Margaret states that she appreciates the leadership that Dave has demonstrated in this transition. She also mentioned that she sees good in this model and she thinks that the plan can work if the community works together.

Hunter (CE operator director) provides an update on the transition. In terms of staffing, HomeFirst (HF) projects to be fully staffed by next week. The policies and procedures are not yet ready as HF and CDC staff have had to conduct more informational sessions than expected. It is projected that the policies and procedures will be ready at next month's CEA meeting. He states that the committee will be able to provide feedback

Staff provides an update of the concerns that have been relayed to HF and CDC staff. Kaitlin (CE operator staff) mentioned that she has heard a lot of concern about the hotline not being active. She notes however that many of the calls are for 211 and not CE resources

Hunter highlights some of the benefits of the model. A recap of this is on page 8 of the packet. He also provides an update of the feedback that was received from community survey.

Kathleen P. asks if there is a formalized process for access to the CE system.

Kaitlin responds that yes, there is a standardized process for CE but she notes that there are slight differences for the sub populations.

Ben comments that he is a proponent of case conferencing. He believes that it is the best way for a client to get directly into housing. He acknowledges that it does require staff time to attend those meetings but he feels that attending is a reasonable expectation. He notes that this model is a best practice that should be used in our community.

Kathleen Finigan wants to know if there is a chance in reinstating a hotline. She thinks that there should be someone live on the hotline.

Hunter responds that the hotline is not something they planned for and that if they were to do that, it would require additional staffing and funding. HF wants to remove themselves as the direct service provider.

Staff notes that CE is not intended to be an emergency service.

Kathleen Finigan mentions that she thinks that there should be some type of hotline for people to call when they have a housing crisis

Mary wants to know how clients are getting this information and how shelter providers are connecting. She mentions that in the past, there was a guide for people experiencing homelessness and there was a staff person who helped orient new case workers to the services. She thinks that it would be great to have a meeting like that.

Hunter states that the operator has held 6 community listening and information sharing. He also notes that they have only received 24 voicemails for services.

Mary states that she would like to see coordination of shelter providers.

Staff mentions that the proposed Shelter Monitoring Committee may be able to address some of Mary's concerns.

Kathleen Pozzi asks who mans the hotline and what they calls are about. She also wants to know how people experiencing homelessness receive information about the hotline. She also asked how many access points there are currently and how many there will be.

Kaitlin states that she responds to all of the voicemails that are left on the hotline number. Half of the calls are related to CE the other half are related to 211 services (general social services, affordable housing waitlist info). She also states that this number has been communicated to the community for several years.

Kathleen Finigan states that she is concerned about clients not having access to emergency services available for clients.

Margaret asks what kind of calls came into the old hotline. She also asks how does the community make sure the distribution of the CE workload doesn't fall on one agency in particular. She states that there should be an open HMIS system to have a more collaborative system.

Jennielynn states that the Homeless Services Center is a well-known access point and they have seen a large increase in CE workload and there should be some discussion on how to resolve that large increase on services.

Heather asks if the access points are going to be listed on the county website. Staff responds that the access points are listed on the website.

Heather then asks about shelter and how clients can get information. Staff lets her know that the information is listed on the website.

Kathleen Finigan states that she thinks there needs to be a new paradigm for people in need. She mentions that during the last freeze warning, people were directed to shelters when they can't access shelter in that way. She thinks that there is too much bureaucracy.

Jennielynn states that her agency has a high volume of CE need on her agency. She wants to make sure that we are able to increase access throughout the community. Another point of discussion is how to make sure who the assigned navigator is for someone enrolled in CE. How do we know who still holds the transitioning process?

Dave states HF and CDC staff are going to be working with 211 to improve the service that they have. Secondly, he states that staff will look at access site impact to assess the need for additional resources, thirdly, staff will be monitoring the case conferencing process to make sure it is working.

Margaret adds that she would like a better understanding of what the CoC board needs to approve as the transition moves forward.

Jennielynn states that she doesn't think that the CEA is ready to make a recommendation forward. She thinks that at the next meeting the new policies and procedures would be approved and go to the CoC board. She states that she would need to see a system flow.

3) Prioritization for Permanent Supportive Housing. Pg. 29
   - 1st priority: Chronically Homeless households with Severe Service Needs.
   - 2nd Priority: Homeless households with a Disability with Severe Service Needs.
   - 3rd Priority: Homeless households with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
   - 4th priority: Homeless households with a Disability Coming from Transitional Housing.

4) Prioritization for Rapid Rehousing pg. 30. Phasing out of "housing in hand" referrals.
   - From June 2022 – September 2022, 50% of referrals to each Rapid Rehousing Provider each month will be prioritized according to the Community Prioritization Standards, and 50% will be set aside for participants who have already identified housing.

   - From October 2022 – December 2022, 80% of referrals to each Rapid Rehousing Provider each month will be prioritized according to the Community Prioritization Standards, and 20% will be set aside for participants who have already identified housing.

   - Beginning January 2023, 100% of referrals to Rapid Rehousing will be prioritized according to the Community Prioritization Standards.

   - This is an important and needed change to our Coordinated Entry System. The current practice of housing in hand referrals does not align with CE regulations because there is no prioritization of individuals seeking to access Rapid Rehousing (RRH). Additionally, some RRH providers have limited many of their referrals to only those with housing in hand. This reduces the availability of an important intervention. This policy will impact the pairing of Emergency Housing Vouchers with RRH. Staff is developing a plan to ensure that this policy change does not negatively impact the EHV program.

5) The CES Case Conference is the forum in which participant prioritization, referral, eligibility, transfer, and referral rejection decisions are made transparently and agreed upon by community members present
   a. Case conferencing will involve more than just discussion about referrals. All rejections by programs, and program transfers will only be approved by a vote of the case conferencing participants.

6) The Coordinated Entry Advisory Committee will be invited to participate in a special session annually to complete the HUD CES Self-Assessment Tool

7) Vision:
- "The vision of the CES is to provide assessment, prioritization, and matching of people experiencing homelessness to housing and supportive services in the most transparent, person-centered, equitable, and trauma-informed way possible."

8) Definitions:
- "Internal" and "External" Access Points descriptions and minimum standards defined. Internal Access Points are only required to provide the CES Assessment to their own participants. External Access Points provide the CES Assessment to all participants seeking it.

9) Ongoing Policy and Procedure Updating:
- Clarifies that P+Ps should be updated regularly, at minimum reviewed quarterly and recommendations made as part of the Quarterly Evaluation Report. All change recommendations would be put to the CEA Committee and CoC Board for approval.

10) Assessment:
- Only HUD homeless categories 1 and 4 (literally homeless and survivor of domestic violence, respectively) receive the CES Assessment and placed on the By Name Lists. Previously Cat 2 and 3 were included, which contributed to an inefficient BNL that included many housed participants.

- The CES Assessment has been split into six stages, below. Only new addition is the "Enhanced Assessment" which allows for additional evidence to be gathered and presented instead of the VI-SPDAT for prioritization. The rest of the stages were previously part of the assessment but now have each received their own defined procedures.
  - Diversion/Housing Problem Solving Conversation
  - Crisis Navigation and Connection
  - Standardized Assessment Tool
  - HMIS Data Entry
  - Collection of Initial Eligibility Documents
  - Enhanced Assessment

- Assessment will only be provided by Access Points, rather than the Operator.

11) Referral:

- As has been previously discussed, all referrals will happen at CES Case Conference.

- Removed 3 attempt minimum, in favor of policy of community consensus when all attempts possible have been made for each referral.

- Referral rejections must be approved by consensus vote at CES case conference, with appeals available at the Shelter/appeals Subcommittee. Allowable reasons for referral rejection remain the same.

- 25% of all openings at each Case Conference will be available to cases brought for Enhanced Assessment and Prioritization, in which additional evidence to the VI-SPDAT may be presented for prioritization.

- Public facing CDC webpage documenting each project's complete eligibility criteria will be created, with projects required to submit their eligibility criteria. This policy has not changed but will be followed for the first time going forward.

12) Transfers:

- Transfer policies and procedures have been more clearly defined, including progressive engagement procedure

13) Eligibility Documentation Roles and Responsibilities:

- Roles and responsibilities for eligibility documentation gathering have been clearly defined

14) Reasonable Accommodation, Appeals of case conferencing decisions and Grievances:

- Policies have been more clearly defined. Appeals for both would go to Shelter Subcommittee.
- This proposal designates a suggested, but not yet constituted, sub committee of the CEA to receive appeals of CES decisions. Previously, the shelter standards working group suggested the creation of a shelter monitoring committee to monitor compliance of shelters intake policies in the community. This committee could also serve as an appeals body for any agency that wishes to appeal the decision of the case conferencing group. This committee is considering the creation of this committee in this meeting.

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

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Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

On November 2, 2021, the CoC Board released a request for proposals for a new CE operator. HomeFirst was chosen as a result of that review process and on April 1, 2022, the CE operator transitioned from Catholic Charities to HomeFirst.

Feedback is also solicited from quarterly public review of the Performance Evaluation Report and quarterly Continuum of Care membership meetings open to the public.

Coordinated Entry Participation Requirements and Nondiscrimination Compliance

HUD guidance released in January 2017 requires all projects receiving HUD funding to participate in their local CE system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grants) as well as CDBG-funded public services grants must comply with CE participation requirements as established by the local CoC. Recipients and subrecipients of these programs must comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act (ADA), and Title III of the ADA.

Coordinated Entry Cooperating Agencies

Cooperating agencies include agencies not *required* to participate in Coordinated Entry but that have agreed to participate in order to improve access, flow, and implementation of Coordinated Entry. These include Sonoma County Access Points and Partners (see Types of CES Cooperating Agencies) as well as homeless and housing providers that have entered into data sharing agreements with HMIS and actively engaged in CE and/or are entering and accessing data through the Sonoma County HMIS.

Coordinated Entry HMIS Vendor

Social Solutions is the HMIS vendor for the Continuum of Care, and Efforts to Outcomes (EtO) is the software utilized for Coordinated Entry. The Sonoma County Community Development Commission is the lead agency for the Continuum of Care and the Sonoma County HMIS, and is responsible for data quality and technical support. Additional information on the Sonoma County HMIS can be found here:

https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

Definitions

Access Partner: An agency that can provide initial assessment, housing problem solving, and crisis support, and direct a person experiencing a housing crisis to a Coordinated Entry System Access Point to complete the full CES Assessment.

Access Point: Access Points consist of Internal Access Points, External Access Points, and CES participating Housing Programs who provide the CES Assessment as defined in the "Types of CES Cooperating Agencies" chart below. The CES Operator generally seeks to support any site or program in the County who regularly sees homeless households to become an Access Point or Access Partner.

Assessor: An individual trained in completing the CES Assessment.

Chronically Homeless: A homeless individual with a disability living in a place not meant for human habitation, a safe haven, or in an emergency shelter who has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in that situation.

Cooperating Agencies: Service providers who are required to or wish to participate in CE.

Coordinated Entry Operator: HomeFirst is the agency is subcontracted with the Community Development Commission as Lead Agency for the Sonoma County Continuum of Care, and provides staffing, serves as the contact for Coordinated Entry, and is empowered to manage all By-Names-Lists for Coordinated Entry.

Emergency Services: Emergency services include emergency shelters, transitional housing, and drop-in centers. These may operate as Access Points for Coordinated Entry.

Enhanced Assessment and Prioritization: The process by which Access Points may support their participant in gathering additional documentation that proves their prioritization for housing according to the community prioritization standards, beyond the Standardized Assessment Tool.

Homeless Management Information System (HMIS): HMIS is the centralized data system in the CoC. All agencies participating in Coordinated Entry are required to utilize the HMIS system, Efforts to Outcomes, and undergo training in HMIS policies and procedures. All CE By Names Lists are maintained in HMIS, and all referrals are made through HMIS with accompanying phone calls for verification that referrals are received.

HMIS Administrator: The Sonoma County Community Development Commission is the CoC's HMIS Lead. All agencies participating in Coordinated Entry are required to utilize HMIS. The CE Operator maintains all waiting lists for housing and emergency shelter in HMIS, and the waiting lists are viewable by cooperating agencies.

- Comparison of population types (families, TAY, singles), disaggregated by race, ethnicity and gender, assessed, referred, and housed against PIT;

Geographic Gaps Analysis:
- Compare PIT data against the number of assessments completed in each geographic region;
  - This measure disaggregated by day of the week and time of completion, tracking trends in assessment availability;
- Compare number of assessments completed in each geographic region to housing placements in that region;
- Cross-analyze average assessment scores, utilization of Enhanced Assessment and Prioritization, and successful diversion outcomes by geographic location and Access Point;
- Survey Access Points to determine estimated number of known individuals who have not completed the CES Assessment.

The Performance Evaluation will also consist of a qualitative evaluation consisting of a survey of Access Points seeking feedback and input on the system. This qualitative data will consist of:

- Each quarter, feedback will be collected from community providers through an online survey and in-person meeting on ongoing CES operations;
- On a bi-annual basis, the Operator also will collect input and feedback from those experiencing or who have experienced the CES system. These surveys will include questions about the CES Assessment experience;
- Trends in grievances submitted to the Operator about CES operations and voicemails and emails to the general CES inboxes will be analyzed;
- At least annually, any Cooperating Agency who completes at least 50 assessments on an annual basis will be "shadowed" by CES Operator staff as CES Assessments are being completed to ensure compliance to CES Assessment Policies and Procedures;

The Performance Evaluation will result in a Performance Evaluation Report that will:

- Describe the efforts taken in the past quarter to address gaps and disparities identified in the previous quarter and respond to qualitative feedback from the previous quarter;
- Present the quantitative and qualitative data described above;
- Provide analysis of the quantitative and qualitative data presented, identifying further gaps and disparities;
- Highlight successes, including individual provider highlights in their utilization and cooperation with CES;
- Recommend further actions for the Operator and Coordinated Entry Advisory Committee, including updates to these Policies and Procedures.

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

The Coordinated Entry Advisory Committee, consisting of impartial CoC Board Members, individuals experiencing homelessness or who have experienced homelessness previously, and local subject matter experts, will have the opportunity to review the Performance Evaluation Report each quarter, and confirm or make new recommendations to the CoC Board. The Coordinated Entry Advisory Committee will be invited to participate in a special session annually to complete the HUD CES Self-Assessment Tool. This tool will be included in the corresponding quarter's Performance Evaluation Report.

The public will be invited to provide feedback at CoC Quarterly Membership meetings or in writing to the CE Operator and CoC Lead Agency.

Procedure:

1) Every quarter, the CES Operator will complete the CES Performance Evaluation and prepare a CES Performance Evaluation Report by the 15th of the month after the quarter end which will be published on the Sonoma County CDC website.

   a. Bi-annually, participant feedback will be gathered from current or former participants of CES through a survey. All survey information will be kept confidential, and no personally identifiable information will be recorded.

   b. Annually, the Report will include a HUD CES Self-Assessment tool completed in a special session of the Coordinated Entry Advisory Committee.*

   c. Every Cooperating Agency who completes at least 50 CES Assessments annually will be "shadowed" by CES Operator staff on an annual basis to review compliance to these Policies and Procedures. Findings will be provided to the Cooperating Agency and Community Development Commission. Technical assistance and training will be provided to the Cooperating Agency staff as needed.

2) A quarterly meeting will be hosted by the CES Operator of Access Sites staff to present the Report and collect feedback about the system operations. This feedback will be analyzed and included in the following quarter Report.

3) The Report will be reviewed by the Coordinated Entry Advisory Committee, who will make recommendations to the CoC Board based on the findings and analysis of the Report.

*HUD Self-Assessment found here: https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/

L. Training

Access Point Training

To ensure that Access Point partner staff obtain the necessary guidance and direction, initial CES Access and Assessment trainings will be carried out in two parts, which can occur separately or in one sitting. The initial two trainings will be guided by the 6 Principles of Incorporating a Person Centered Approach described in HUD Notice CPD-17-01. The trainings will be structured as follows:

- Coordinated Entry System Overview and Initial Assessment, including:
  - CES Overview
    - System Flow
    - Community Prioritization Standards
  - Homeless status eligibility
  - Policies and procedures
    - CES Grievances and discrimination complaints
  - Housing First
  - Trauma-Informed Assessment Practices
  - Safety in Assessment Practices
  - CES ROI
  - HMIS Search
  - Diversion/ Housing Problem Solving Conversation
  - Mainstream resources (such as 211, General Assistance, Cal-Fresh, SSI/SSDI, public legal services, and free employment services)
    - Domestic Violence Access
  - Crisis Navigation and Connection
  - By-Name-List Access
- Standardized Assessment Tool and Prioritization
  - Completing the Standardized Assessment Tools (VI-SPDAT)
  - HMIS Data Entry
    - HUD Touchpoints
    - Case Noting
    - Anonymous entries
  - Collection of Initial Eligibility Documentation
  - How Assessment Informs Prioritization
  - Enhanced Assessment
    - Enhanced Prioritization at CES Case Conference

The initial trainings will be provided quarterly, with a shorter refresher training provided in a targeted fashion to sites requesting it or who have been identified through the Performance Evaluation Report as needing more support. All individual staff must undergo training prior to gaining access to Coordinated Entry in HMIS and the CES By-Name-Lists.

A more in-depth training on Enhanced Assessment and Prioritization will be offered quarterly, with a focus on using observational data in Enhanced Assessment and Prioritization through the SPDAT.

New Access Points will attend an individual consultation with the CES Operator to determine how to integrate the CES Assessment into the Access Point's existing intake process to ensure the CES Assessment is as trauma-informed as possible.

Training for agency staff serving as Access Points will be held at minimum quarterly and more frequently as needed. Access Point staff are encouraged to complete the CES Access and Assessment training once a year.

Access Partner Training

To ensure that Access Partners have the tools they need to successfully assist participants in navigating the system, a training will be provided when the agency agrees to become an Access Partner. This training will consist of the first half of the Access and Assessment training Access Points receive, "Coordinated Entry System Overview and Initial Assessment."

Housing Providers Training

In addition, managers from Housing Programs accepting referrals from CES will be required to attend a training on Accepting Referrals from CES, which includes the following topics:

- Notification of new openings
- CES Case Conference receiving new referrals
- Participant Choice in Housing Offers
- Due Diligence and Case Noting
    - CES Referral Standard Location Practices
- Problem Solving in CES Case Conference
    - Referral Rejection Policies and Procedures
    - CES Grievances and discrimination complaints
- HMIS referral acceptance process
- Literally homeless or chronic homelessness documentation requirements based on provider being trained

Chronic Homelessness Verification will also be offered as-needed to housing providers who must verify Chronic Homelessness for eligibility.

Additional CES Best-Practice Training Series

Optional in-person and/or virtual training opportunities on evidence-based practices will be provided monthly to Access Points and housing provider staff. Trainings that CES Operator staff

are not able to deliver will be carried out through partnerships with local providers and outside technical assistance agencies with field-specific expertise. New training topics will be identified through the Performance Evaluation Report process, as well as input from the CoC Lived Experience Advisory Board. Each monthly training will highlight a best practice from a local Access Point or housing provider.

Topics that support CES activities will, at minimum, include:

- Diversion/Rapid Exit for housing providers
- Mainstream benefits and resources: deeper dive
- Harm Reduction – focused on Access Points, to prevent barriers to entry
- Conflict mediation and de-escalation
- Serving survivors of domestic violence
- Safety Planning
- Trauma-informed care
- Housing Mediation
- Fair Housing Rights
- Strengths-based "Person Centered" approach to assessment

Approved and adopted the xxxxx. I, the undersigned, hereby certify that the Sonoma County Continuum of Care Coordinated Entry System Policies and Procedures were duly adopted by the Sonoma County Continuum of Care Board:

Following Roll Call vote: Ayes:
                                   Nos:
                                   Absent/Abstain:

_____

Tom Schwedhelm, Continuum of Care Board Chair

Appendix 1 – Detail CES Process Flow

<u>CES system Flow</u>

Access: Homeless participant accesses system at an external access point (i.e. drop in center) or internal access point (i.e. shelter)

Assessment: Access Point completes the CES Assessment

A)

Housing Problem Solving conversation
- If housing crisis resolved, stop here.
- If housing crisis NOT resolved, go to
step B (below)

B)

1. Crisis Navigation and resource connection (inc. Emergency Shelter)
2. VI-SPDAT, TAY-VI-SPDAT, F-VI-SPDAT
3. HMIS Data Entry resulting in Total Prioritization Score generation and addition to appropriate By-Name-List
4. Collection of initial eligibility documents, upload to HMIS.

If VI-SPDAT does not accurately assess vulnerability, then: Enhanced Assessment and Prioritization process to be reviewed at the CES Case Conference.

Prioritization: Participants are prioritized on the By-Name-List for housing based on vulnerability and housing availability (see P&Ps for details)

CES Case Conference
1) Proposed referral is reviewed and confirmed by the community based on prioritization and known eligibility. Providers present at meeting will support with participant information and eligibility coordination. Prospective referral rejections will be reviewed for approval or re-referral.
2) CE staff send referral to housing provider in HMIS
3) Housing providers contact participant to offer housing opportunity and collect remaining eligibility documentation.
    a. If participant cannot be verified eligible or be contacted, housing provider returned to CES case conferencing for problem solving.
    b. If participant is verified eligible, housing provider accepts the referral, and once housed CE staff exits from CE HMIS program.

Appendix 2 – Coordinated Entry Memorandum of Understanding for Cooperating Agencies

MEMORANDUM OF UNDERSTANDING
Between
The Community Development Commission as Lead Agency for the Sonoma County Continuum of Care
AND
Cooperating Agency: _____
Agency Name

This Memorandum of Understanding (MOU) is entered into on _____ by the Community Development Commission (CDC) as Lead Agency for the Sonoma County Continuum of Care (CoC) and _____(Cooperating Agency).

_____(Cooperating Agency) Agrees to work in partnership with CDC and the Operator of the Sonoma County's Continuum of Care (CoC) Coordinated Entry System (CES).

BACKGROUND
Provisions in the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) Program interim rules require that all CoCs establish a coordinated entry system by January 23, 2018. As a result, the Sonoma County Continuum of Care Board (CoC) has also adopted the Coordinated Entry System (CES) requirement for their grantees.

The CoC CES is designed to assess and assist in meeting the housing needs of people at–risk of homelessness and people experiencing homelessness no matter where or how people present. CES is a collaborative effort between homeless assistance organizations, domestic violence Cooperating Agencies and other mainstream services whose main function is to help people experiencing homelessness connect to the most appropriate housing intervention.

The Operator of the Coordinated Entry System is designated by the Sonoma County CoC Board and is subcontracted with CDC. The Operator is charged with managing the daily activities associated with CES planning, implementation, operations, and evaluation. CDC will ensure that the following requirements of CES are met:
- Covers the entire geographic area claimed by the CoC;
- Easily accessed by individuals and families seeking housing our services;
- Well – advertised;
- Includes a comprehensive assessment of individuals and families for housing and services;
- Includes a specific policy to guide the operation of the coordinated entry assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

Cooperating Agencies in the CoC CES agree to work collaboratively with CDC and the CES Operator to assist in accomplishing the aforementioned requirements of CES.

PURPOSE

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

The Continuum of Care has established a service strategy for CES that reflects local community resources, participant needs, provider capacity and unique CoC geography characteristics to better serve participants through Coordinated Entry.

In order to ensure the consistent implementation of the guiding document "CoC CES Policies and Procedures", the CDC has developed several documents, including this Agreement, to establish standard local agreements for the implementation of this CoC CES. Additionally, this Agreement ensures that all providers in this CoC are using the Coordinated Entry System in an open, transparent, and consistent way.

Description of Access Point Types

Access Point Type	Description
External Access Point	External Access Points provide the full CES Assessment to ALL participants who present to them seeking CES Access within their "catchment" area, regardless of location that individual spends most of their time in, enrollment status in the Access Point provider's programs, or population type. External Access Points that are dedicated to one of the 5 HUD allowable subpopulations (see CPD-17-01 II.B.2) may conduct a warm handoff to connect the individual to an appropriate External Access Point. CES Assessment can occur over the phone or in person. It may be provided by appointment only or as drop-in capacity. *Examples:* An Access Point may include a homeless services drop in center, outreach team, or shelter that has the capacity to offer CES Assessment to any individual or household who presents to them seeking it.
Internal Access Point	Internal Access Points agree to provide the CES Assessment to their own served participants. *Examples:* An emergency shelter that is not able to support walk-ins, or a street outreach team whose geographic "catchment" area changes day-by-day and is not able to respond to individual CES Assessment requests.
Housing Program	CES Housing Programs participate in CES. Their Access Point requirement is to provide the CES Assessment to participants they are exiting into homelessness.

NOW, THEREFORE, the parties to this MOU set forth the following as the terms and conditions of their understanding:

Cooperating Agency operates a program or site that is a (check all that apply):

☐ 1) CES External Access Point
☐ 2) CES Internal Access Point

Sonoma County Continuum of Care Board
Executive Summary

Item: 5. Shelter Monitoring/Coordinated Entry Appeals Sub-Committee Follow up

Date: June 9, 2022

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

Agenda Item Overview

Background:

The Coordinated Entry Advisory Committee (CEA) received feedback from the Emergency Shelter Implementation group that a shelter monitoring committee should be formed to ensure shelters comply with the newly updated standards, particularly the 25% shelter set-aside rule. The CEA asked staff to look at other shelter monitoring committees and provide feedback on their powers, makeup and role.

Staff has not been able to find many examples of committees that have a specific role of monitoring emergency shelters. The 2 examples that were found were the San Francisco Shelter Monitoring Committee and The Coalition for the Homeless in New York City.

Additionally, the proposed Coordinated Entry Policies and Procedures reference this subcommittee as a body that can hear appeals of case conferencing decisions, and grievances related to the CE operator. There is a need for an appeals body.

The information below relates to the 2 examples of shelter monitoring committees. These bodies do not have a role in their local Coordinated Entry Systems.

Roles and Responsibilities

The Shelter Monitoring Committee of San Francisco was created to monitor shelters in San Francisco. Their powers come from the SF Administrative Code. They have oversight over any shelter that is provided by the city, operates on city or county owned or leased property or operates a shelter through a contract with the city. The Committee has 2 FTE and 13 volunteers who conduct the investigations and also serve as committee members. The 2 FTE are housed in the Public Health division making them separate from the county/city agency that oversees shelter funding. The city has 32 standards of care that shelters must meet. Standards range from requirements for shelters to have clean, safe and sanitary environment to standards around treatment of clients by staff. This committee receives and investigates complaints about emergency shelters. It has the power to conduct announced or unannounced site visits to shelters to monitor their compliance with shelter standards. Shelters have to respond to findings and make corrective actions. The Committee creates regular reports on their investigations and the state of shelters.

The Coalition for the Homeless is a court-appointed monitor for emergency shelters in New York City. The Coalition has the power to conduct announced or unannounced inspections of shelters and to receive and follow up on complaints about shelters. It was not clear how many staff there are for this group.

Makeup of group

The Shelter Monitoring Committee in San Francisco has thirteen (13) Members. The Mayor appoints three (3) of Committee's Members, the Board of Supervisors appoints six (6) Members, and the Local Homeless Coordinating Board appoints four (4) Members. Member terms are for two years. Of those seats, five (5) are reserved for individuals with lived experience.

The Makeup of the Coalition for the homeless committee was not stated on their website. However, there is a "client advisory group" made up of individuals with lived experience with the Coalition to address issues with shelters.

Recommendation

Coordinated Entry needs an appeals body. The committee should consider the creation of an appeals body even if they do not think our community needs a shelter monitoring committee. Due to staffing limitations it is not recommended that 2 separate bodies be created for these 2 (shelter monitoring/CE appeals) roles.