



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

**Agenda for May 18, 2022**

**12:00pm -1:30pm Pacific Time**

**Zoom Link:**

<https://sonomacounty.zoom.us/j/95055716600?pwd=L3FXbjZyTnNOY1VOK2hRdTRQ1Q282Zz09>

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
1.	Welcome and introductions		Chair	12:00p
2.	Approval of meeting minutes and agenda (Action item)	1,2	Chair	12:05p
3.	Introduction of new CEA committee members		Chair	12:10p
4.	Coordinated Entry transition update.	3,4,5	Hunter Scott/Staff	12:15p
5.	Shelter monitoring committee (time permitting)	6	Staff	1:00p
6.	Public Comment on non-agendized items		Public	1:25p

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the CEA committee email [Thai.Hilton@sonoma-county.org](mailto: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)

April 20, 2022 12:00pm. – 1:30pm.

Meeting Recording:

[https://sonomacounty.zoom.us/rec/share/WuoGnHQMC1AUu\\_V6w6GQb1OEP3mvSJoM2gi5RzcKeDJadfgbhQqrHRuQbro9ZohB.W9LdB\\_hm2aHYrQc2](https://sonomacounty.zoom.us/rec/share/WuoGnHQMC1AUu_V6w6GQb1OEP3mvSJoM2gi5RzcKeDJadfgbhQqrHRuQbro9ZohB.W9LdB_hm2aHYrQc2)

**Welcome:** Meeting called to order at 12:03pm.

**Roll Call:**

**Present:** Jennielynn Holmes, Mark Krug, Kathleen Finigan, Ben Leroi, Mary Haynes, Margaret Sluyk

**Absent:** None

**Approval minutes and agenda:** Mark moves to approve minutes and agenda. Ben seconds.

**Public Comment:** none

**Vote:**

**Ayes:** Jennielynn Holmes, Mark Krug, Kathleen Finigan, Ben Leroi, Mary Haynes

**Nays:** None

**HomeKey Coordination:** Mark Krug gives an outline on the Homekey project that he is working on with Burbank Housing. He is concerned with the normal Coordinated Entry (CE) process as it may be too long and burdensome for large numbers of referrals. He notes that there would be several, labor intensive steps that need to be gone through to get applicants to each of the units. He proposes holding case conferencing meetings with providers. In those meetings referrals to homekey projects will be assigned to the agency that is working with the client. With this method those who know the client and are working with them can assist the client through the application process.

Margaret Sluyk arrives at this time.

Mary asks how the agencies would know who is being discussed.

Mark responds that he would hope that agencies would have representatives at the case conferencing

Hunter (CE Staff) agrees that with Mark and states that this is the goal for all CE referrals. He thinks that it may be better to have a separate meeting because this is a large number of referrals.

Staff adds that there would need to be buy in from community partners to get the case conferencing to work.



Jennielynn states that she is excited to see this type of case conferencing in the community. She thinks that those invited to the meetings should be in the case conferencing to help with documentation. She asks staff if there needs to be any action on the part of the CEA to move this forward.

Staff states that he didn't think there needed to be any action as the proposal aligns with the general direction that CE is moving towards.

### **Coordinated Entry transition update**

Hunter provided an update of the changes to Coordinated Entry (CE) Hunter reported that these changes are to bring the community into alignment with the "no wrong door approach" and CE regulations. There are some services that they are providing that the former operator did not but some they are offering that the former provider did not.

Things that HomeFirst will not be doing

- Having a live person answer the phone line.
- Assessing clients
- Collecting eligibility documentation
- Manage updates to clients' cases

Things that HomeFirst will do

- Provide a grievance resolution process.
- Provide robust training on both CE and non-CE topics.
- Provide quarterly reports on system level data to inform CEA committee.

Staff reiterates that there will no longer be access to CE through the call line. Staff also reminds the community the recently updated shelter standards state that shelters are access sites.

Jennielynn says there needs to be a future discussion with shelter providers about their responsibility to be access points.

Proposed structure for case conferencing:

- HF proposes 2 different case conferencing meetings. One for TAY and another for Family and individuals.
- Attendees would consist of service providers and healthcare providers.
- Meeting structure:
  - Process would eliminate comprehensive access sites.
  - For RRH, there would need to be a reduction of "housing in hand" referrals from almost 100% to 0

Margaret asks is if there is any regional preference in the through the CE process.



Hunter responds that he does not think that there is a way to have a regional preference in CE but that the participants have choice.

Margaret thinks that not having a preference causes a problem for those in north county as they are not interested in living in any other areas.

Hunter provides more information on the meeting structure and process.

Karissa (staff) asks mentions that the current policies and procedures do not have the SPDAT and wants to know how that would happen. Hunter responds that this would need to be something done by the provider. CE would provide trainings so that providers know how to do the assessment.

Araceli asks is evictions and transfers would be discussed at the meetings. Hunter responds that they would.

Staff recommends including access sites and shelter providers in a future meeting covering the changes.

Jennielynn asks if that conversation should happen before the next meeting. Staff responds that it should.

Staff takes the time to clarify what is meant by removal of comprehensive access sites. He explains what that means.

Karissa mentions that there is a DV provider which has a separate process for referrals that necessarily would be outside HMIS and case conferencing.

Ben states that he supports these changes but wanted to know if they had been informed of the changes.

Staff and hunter went over the outreach efforts that they have gone through which included 4 meetings with providers and have attended.

Margaret asks for clarification of the change in the Rapid Rehousing (RRH) process. She also notes that she attended a listening session and these changes were not clear.

Staff provides a clear explanation of the current RRH process and the new process.

Hunter and Rene acknowledged that there could have been better communication with the community to explain these changes.

Jennielynn asks that staff organize a meeting with shelter and access point providers.

Jennielynn notes that there is not time for all of the agenda items. She asks staff if they would prioritize the safety assessments item. Committee agrees.

### **Agenda item 6. Safety Assessment**

Tom (Community Support Network) presents on the safety proposal that they spoke about in the last meeting and covers his conversations with Asya about the legal responsibilities that the agencies



have as housing providers. He states that housing providers have a legal responsibility to provide a safe environment to their residents.

Tom's proposal includes a tool that providers can use to screen their participants for safety concerns. He believes that this level of assessment would be done after the referral is made.

Margaret wants to know what percentage of people have been placed into Permanent Supportive Housing (PSH) programs that have committed violence.

Carrie (CSN staff) provides some more information about the assessment.

Tom also responds that several providers have been killed in the north bay area by individuals with mental health conditions.

Margaret responds that she would just like to see the scope of the issue before making any large decisions.

Staff says that they are in communication with HUD about programs that have conflicting regulations and that this may or may not be in line with Housing First but they are waiting to hear back.

Ben draws a distinction between what he has been hearing. That some are ok with an assessment that looks at past violence as opposed to one that could eliminate someone who has no history of violence.

Tom notes that he has done a lot of research on these safety proposals and has been presenting them for some time. He feels that if there is some information available that states that his proposal doesn't align with Housing First or other regulations, he would like to see it.

Jennielynn would like to know how the assessment would be used system wide

Tom notes that the meeting is out of time and that he suggested having him back at the next meeting to discuss.

Ben asks if other communities are doing safety assessments.

Tom responds that in some behavioral health programs require similar assessments in their programs.

Ben responds that he would like to see if there are communities are doing a safety assessment.

**Public Comment:** None

**Public Comment on non-agendized items:** none

Meeting is adjourned at 1:42



## Sonoma County Continuum of Care Board Executive Summary

**Item:** 4. Coordinated Entry Transition update

**Date:** May 12, 2022

**Staff Contact:** Thai Hilton [thai.hilton@sonoma-county.org](mailto:thai.hilton@sonoma-county.org)

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### Agenda Item Overview

**Outreach:** HomeFirst and CDC staff have conducted 6 different listening and informational sessions with the community and several individual meetings with agency representatives to discuss the proposed changes to the Coordinated Entry System (CES). Some of those changes are significant and have caused angst for providers. Below is a summary of the concerns that we have heard.

**Assessments:** The CE operator will not be doing phone assessments for the system. This means that access to CES will be limited to access sites, most of which only provide access to clients in their programs, and shelter and outreach teams. Some outreach providers indicated that they are not able to keep up with the volume of assessments that they have been asked to complete and that they cannot do any more assessments without additional funding. All outreach providers are required to be access points as part of their scope of work in their contracts. The situation leaves the community with little access to Coordinated Entry.

Some have expressed a desire to modify the scope of work that the operator will do or to develop an interim plan until the community can adjust to these changes and additional outreach funding can be identified. HomeFirst has set up an assessments training for the community on May 17<sup>th</sup>. We hope that attendance will be high. Getting more people trained will reduce the impact on the current access points. Staff can provide an update during the meeting with the number of people who were trained.

**Case Conferencing:** In their proposal, HomeFirst indicated that they would use a case conferencing model for referrals. This was in direct response to a question on the RFP, included at the request of this committee, about how the applicant would institute a case conferencing model for referrals. This was to address the concerns about conflict of interest that the community had. Some have expressed that they believe that a case conferencing model would be too burdensome for agencies and staff. The feeling is that receiving referrals once a week would be too long to wait. No suggestions have been made for other models for referrals that are transparent.

CDC staff and HomeFirst are developing the contract. Additionally, HomeFirst is developing policies and procedures which contain these 2 elements. The policies and procedures and contract cannot proceed if this committee wishes to request modifications of the scope of work or proposed policies. The contract would need to be signed by 7/1/22.

Attached is a report of results from a public survey that was conducted by HomeFirst to gather feedback about the community's vision for the new CE system and what they would like to see in its policies and procedures (excel sheet). Also attached is information about the benefits of the proposed CE model.



Recommendation

None. Informational only

## HomeFirst CE Model Benefits

### Access Points & Assessments

#### **“No wrong door system” benefits:**

- Participants by minimizing re-traumatization as they tell their story to one provider rather than service providers *and* a central operator;
- Front line agency staff, who can develop stronger relationships with their clients as they take a greater role in ushering them through the system.

2019 System Assessment High Level Recommendations that are progressed by this change:

- “Institute a phased assessment approach with a progressive engagement orientation to maximize both consumer and staff time given to the assessment process.”

### Case Conferencing all housing referrals:

- Ensures system transparency, and makes it best equipped to match the most appropriate resources with the individual service needs of each participant.

HUD supporting language: “While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.” – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System CPD-17-01 pg 5

“An effective coordinated entry process has the following qualities: ... A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location.”- HUD Coordinated Entry Policy Brief pg 2

2019 System Assessment High Level Recommendations that are progressed by this change:

- “Explore ways to eliminate even the perception of the CE Operator’s conflict of interest as an organization that both manages CE processes and also serves clients who directly benefit from the CE process. “
- “Define standards around referral rejections, including uniform procedures for programs to deny referred clients and create a system to ensure adherence.”



## Sonoma County Continuum of Care Board Executive Summary

**Item:** 4. Shelter Monitoring Committee Follow up

**Date:** May 11, 2022

**Staff Contact:** Thai Hilton [Thai.Hilton@sonoma-county.org](mailto:Thai.Hilton@sonoma-county.org)

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### 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.

#### 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

None: Informational only