed, and to clearly identify the information claimed confidential by highlighting, underlining, or bracketing it, etc. Examples of confidential materials include trade secrets. Each page shall be clearly marked and readily separable from the submission in order to facilitate public inspection of the non-confidential portion of the proposal.

The CDC will consider a submitter's request for exemptions from disclosure; however, the CDC will make its decision based upon applicable laws. An assertion by a submitter that the entire submission, large portions of the submission, or a significant element of the submission, are exempt from disclosure will not be honored and the submission may be rejected as non-responsive. Budget details, deliverables, and terms of payment shall be publicly available regardless of any designation to the contrary.

The CDC shall not be liable for any pre-contractual expenses incurred by the respondent or selected contractor. The County of Sonoma shall be held harmless and free of any and all liability, claims or expenses incurred by, or on behalf of any person or organization responding to the Coordinated Entry System RFP.

Any agency or representative of an agency representing a respondent shall not influence or attempt to influence any member of the selection committee, employee of the Sonoma County Community Development Commission or the Sonoma County Board of Supervisors, with regard to the acceptance of the RFP submission.



Continuum of Care (CoC)

Sonoma County Continuum of Care

Scoring Matrix: insert here

Response:

Respondents will be required to submit their responses in writing before 5:00pm on _____, 2021. Respondents must submit all required documents via email to Thai Hilton with the Sonoma County Community Development Commission at Thai.Hilton@sonoma-county.org or in person at 1440 Guerneville Road, Santa Rosa, CA 95403.

DRAFT

Coordinated Entry RFP scoring Matrix

Scoring Key: Score the applicat's response and as

Priortization criteria	Applicant 1	Applicant 2	Applicant 3	Basis for scoring	Scoring justification
Geographic Equity: Points available:				Applicant is able to demonstrate how they would serve the entire geogrpahic area of the county or to leverage existing CBOs to provide access points	
Demonstration of strong local partnerships Points available:				Agency is local to Sonoma County or they have documented relationships with service providers and understand the needs of the community	
Technological capacity Points available:				Agency has expereince with HMIS or other large data systems. Agency has a track record of high data quality	
Appropriate organizational capacity Points available:				Agency's size is sufficient to meet all of the needs of the program	
Ability to respond quickly to client needs Points available:				Applicant has demonstrated how they would quickly respond to calls for service	
Ability to leverage resources Points available:				Applicant has funding commitments from other sources or a plan for leveraging other resources to supplement available funding.	
Demonstration of robust training program for on-going training for service providers: Points available:				Applicant has a robust training plan that clearly outlines how they will provide on-going training to service providers and access points.	
Expereince with HUD programs Points available:				Applicant has experience with other HUD funded programs, particularly programs that serve individuals experiencing homelessness.	
Applicant provided performance metrics for their existing programs Points available:				Applicant provided performance metrics for existing programs. Performance metrics show that the applicant was successful at running a homeless service program	
Conflict of interest policy that ensures for equity Points available:				Applicant's conflict of interest policy clearly outlines how they would handle referrals to their agency and the policy provides an equitable method for referrals to their agency. Note: If the applicant is not an operator of any program that receives referrals from CES, score full points	
Cultural competency and understanding of or experience with working with a diverse community Points available:				Applicant demonstrates how they would serve a diverse population while ensuring equity in service delivery. Applicant's response shows an awareness of the structural racism and how that has impacted communities of color.	
Administrative Capacity Score	0	0	0	Applicant is able to demonstrate that their agency's administrative capacity is sufficient to meet the needs of the Coordinated Entry System.	