



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

**Agenda for Wednesday, June 15th, 2022
12:00pm -1:30pm Pacific Time**

Please click the link below to join the webinar:

<https://sonomacounty.zoom.us/j/95055716600?pwd=L3FXbjZyTnNOY1VOK2hRdTQ1Q282Zz09>

	Agenda Item	Packet Item	Presenter	Time
1.	Welcome and introductions		Chair	12:00pm
2.	Approval of meeting minutes and agenda (Action Item)	1,2	Chair	12:05pm
3.	Committee vacancy		Chair	12:10pm
4.	Approval of HomeFirst's policies and procedures for Coordinated Entry System (Action item)	3,4	CDC & HomeFirst staff	12:15pm
5.	Shelter Monitoring Committee (Possible Action item)	5	Staff	1:10 pm
6.	Public Comment on non-agendized items		Public	1:25 pm

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)

May 18, 2022

Meeting recording:

https://sonomacounty.zoom.us/rec/share/wdzUHPmxfwBQNx4L5uj78e6SylJuMiRY6rjjvw2_JGAGuu-6GwkiaWeJzhiUQtPs.WsuUsx6UGvoTokIU

Welcome: Meeting called to order at 12:00pm

Roll Call:

Present: Jennielynn Holmes, Robin Phoenix, Kathleen Finigan, Mark Krug, Mary Haynes, Margaret Sluyk, Ben Leroi, Justin Milligan, Susan Pierce, Kathleen Pozzi, Heather Jackson

Absent: Lisa Fatu

Approval of meeting minutes and agenda: No questions or additions

Public Comment: None

Mark motions to approve the minutes and agenda, Robin seconds

Vote:

Ayes: Jennielynn Holmes, Robin Phoenix, Kathleen Finigan, Mark Krug, Mary Haynes, Margaret Sluyk, Ben Leroi

Nays: none

Abstain: Justin Milligan, Susan Pierce, Kathleen Pozzi, Heather Jackson

Introduction of new committee members: Staff introduces the 4 new CEA committee members.

Coordinated Entry Transition update:

Jennielynn introduces the background of the item. She notes that the transition has created some struggles for providers as the system is experiencing large system changes.

Dave (Community Development Commission (CDC) director) states that any transitions are difficult and he acknowledged the frustrations that the community has. He states that he believes that the proposed model is the right model. He is heartened by the turnout at the recent assessment training. He thinks there is a lot of excitement in the community.

Michael (CDC staff) echoes some of the same things that Dave and Jennielynn mentioned. He mentioned that the initial Coordinated Entry (CE) roll out was difficult and he believes that the community can move past the difficulties.



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.



Hunter states that they can get that together. Margaret states that she needs to see a flow before she can vote to approve the policies and procedures. Hunter said he would work on it.

Kathleen Finigan asks if she can have an update on housing voucher referrals to the city and county. She would like to see the EHV numbers updated. Staff will provide her a link so she can get this info

Kathleen Pozzi states that she thinks that breaking down siloes is important. She would like to know how CE will mesh with IMDT. Staff responds that IMDT is an access point and they will participate in case conferencing.

Hunter adds that he would like to see a better connection to behavioral health when CE referrals are sent.

Public Comment: None

Shelter Monitoring committee: There was no time to discuss this agenda item. It will be agendized for the next meeting.

Public Comment on non-agendized items:

Gerry LaLondberg at 1:24pm.

Ben Leroi states that he agrees with the public comment on replacing the assessment tool.

Notable changes to Coordinated Entry Policies and Procedures

The attached draft of the new Coordinated Entry Policies and Procedures has some noteworthy changes. This document is meant to draw your attention to significant changes that homeless service providers will experience if/when these policies are adopted. Staff comments are in red below the policy. Committee members are encouraged to review the policies and procedures in their entirety.

- 1) Inactivity policy
 - a. HomeFirst would like these policies and procedures to be passed today however, if the committee is not able to approve all of the policies today, they ask that you consider approving the inactivity policy located on page 34. This policy states, *“A participant shall remain on the active list until they are housed permanently, they voluntarily request to be removed, there has been no contact with the system in 90 days, or all efforts have been exhausted in attempting to contact the participant.”* **The need for approving this policy now is due to the fact that the current by names list has many individuals on it who have been inactive in the system for sometime and are housed or have moved on. This means that when projects request referrals, they are often sent the names of individuals who are not interested in housing making referrals take a long time. Approval of this policy will expediate referrals to programs immediately.**

- 2) New responsibilities for providers:
 - a. Diversion & Housing problem solving are stressed as important parts of the process. This will require on-going training. Agencies should create a list of mainstream benefits that they can refer clients to.
 - b. Access points will be responsible for collecting copies of program documentation, available at point of assessment, that verifies eligibility criteria for programs. This includes things like; ID, SS card, SSI/SSDI award letters. If some of this gets updated, the access point will be encouraged to upload the updated data.
 - c. 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:
 - i. Notification of new openings
 - ii. CES Case Conference receiving new referrals
 - iii. Participant Choice in Housing Offers
 - iv. Due Diligence and Case Noting
 1. CES Referral Standard Location Practices
 - v. Problem Solving in CES Case Conference
 1. Referral Rejection Policies and Procedures
 2. CES Grievances and discrimination complaints
 - vi. HMIS referral acceptance process

- 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

- a. HUD requires communities to do self assessments of their local CES systems annually. This was not done in the past and staff feels that this committee is where this work should live.

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.

CES P+P CEA Committee Follow up – next steps and recommendations by HomeFirst

VI-SPDAT: HomeFirst will soon be recommending small changes or removals to the VI-SPDAT local questions that have to do with shelter placements. HomeFirst recommends long term investigation of new tool altogether. There are many communities developing promising new tools or methodologies to create a local tool as models.

Project Standards documents (Shelter, PSH, RRH): HomeFirst will be working with the CDC to recommend changes to the various project Standards documents to bring them in line with these Policies and Procedures where there are discrepancies.

RRH Prioritization: Current prioritization standards for non-TAY RRH create the “donut effect” seen in many communities between PSH and RRH. Recommend setting agenda to investigate dynamic prioritization soon.

Homelessness Prevention integration: Currently there are no homelessness prevention projects in the system that require CE referrals. Many communities have integrated their HP resources into CES even where there is not a requirement. There is no current prioritization or referral system in place to accommodate required or non-required HP CES referrals, and Homefirst recommends this committee set an agenda item to explore this possibility.

**COORDINATED ENTRY
POLICIES AND
PROCEDURES**

Sonoma County Continuum of Care

A “No Wrong Door” Approach for Housing for All People Experiencing Homelessness

Sonoma County Continuum of Care Board

updated June 2022

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

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Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

CA-504 Santa Rosa/Petaluma/Sonoma County CoC

Coordinated Entry System (CES) Overview

Coordinated Entry is a streamlined system for accessing housing to end homelessness and is required by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care (CoCs) as stated in 24 CFR 578.7 (a) (8) of the Continuum of Care Program Interim Rule. Coordinated Entry in Sonoma County follows a Housing First approach for all participating projects and prioritizes individuals, families and transition-aged-youth for housing for those with the highest vulnerability and needs.

Coordinated Entry is the primary process for assessing severity of needs and ensuring that people can receive assistance in a timely fashion. Utilization of the VI-SPDAT as the standardized assessment tool, with additional local scoring metrics, as well as full geographic coverage, enables providers to ensure those experiencing homelessness have equal access to housing and resources.

All CoC and ESG funded projects are required to participate in and accept referrals only from Coordinated Entry. Coordinated Entry covers the entire geography of the Sonoma County Continuum of Care and is the primary Access Point for referrals for Permanent Supportive Housing, Rapid Re-housing, and other housing projects that are required or choose to participate in CES.

Sonoma County CES 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.

Governance

The Sonoma County Community Development Commission provides funding to the Coordinated Entry Operator, HomeFirst. Primary oversight of the CE System is performed by the Continuum of Care Board. The CoC Board shall be responsible for final approval of all CE policies and procedures, and will approve revisions to these Policies and Procedures.

The CoC Board will be responsible for adopting any revisions of the CE system based on recommendations from the CoC's Coordinated Entry Advisory Committee. The CoC Coordinated Entry Advisory Committee will review CE data and direct feedback from individuals assessed through CE through the CE Performance Evaluation Report prepared quarterly by HomeFirst. The CoC Coordinated Entry Advisory Committee assists the CoC Board with annual evaluation of the CE System.

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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.

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

Homelessness Prevention: Participants may contact 211 or the Access Points or partners for information on homelessness prevention programs.

Lead Agency: The Sonoma County Community Development Commission, serving as the collaborative applicant for the Continuum of Care, is designated as the Lead Agency for Coordinated Entry planning and project management. The SCCDC receives a Continuum of Care funded grant as well as local funding for Coordinated Entry and subcontracts with the Coordinated Entry Operator.

Participants or Households: Individuals and families that meet categories 1 and 4 of the federal definition of homelessness according to 24 CFR Parts 92, 582, and 583, the Homelessness Emergency and Rapid Transition to Housing (HEARTH) Act Final Rule Defining “Homeless,” **and** are in need of permanent housing. Participants must be located within the geography of Sonoma County.

(https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf):

- “(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.”

Permanent Supportive Housing (PSH): Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability. Local definition also includes permanent housing projects with long-term leasing or rental assistance that provide supportive services with a caseload ratio of at maximum 1:20 indefinitely*, without requirement of disability.

*see <https://www.hudexchange.info/resource/6109/covid19-homeless-system-response-case-management-ratios/>

Rapid Rehousing (RRH): Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. The core components of the RRH program are housing location, move-in assistance, short to medium-term rental assistance, and ongoing case management.

Standardized Assessment Tool: The VI-SPDAT, TAY VI-SPDAT, and Family VI-SDPDAT, along with additional questions that Sonoma County uses to initially determine housing needs and prioritization.

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

Types of CES Cooperating Agencies:

Type	Description	Minimum Standards
Access Partner	<p>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.</p> <p><i>Examples:</i> An Access Partner may include some County Agencies, homeless service providers with limited capacity for screening, medical providers/FQHC's, and law enforcement.</p>	<p>Provides an initial diversion/housing problem solving screening, assessing homeless status and immediate needs (not CE Assessment Tool; stages 1-2 of the CE Assessment)</p> <p>Possesses working knowledge of other CES Access Points and provides warm hand-off (phone call, email) to participants who are seeking the CES Assessment to the appropriate Access Point.</p> <p>MOU not required, though becoming an HMIS ROI participating agency is required to share information.</p>
External Access Point	<p>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 HUD Subpopulation Access below) 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.</p> <p><i>Examples:</i> An Access Point may include a homeless services drop in center, outreach team, or shelter that has the capacity to offer CES Assessment to non-shelter-stayers who present to them seeking it.</p>	<p>Provides the CE Assessment to all participants seeking it within 3 business days of the request:</p> <ol style="list-style-type: none"> 1) Housing problem solving 2) Crisis navigation and connection 3) Standardized Assessment Tool 4) HMIS Data Entry responses into HMIS 5) Collection of potential eligibility documents 6) Enhanced Assessment <p>Participates in CES Case Conferencing. Must sign MOU with Community Development Commission. Must complete all basic CES trainings and have HMIS access.</p>

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

Type	Description	Minimum Standards
Internal Access Point	<p>Internal Access Points are only required to provide the CES Assessment to their own served participants.</p> <p><i>Examples:</i> 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.</p>	<p>Offers and completes the CES Assessment to participants they serve within 5 business days of contact:</p> <ol style="list-style-type: none"> 1) Housing Problem Solving Conversation 2) Crisis Navigation and Connection 3) Standardized Assessment Tool 4) HMIS Data Entry 5) Collection of Potential Eligibility Documents 6) Enhanced Assessment <p>Refers households who present seeking the CES Assessment and cannot be enrolled by the Internal Access Point to External Access Points.</p> <p>Must sign MOU with Community Development Commission.</p> <p>Must complete all basic CES trainings and have HMIS access.</p>
Housing Program	<p>CES Housing Programs only required to provide the CES Assessment to participants they are exiting into homelessness.</p>	<p>Provides the CES Assessment to participants exiting into homelessness:</p> <ol style="list-style-type: none"> 1) Diversion/housing problem solving 2) Crisis navigation and connection 3) Standardized Assessment Tool 4) HMIS Data Entry 5) Collection of Potential Eligibility Documents 6) Gather Additional Evidence and Case Conference <p>Must sign MOU with Community Development Commission.</p>

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

Type	Description	Minimum Standards
		Must complete all basic CES trainings and have HMIS access.

Aspects of Coordinated Entry

A. Planning

This document and accompanying materials ensure compliance with all stated HUD requirements for CE systems, as noted in HUD’s “Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System,” “Coordinated Entry Core Elements” document and subsequent materials guiding CE system implementation. Sonoma’s County CES was developed over several years and has been in operation prior to the stated HUD deadline in January 2018. A pilot Coordinated Intake project serving households with children experiencing homelessness has been operating since early 2015. This pilot was expanded to serving individuals and TAY throughout Sonoma County in September 2017.

In April 2019, the Sonoma County CoC leveraged technical assistance from California’s Dept. of Housing & Community Development (HCD) to have a third party, the Technical Assistance Collaborative (TAC) evaluate the local CE process. The evaluation resulted in a report with several recommendations, falling under the categories of HUD Compliance, CE Infrastructure, and CE Process Improvement.

On September 17, 2020, the Housing First and Coordinated Entry Task Group met and unanimously approved replacing the language of similar questions in the first version of the Standardized Assessment Tool to reflect the wording of those listed in version two of the VI-SPDAT.

In response to the COVID-19 pandemic, HUD released guidance for communities to adjust CES prioritization factors to prioritize persons experiencing homelessness, who are over 65 and/or have underlying health conditions that put them at greater risk for contracting COVID-19 and requiring hospitalization. In January of 2021, after months of analyzing the scoring of the Standardized Assessment Tool with IMDT, and two separate reviews by the Home Sonoma County Housing First and Coordinated Entry Task Group, the CoC Board approved a series of recommendations that added more weight to the following scoring sections of the Tool: length of time experiencing homelessness, risks section/emergency services utilization, substance use, mental health, age and unscored questions regarding time spent in institutions and mobility issues. The changes to the Individuals tool scoring weights were added at that time, while the TAY and Family changes were not added till May 2022.

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In January 2022, after approval by the CoC Board, CES stopped managing referrals to non-permanent housing programs, including Emergency Shelter. As a result, all year-round Emergency Shelters were required to become Access Points.

When HomeFirst was selected as the new operator in April 2022, a recommitment to a “no wrong door system” was implemented in which Access Points provide all access and CES Assessments rather than a central operator. Homefirst also began a major system update planning and implementation process that took into account many of the recommendations of the April 2019 TAC CE Evaluation. This included an update to these Policies and Procedures in June 2022. HomeFirst gathered feedback from a variety of sources, including: listening sessions with Access Points and enrolling staff, and with housing providers; a digital survey that was distributed to the community; a meeting with the Lived Experience Advisory Board; presentations with the CoC Coordinated Entry Advisory Committee and CoC Board; and various individual meetings with community providers’ leadership. Changes that resulted as a part of the change in operator and system update process included a fully transparent centralized case conferencing process for all housing referrals and a recommitment to a “no wrong door” access model. Additionally, HomeBase was brought in as a consultant to complete a “front-door assessment,” and as part of that assessment sought feedback on options for the new CES Vision Statement. That statement is presented in this document.

The CES covers the entire geographic area claimed by the Sonoma County CoC and is easily accessed by individuals and families seeking housing or services. The CES is well-advertised, utilizing flyers, website, social media, toll free number, regionally dispersed Access Points, street/encampment outreach teams and also fosters connection with mainstream services such as healthcare providers and emergency services/first responders.

Ongoing Policy and Procedure Updating

The quarterly CES Performance Evaluation (described in [K. Evaluation](#)) and annual Self-Evaluation, consists of quantitative data and qualitative feedback gathering from stakeholders and participants and at minimum quarterly review of these Policies and Procedures. This Evaluation will result in ongoing recommendations for updates to these Policies and Procedures. Recommendations will be reviewed for final approval by the CoC Board.

Coordination with Agencies Serving Victims of Domestic Violence

All CES Access Points must provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, data violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic violence and/or sexual assault. Upon determining the household may be escaping or attempting to flee a violent situation, Access Points must also provide information and referral to the Family Justice Center,

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the designated Domestic and Family Violence Access Point. When the Family Justice Center is not open, Access Points may contact the domestic violence hotline at (707) 546-1234.

Coordination with Recipients of Emergency Solutions Grant Program Funds and System-Wide Written Standards

Coordinated Entry collaborates with the Sonoma County Community Development Commission, the HUD entitlement ESG Recipient and State ESG Administrative Entity, and all programs receiving ESG funds. Written program standards for all system components (TH, RRH, ES, PSH) have been developed in collaboration with CoC/ESG-funded providers as well as other agencies not funded by CoC/ESG. These standards have been designed in accordance with 24 CFR 578.7(a)(8) and are found online at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/compliance>

The SCCDC and CoC support the CES Operator in ensuring participation of ESG projects and compliance with ESG standards.

Marketing and Outreach

The CES Operator in partnership with the CoC manages CES marketing, which includes a website, social media, printed materials, toll free telephone number and informational events on CES. All such marketing efforts affirmatively market the CE System and Access Points to ensure equal access and opportunity to pursue housing services. The CES Operator is continuously engaged in outreach efforts to increase Access Points and Partners. The targeting of new partners is in part driven by the quarterly Performance Evaluation process.

Coordinated Entry information is currently located online on the CoC Website at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/coordinated-entry-system>

The toll free Coordinated Entry # is (866) 542-5480 which provides recorded information on Access Points, emergency shelters, and a linkage to the domestic violence hotline. 211 also provides information on Access Points.

Nondiscrimination

The CES, Access Points and Cooperating Agencies must comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race

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- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status
- Citizenship (or lack thereof)

B. Access

Access Model and Accessibility

The CoC strives to provide a “No Wrong Door” approach: any homeless family or individual should be able to present at any homeless housing and service provider in the geographic area for linkage to Coordinated Entry. The CE Operator will be responsible for developing new Access Points or Partners with all providers who regularly serve households experiencing homelessness.

Coordinated Entry Access Points shall be available in all 5 sub-regions of the CoC’s geographic area: Central Santa Rosa, Healdsburg/North County, Petaluma/South County, Sonoma Valley/Southeast County, and Guerneville/West County. CE Access Points are located in proximity to public transportation such as the SMART train and local bus routes in central areas of the County. All Access Points offer information on local public transit options. A toll free phone number is available for individuals to contact from any point in the County for information on Access Points and shelters.

Access Points are affirmatively marketed to eligible individuals and families regardless of race, color, national origin, sex, religion, familial status, age, or disability, with a focus on those who are least likely to access homeless services.

In general, no individuals can be denied service at any Access Point in the CoC’s geographic area. However, individuals who are violent/threatening may be denied access, though all possible options should be explored to provide access to CES that is safe for the individual and service provider. Sex offenders may also be denied access at family Access Points and individuals with active restraining orders may be denied access. Access Points that serve specific subpopulations (such as veterans, families, individuals with serious and persistent mental illness, etc.) must offer initial screening or linkage to a different Access Point within 24 hours via a warm hand-off (phone call/email).

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All Access Points utilize a Housing First approach in the CE Assessment process. Participants may not be denied access to Coordinated Entry CE Assessment by a cooperating agency for any of the following reasons:

- Perceived barriers to housing
- Little to no income
- Active or history of substance abuse
- Domestic violence history
- Resistance to receiving services
- Type or extent of disability related services or supports needed
- History of evictions or poor credit
- Criminal Record
- Lease violations or lack of rental history

The list of current Coordinated Entry External Access Points, including hours and contact information, can be found at: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/coordinated-entry-system>

Access for Individuals with Disabilities & with Limited English Proficiency

All Access Points must ensure that physical locations are accessible to individuals with disabilities. If an Access Point is not accessible to individuals who use wheelchairs, the Access Point must ensure that the individual is provided immediate linkage to a physical space for entry into the CES, and work with the CE Operator to identify an alternative location.

Access Points must also ensure that physical locations provide an environment that is welcoming to people who are least likely to access homeless assistance. Participants should be presented with choice in Access Points, and supported to enter the CES at the Access Point where they are most comfortable and likely to access assistance. If a participant identifies a preference for a specific Access Point, the CE Operator will provide linkage and/or a warm handoff to that Access Point. Street outreach teams such as the HOST team provide linkage for individuals who are not able to access Coordinated Entry in person or who are not likely to engage in services. Individuals assessed by the HOST team with the VI-SPDAT assessment tool must be placed on the Coordinated Entry By Names List.

Access Points offer Coordinated Entry materials in Spanish and also provide immediate linkage to resources in other languages upon the request of an individual accessing Coordinated Entry. Additionally, individuals with disabilities must be provided accommodation (such as assisted listening devices, etc.) in order to ensure effective communication. If an Access Point does not have the resources to ensure effective communication with individuals with disabilities, the Access Point should contact the CES Operator for assistance.

Collaboration with Street Outreach and Virtual Entry

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The HOST Street Outreach Team and other street outreach teams are trained on CES policies and procedures and are offered the same standardized process as individuals who access CE at site-based Access Points. Street outreach teams have the capacity to complete the CE Assessment both through the internet and via phone. Access Points also have the capacity to enroll individuals virtually via phone.

Hours of Operation

As a “ No Wrong Door” system, the Coordinated Entry System can be accessed whenever Access Points themselves have hours of operation. Access to Emergency Services, including shelters, are not dependent on CES Hours of Operation.

HUD Subpopulation Access

HUD allows for 5 defined subpopulations to have separate access points and variations in assessment processes:

- Adults without children;
- Adults accompanied by children;
- Unaccompanied youth;
- Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- Persons at risk of homelessness.

In Sonoma County, only Unaccompanied youth (defined as Transition Aged Youth) and Households fleeing domestic violence have separate Access Points. Adults accompanied by children have Access Points that specialize in services for that subpopulation but also serve the general population. Regardless of which Access Point a participant presents to, that participant must be provided a CES Assessment or a warm-handoff to an Access Point that can provide the assessment.

Procedure:

- 1) If a member of one of the five subpopulations allowable by HUD accesses a general population Access Point, that Access Point will offer the choice of completing the CES Assessment themselves (except for persons at risk of homelessness) or link the individual to the appropriate Access Point via a warm hand-off (phone call or email). The appropriate Access Point is defined in a chart in a future version of these Policies and Procedures.
 - a. The Family Justice Center (FJC) is the primary Access Point for individuals and families who are fleeing/attempting to flee domestic, dating violence, sexual assault, or stalking and who are seeking shelter, services, and housing from non-victim services providers. If a household with a history of domestic violence

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presents to any other Access Point, they will offer to connect that household to FJC or continue the CE Assessment themselves. The FJC also collaborates with the YWCA and Verity, the primary victim services providers in the CoC, to provide access to Coordinated Entry.

- b. Any household who is at risk of becoming homeless (Category 2) who accesses any Access Point or Partner will be referred to a Homelessness Prevention agency.
- 2) If a participant accesses an Access Point that is dedicated to one of the HUD-defined subpopulations (i.e. a single adult over the age of 25 seeks CE Assessment at a TAY defined Access Point), that Access Point will, at minimum, connect the participant to the appropriate Access Point via a warm hand-off (phone call or email).

Collaboration with Veteran Affairs (VA) and Veteran Partners

The VA and the primary SSVF provider, Nation's Finest, are both Cooperating Agencies in the CES. In 2022, Nation's Finest and the VA Clinic will be the primary Access Points for veterans to enroll in CE.

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C. Assessment

The CES Assessment is a comprehensive process that supports households in identifying solutions to their immediate housing crisis and if necessary, adding them to the Coordinated Entry System By-Name-List. It should be offered to all households in Categories 1 and 4 of the federal definition of homelessness (see Definitions above). It consists of 6 steps:

- 1) Diversion/Housing Problem Solving Conversation
- 2) Crisis Navigation and Connection
- 3) Standardized Assessment Tool
- 4) HMIS Data Entry
- 5) Collection of Initial Eligibility Documents
- 6) Enhanced Assessment

Assessment Timelines

The CES Assessment must be completed as soon as possible after contact with the Access Point. Assessments and contact information should be updated by any Access Point whenever appropriate. The CES Assessments should be completed in the order and manner that best meets participant needs while maintaining a standard assessment experience across all Access Points.

The steps of the CE Assessment do not necessarily have to be followed in order or in one sitting, though it is highly encouraged. In particular, the Crisis Navigation and Connection step should occur whenever the need is identified if immediate safety is of concern. If a household presents with a domestic violence crisis, for example, the Access Point may find it most appropriate to connect the household to Domestic Violence crisis services first. Or, if a current emergency medical issue becomes clear any part of the CES Assessment, the Access Point should stop the Assessment and call 911. In addition, the Diversion/Housing Problem Solving conversation can sometimes be most successful over many engagements, as a participant develops a trusting relationship with the provider. The HMIS Data Entry step can occur on its own or simultaneous to the Standardized Assessment Tool. Access Points are encouraged to provide the CES Assessment in the order and timeframe that best aligns with each household's needs, as long as all parts of the Assessment are provided. Steps 2 - 4 must occur within 3 days of contact with an External Access Point and within 5 days of service beginning at an Internal Access Point.

The CE Operator will work with agencies to fit the CES Assessment in with their existing intake processes to encourage participation, while maintaining a standard CES Assessment experience across the system. The CES Performance Evaluation Report will measure variations in experience between different Access Points through participant feedback gathering and comparative analysis to ensure all households across the system have access to the same standard of CES Assessment.

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Procedure:

- 1) The CES Assessment should be completed within 3 business days of the participant requesting it from an External Access Point, or offered and completed within 3 business days of the participant presenting. It should be offered and completed within 3 business days of a participant accessing services with an Internal Access Point, and within 24 hours of discharge into homelessness from a Housing Program.
 - a. In circumstances when trust needs to be built with a participant or if the participant prefers to not complete an initial VI-SPDAT, more time shall be taken before conducting an assessment. Case notes documenting the reason for the delay will be entered into the HMIS CES Program.
- 2) Assessments can and should be updated as contact information or life circumstances change.

Trauma-Informed Assessment Practices

Regardless of the order or timeframe in which the CE Assessment is administered, CES Access Points must utilize information gained throughout the Assessment to complete the rest of the Assessment. For example, if a household tells the Access Point that they have a history of recent arrests in the Diversion/Housing Problem Solving conversion, they should reference that information again when completing the relevant questions to arrest history on the Standardized Assessment Tool. They should always ensure they are informing the participant when they do so, and offer opportunity to answer the question differently. This practice assists assessors in ensuring the Standardized Assessment Tool is as accurate as possible, and reduces possible re-traumatization that can occur when participants are required to repeat the same information.

Enhanced Assessment

CES is designed to fully assess the needs and vulnerabilities of participants. The Standard Assessment Tool may not produce the entire body of information necessary to fully understand those needs and prioritize them for the appropriate housing intervention. This may be because of the nature of self-reporting, trauma response to the tool, or circumstances outside the scope of assessment questions that pertain to the community prioritization standards. In these instances, Access Points should collect additional documentation to supplement the Standardized Assessment Tool. This may include medical evidence, clinical assessment, or the SPDAT, including observational data. Additional optional training on Enhanced Assessment and Prioritization will be offered to Access Points.

Participant Right of Refusal

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Participants may refuse to answer assessment questions. However, doing so may limit the participant's possible permanent housing and service opportunities if the questions that are not answered are related to eligibility criteria for specific programs. The CES Assessment does not require that the participant share information about a specific disability if the participant does not wish to do so. Specific disability information is only used to determine whether the person is eligible for a certain program.

Participants may also refuse to sign a CES or HMIS ROI, or to answer the identifying questions in the HUD Entry Assessment for the CES HMIS program enrollment. In these cases the Access Point can complete the De-Identifiable Enrollment process, in accordance with the Sonoma County HMIS Policies and Procedures and the publication "How to Anonymously Enter a Client into HMIS, found here: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis>

It is recommended that Cooperating Agencies develop their own Policy and Procedure for safely maintaining records that link de-identified client codes to identifying information in a central location and accounting for staff transition after a de-identified CES Assessment has been completed. When these clients are referred to housing, it is important that the Access Point be able to contact the client and ask if they wish to be connected to the housing provider they have been referred to, at any point after CES Assessment is completed.

Assessment Location

All Access Points must have a confidential, private space to conduct the VI-SPDAT and to identify any potential safety issues that may affect participants (such as trauma, victimization, domestic violence, trafficking, etc.). If an Access Point does not have a confidential space, the Access Point will work with the CE Operator to identify an alternate location.

Assessment Fair Housing and HIPAA Compliance

CES Assessment procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Data will be protected by the HMIS database/cooperating HMIS agencies and only shared as allowed for based on the consent of the participant.

HUD Subpopulation Assessment

Persons At-Risk Of Homelessness

There are not currently any homelessness prevention projects that require referrals through CES.

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Households Fleeing Domestic Violence

The Family Justice Center provides confidential access to CE, and individuals presenting at that site or at YWCA received the CES Assessment by either, but are enrolled into the CE HMIS programs anonymously by the FJC. Victims are also offered immediate access to the confidential Safe House with the YWCA.

Other Subpopulations

Individuals, Families, and TAY each receive their own version of the Standardized Assessment Tool. Individuals receive the VI-SPDAT, Families receive the Family VI-SPDAT, and TAY receive the TAY VI-SPDAT

CES Standardized Assessment Tool Score Disclosure

The score that is generated from the Standardized Assessment Tool should not be disclosed to anyone outside of the CES Release of Information list of agencies, including the participant. The score is just one factor in the overall prioritization procedure, and as such can give an incomplete idea of “ranking” to those outside of CES Case Conferencing. In addition, given the volatility of available housing at any one time and the By-Name-List itself, the score is not a reliable method of predicting time from assessment to referral, and disclosure of such can incorrectly influence participants’ efforts to problem solve their own housing crisis. Finally, disclosure of score can encourage participants to answer questions with the goal of a certain score, rather than with the honesty required to accurately assess needs and vulnerability.

CES Assessment Procedures

CES Assessment step 1) Diversion/Housing Problem Solving Conversation

A Diversion/Housing Problem Solving conversation is the first stage of CE Assessment at all Access Points to determine an appropriate service plan. Diversion seeks to limit unnecessary entry into CES and Shelter/Housing Services.

- 1) Participants will be provided information about what the CE system is, how it works, the grievance and accommodation procedures and their rights as a participant, including a flyer found in Appendix 1. The assessing staff will introduce the goals of the CE Assessment, including: assisting the household in identifying immediate housing solutions such as a family or friend, or connecting with a crisis service such as an emergency shelter; utilizing the CE Standardized Assessment Tool if no housing solution can be identified; and collecting additional documents and follow up.

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- 2) The household will be provided education about possible wait times before being referred to a traditional housing intervention such as Rapid Rehousing or Permanent Supportive Housing. Transparency about eligibility and about how the homeless services system works is critical when giving families and individuals choice about the options that may work best for them. Families and individuals will be eligible for some services and not others. Assisting individuals in understanding system navigation empowers them to find and make choices about the support and services they will be eligible for, and to find what will assist them in achieving housing stability.
- 3) The assessing staff will then complete the Diversion/Housing Problem Solving conversation. They will:
 - a. Ask the participant to describe their current housing crisis in as much detail as they are comfortable and actively listen to their story.
 - b. They will help the participant identify strengths, resources, connections, and skills they already have and could utilize to address their housing crisis.
 - c. If a solution is identified, they will refer them to any mainstream benefits that would support that solution and assist them in creating an immediate plan for moving forward.
- 4) If a solution is not immediately identified, they will move to the next stage of the CE Assessment, Crisis Navigation and Connection.
 - a. The Diversion/Housing Problem Solving conversation should ideally be revisited regularly throughout a participant's service plan with the Cooperating Agency.

CES Assessment step 2) Crisis Navigation and Connection

- 1) The Access Point will assess for immediate crisis needs and provide resources to resolve those crises. These may include: health emergency, immediate risk of losing housing, need for emergency shelter, fleeing domestic violence, behavioral health emergency, child safety risk, and adult self-neglect or abuse. This step can occur at any point in the CES Assessment as crisis needs come up. When the crisis is identified, if it is not a housing crisis that can be resolved through the Diversion/Housing Problem Solving step, the Access Point should immediately offer to connect the individual to the appropriate resource. Access Points will be provided a flyer of common crisis resources at the CES Access and Assessment training and will be provided updated flyers ongoing.

For any connection to a crisis service, the Access Point is encouraged to complete a "warm handoff". The Access Point should ask the participant permission to relay the information

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already gathered during the CE Assessment and do so if permission is granted. This will reduce the need for the participant to tell their story multiple times and possibly cause re-traumatization.

Crisis resource connection may include but is not limited to:

- a. Connection to Medical or Behavioral Health Crisis Services: Access Points will assist the participant in calling 911 if there is a medical emergency, or the inRESPONSE team for behavioral health emergencies: 707-204-9756.
- b. Suicidal Ideation or Risk: If the participant expresses thoughts of suicide, they should be encouraged to call the North Bay Suicide Prevention Hotline at (855) 587-6373 or the National Suicide Prevention Hotline at 800-273-8255. The Access Point should call 911 if they have assessed an immediate suicide risk and the participant is not willing to call a suicide prevention hotline. They should ensure the participant stays within sight before emergency responders arrive.
- c. Connection to Domestic Violence Resources: When a participant reveals a history of domestic violence at a Coordinated Entry Access Point, the Access Point will offer linkage to emergency services with the CoC's primary domestic violence provider and the Family Justice Center, the designated Access Point for victims of domestic violence. The Access Point will offer the participant the choice of continuing with the CES Assessment at the current Access Point, or at the Family Justice Center.

When a homeless participant presents for services at the primary domestic violence provider and/or the Family Justice Center, the provider will complete the CES Assessment.

- d. Connection to Homelessness Prevention Resources: If the Access Point learns that the presenting household is not currently literally homeless but will imminently lose their housing, they may refer them to a Homelessness Prevention provider, if such resources are available in the community.
- e. Connection to Emergency Shelter: Participants will be provided with the current flyer of emergency shelters published by the Community Development Commission. Access Points are highly encouraged to assist the client in calling the shelter of their choice to inquire about availability.
- f. Adult Protective Services: If the participant is an adult 65+ or a dependent adult age 18+ who is experiencing abuse, neglect, exploitation or self-neglect, the Access Point should file an Adult Protective Services report at 1 (800) 667-0404.

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- g. Child Protective Services: If minor children are at risk, the Access Point should call Child Protective Services at 1 (800) 870-7064.

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 should 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 should only be used for family units with a maximum of 2 adults, and any additional adults should receive the VI-SPDAT;
 - c. Throughout the administration of the Tool, the Access Point will 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 will 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 should 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 should not disclose the score to anyone outside of the CES Release of Information list of agencies, including the participant.

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- f. The Standardized Assessment Tool will be readministered 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.
- g. Any time the Standardized Assessment Tool is updated sooner than 1 year from the previous administration of the Tool, the Access Point will notify the CES Operator through email of the justification for readministering the tool.

CES Assessment step 4) HMIS Data Entry

- 1) After completing the Standardized Assessment Tool, the Access Point will enter the collected information into HMIS. Much of this step may occur after the assessor is no longer meeting with the household, or it could happen simultaneously as the Standardized Assessment Tool is being completed. The steps for this are as follows:
 - a. Ensure that the participant has a current HMIS ROI, collecting if none are updated, and uploading this and the CES ROI into the CE HMIS program;
 - b. Enroll the participant in HMIS if they are not currently, and following CoC procedures to do so.
 - c. Enroll the participant and complete the HUD Entry Assessment in the relevant CES program as follows:
 - i. CES-Individuals: All single adults over the age of 24 and 6 months are enrolled individually as Head of Household.
 - ii. CES-TAY: Enroll Transitional Age Youth between the ages of 18-24 and 6 months.
 - iii. CES-Families: Enroll only the Head of Household for each family.

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- d. Enter the answers to the Standardized Assessment Tool into HMIS.
 - e. Enter a case note describing the outcome of all other steps of the CES Assessment.
- 2) If a participant wishes to complete the CES Assessment but does not wish to sign a CES or HMIS ROI or does not want to provide identifiable information, they can be entered into the system anonymously with a De-Identifiable Enrollment. The detailed procedure for doing so is included in the CES Access and Assessment training and in the Sonoma County HMIS Policies and Procedures and publication “How to Anonymously Enter a Client into HMIS”, found here: <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis>.
- a. The Access Point must maintain a written record linking the name and contact information of the participants who elect to use the De-Identifiable Enrollment procedure to the code generated as part of the procedure.

CES Assessment step 5) Collection of Initial Eligibility Documents

- 1) At point of initial CES Assessment and ongoing, the Access Point will collect copies of program documentation that verifies potential eligibility criteria for housing programs the participant may be referred to. Access Points will collect initial documentation available to the participant at point of Assessment, and within staffing availability support the participant in collecting ongoing documentation. This may include, but is not limited to:
- a. Homelessness verification letters
 - b. Documentation of disabling condition from a qualified medical provider, or SSI/SSDI letter
 - c. Veteran status verification (DD214, VA disability verification)
 - d. Prison release paperwork
 - e. ID and Social Security Card
 - f. Income verification (note: if referral occurs long after the CES Assessment, these documents may need to be recollected at point of housing enrollment.
- 2) All documents collected will be uploaded into the participant’s CES HMIS program dashboard.

CES Assessment step 6) Enhanced Assessment

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- 1) The Access Point may observe evidence that contradicts the answers provided by the participant on the Standardized Assessment Tool, indicates that the participant’s needs would be better met in a different intervention than the Standardized Assessment Tool suggests, or that the score does not accurately represent the vulnerability of the participant. If this is the case, the Access Point will collect the medical or other documented evidence to support the alternative assessment. If the Access Point only has observational evidence, they may complete the SPDAT in place of (or in addition to) documented evidence.
 - a. A training will be offered quarterly on how to use the SPDAT in Enhanced Assessment and Prioritization.
- 2) The Access Point will upload the medical evidence or the SPDAT scoring sheet with notes completed into the CES program in HMIS, following participant consent policies.
- 3) The Access Point will attend the next CES Case Conference and present the evidence they have collected. They will follow the procedures named in [D. Prioritization: Enhanced Prioritization](#).

D. Prioritization

The CoC will use data collected through the CES Assessment to prioritize participants within the CoC’s geography for Rapid Rehousing (RRH), Permanent Supportive Housing (PSH) and other participating permanent housing projects.

Community Service Needs/Vulnerability Prioritization Standards

The prioritization standards are intended to connect participants to housing in order of high severity of needs to low, in accordance with HUD notice CPD-16-11, *Prioritizing Persons Experiencing Chronic Homelessness in PSH*, and CPD-17-01, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*. Sonoma County CoC measures participants’ severity of needs and vulnerability using the following factors, ordered by relative weight in making prioritization decisions for housing:

Individuals Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator	VI-SPDAT Sections or Questions
1	Vulnerability to illness or death	Physical Health
2	Severity of behavioral health challenges or functional impairments, including any physical, mental, developmental, substance use or behavioral health	Substance Use, Mental Health, and Mobility

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	disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)	
3	High utilization of crisis services/ emergency services	Risks/ Emergency Service Utilization
3	Length of homelessness	Homelessness/Housing History
4	Number of years above 60 in age	Age
5	Vulnerability to victimization and/or lack of strong support system	Socialization
6	Institutional utilization	Justice and Foster Care History

*High utilization of crisis services/emergency services and length of homelessness are prioritized equally.

Families Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator	F-VI-SPDAT Sections or Questions
1	Severity of behavioral health challenges or functional impairments, including any physical, mental, developmental, substance use or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)	Substance Use, Mental Health, and Mobility
2	High utilization of crisis services/ emergency services	Risks/ Emergency Service Utilization
2	Length of homelessness	Homelessness/Housing History
3	Vulnerability to victimization and/or lack of strong support system	Socialization, Children, Family Unit
4	Vulnerability to illness or death	Physical Health
5	Number of years above 60 in age	Age
6	Institutional utilization	Justice and Foster Care History

*High utilization of crisis services/emergency services and length of homelessness are prioritized equally.

Transition Aged Youth Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator	TAY-VI-SPDAT Sections or Questions

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1	Severity of behavioral health challenges or functional impairments, including any physical, mental, developmental, substance use or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)	Substance Use, Mental Health, and Mobility
2	High utilization of crisis services/ emergency services	Risks/ Emergency Service Utilization
2	Length of homelessness	Homelessness/Housing History
3	Vulnerability to victimization and/or lack of strong support system	Socialization
4	Institutional utilization	Justice and Foster Care History
4	Vulnerability to illness or death	Physical Health

*High utilization of crisis services/emergency services and length of homelessness are prioritized equally and Institutional utilization and Vulnerability to illness or death are prioritized equally.

These factors are captured in the Standardized Assessment Tool through the Total Prioritization Score and CES Assessment procedure.

Total Prioritization Score and By-Name-List

The community-wide prioritization list (known as the “By Names List”) includes homeless individuals, transition aged youth, and families who have been assessed and prioritized for housing. This list is maintained by the CE Operator in HMIS, and is visible to other cooperating agencies, in HMIS. These lists are updated on a daily basis; separate lists exist for individuals, families, and transition-aged youth.

The Total Prioritization Score is the score resulting from the Standardized Assessment Tool. It is a baseline reflection of severity of service needs defined by community prioritization standards, with those with the most severe needs scoring a 9 or above.

Procedure:

- 1) The Total Prioritization Score will be generated by adding additional weight to the VI-SPDAT, Family VI-SPDAT, and TAY VI-SPDAT assessment sections to reflect the community prioritization standards.

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- 2) The Individuals, TAY, and Family By-Name-Lists will be generated within HMIS by listing all participants who have completed the CES Assessment in order of Total Prioritization Score, separated by the CES HMIS program they are enrolled in and type of VI-SPDAT completed.
- 3) Each By-Name-List will be ordered by Total Prioritization Score, from highest score to lowest, to be in alignment with HUD regulation that the most severe service needs are prioritized first.

Prioritization for Permanent Supportive Housing

Households are prioritized for PSH based on vulnerability and prioritization in HUD notice CDP-16-11:

- 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.

“Severe service needs” in this prioritization ranking are measured by the Total Prioritization Score, or the Enhanced Prioritization procedure.

Note: housing programs are required to document homeless history and disability according to their contracted requirements only. PSH referrals follow prioritization ranking procedure based on known homeless history and disability status at CES Case Conference.

Procedure:

- 1) Participants will be who are referred to Permanent Supportive Housing (see definitions) will be prioritized first according to the highest Total Prioritization Score on the By-Name-Lists or meeting community prioritization standards through Enhanced Prioritization, *and* meeting the definition of Chronic Homelessness.
- 2) When every participant meeting requirements above in #1 are removed from the By-Name-Lists due to receiving housing or other reasons, those in the HUD second priority group will be prioritized. Participants who are referred to Permanent Supportive Housing (see definitions) will be prioritized according to the highest Total Prioritization Score *above* 9 on the By-Name-Lists or meeting community prioritization standards through Enhanced Prioritization, *and* having a disability.
- 3) When every participant meeting requirements above in #1 and #2 are removed from the By-Name-Lists due to receiving housing or other reasons, those in the HUD 3rd priority group will be prioritized. Participants who are referred to Permanent Supportive Housing

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(see definitions) will be prioritized according to the highest Total Prioritization Score *below* 9 on the By-Name-Lists or meeting community prioritization standards through Enhanced Prioritization, *and* having a disability.

- 4) When everyone meeting requirements above in #1, #2 and #3 are removed from the By-Name-Lists due to receiving housing or other reasons, those in the HUD 4th priority group will be prioritized. Participants who are referred to Permanent Supportive Housing (see definitions) will be prioritized according to the highest Total Prioritization Score on the By-Name-Lists or meeting community prioritization standards through Enhanced Prioritization, *and* who are coming from Transitional Housing where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven, *and* have a disability.
- 5) All remaining participants on the By-Name-List must have documented case notes in the CES HMIS program showing attempts to prove chronic homelessness, or the requirements of the current prioritization stage, before moving to the next prioritization stage listed above.

Prioritization for Rapid Rehousing

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 available 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 available 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.

Non-TAY-Dedicated Rapid Rehousing

Participants who receive referrals prioritized according to community standards and scoring between 4 and 8 on the Total Prioritization Score will be prioritized for Rapid Rehousing services first before moving to scores below 4.

Procedure:

- 1) Participants who are referred to Rapid Rehousing will be prioritized first according to the highest Total Prioritization Score on the By-Name-Lists, 8 and under.

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- 2) Exceptions will be made to those who are brought to CES Case Conferencing for Enhanced Assessment and Prioritization. See Enhanced Assessment and Prioritization under [E. Referral](#) for details.

TAY-Dedicated Rapid Rehousing

TAY-dedicated Rapid Rehousing openings are dynamically prioritized.

Procedure:

- 1) Participants who are referred to TAY-dedicated Rapid Rehousing will be prioritized first according to the highest Total Prioritization Score on the TAY By-Name-List.
- 2) Exceptions will be made to those who are brought to CES Case Conferencing for Enhanced Assessment and Prioritization. See Enhanced Assessment and Prioritization under [E. Referral](#) for details.

Prioritization for Other Housing Projects

There are housing projects that come online from time to time that do not meet the definition of either RRH or PSH, but provide housing to persons experiencing homelessness and receive referrals through CES. Examples include permanent housing vouchers or units targeted to the homeless population that do not include additional case management support. These projects should still prioritize those with the most severe service needs first in alignment with HUD Notice CPD-17-01, but should be prioritized also for an appropriate level of service needs for the services provided by the project.

Procedure:

- 1) When permanent housing projects that will receive referrals from CES are being developed that do not meet the definitions of RRH or PSH, the Coordinated Entry Advisory Committee will determine the appropriate Total Prioritization Score range that will be prioritized for referrals to the project.
- 2) Within the determined Total Prioritization Score range, participants will be prioritized first according to the highest Total Prioritization Score on the By-Name-Lists.
- 3) Exceptions will be made to those who are brought to CES Case Conferencing for Enhanced Assessment and Prioritization. See Enhanced Assessment and Prioritization under [E. Referral](#) for details.

Identical Prioritization

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Procedure:

- 1) If multiple households are prioritized equally either by Total Prioritization Score or Enhanced Prioritization for an available housing placement and all households are eligible for that housing program, the Coordinated Entry Operator will select the household that first presented for Access and Assessment in CE for a referral.

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 staff collecting the evidence for Enhanced Assessment must present the evidence in a case presentation at the CES Case Conference. The CES Case Conference will 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 will 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 an outreach worker presents 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 should 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 will present the additional assessment evidence collected as part of Enhanced Assessment at the CES Case Conference.

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- 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 include additional documented evidence of vulnerability and service needs, or if observational evidence is all that is available, the staff will 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 will 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 will be submitted according to the procedures in [E. Referral](#).
- 4) If the referral is not successful for any reason, the participant will maintain their prioritization status assigned through Enhanced Prioritization. They will be referred to the next available housing opportunity that targets the assigned prioritization. A separate list will 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 will change that participant’s prioritization status going forward.

Nondiscrimination

Data collected from the assessment process shall only be used to prioritize households for housing interventions and accompanying services based on vulnerability and length of time homelessness. Eligibility for housing is solely based on determining if a referral meets basic program requirements. The CE operator and all agencies receiving/accepting referrals from CE are prohibited from prioritizing or discriminating households based on a protected status such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

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Participants may file a discrimination complaint or grievance using the procedures described in [I. Accommodations and Grievances](#).

By-Name-List Management and Inactive Policy

A participant shall remain on the active list until they are housed permanently, they voluntarily request to be removed, 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 will notify the CES Operator when a participant is housed or leaves the CoC geographic bounds, and the Operator will 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 will notify the Operator of the request, who will remove them from the list and the CES HMIS program.
- 3) The CES Operator will perform weekly data cleaning of the By-Name-Lists and remove from active 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 will 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 will 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 will be presented at CES Case Conference to confirm lack of contact from any provider present, before making inactive.
 - d. The Operator will create an “inactive” tag for the participant when doing so which will remove them from the active By-Name-List
- 4) The Operator will remove from the By-Name-List and discharge from the CES HMIS program any participant who cannot be contacted, and who the community present at CES Case Conferencing has unanimously agreed that all efforts have been exhausted in attempting to contact the participant.

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- 5) Any participant removed from the By-Name-List may be re-added 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 will not be required to complete the CES Assessment again, though Access Points should encourage them to 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 will notify the CES Operator, who will 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.

Community Prioritization Coordination

The CE Operator and CDC will coordinate with other existing Master Lists in the community including, but not limited to, the By Names List of Homeless Veterans and any other multidisciplinary lists in the CoC's geography.

The By-Name-List has the ability to be filtered for Veteran status, or suspected Veteran status. This filtered BNL is managed by the CES Operator and HUD-VASH Coordinator with the Santa Rosa VA Medical Center. The list is updated twice monthly by members of the CoC's Homeless Veterans Committee. CES Operator staff members attend and provide updates to the BNL and cross-reference names on the BNL with other relevant information in HMIS.

Veteran prioritization follows the same protocol for the three waitlists: single adults, families, and transition-aged youth.

Length of Time on Prioritization List

CE will strive to offer every individual placement into the intervention of their choosing within 60 days of placement on the priority list. Additionally, supportive services and resources will be offered to every participant as part of the first stage of the CE Assessment.

Ongoing CES Evaluation efforts will drive updates to the community prioritization standards to more precisely differentiate and identify for housing those participants with the highest service needs and vulnerabilities, and reduce waiting time on the By-Name-Lists. This may include modifying the prioritization score ranges described above.

E. Referral

All referrals follow the prioritization standards, policies, and procedures described in [D. Prioritization](#). All referrals, except those identified in [D. Prioritization](#), will be presented in CES

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Case Conference for approval. The CES Operator is the only entity authorized to generate or assign CES referrals.

Housing Availability

Housing Providers notify CES when an opening is available in a CES affiliated bed or unit in their program. If possible, advance notice is provided so as to minimize the length of vacancies. Housing Providers will provide contracted eligibility requirements and updates to those requirements to the CES Operator, which will be published on a Community Development Commission web page.

Uniform Referral Procedure

- 1) All housing referrals, except those identified below, will be identified and unanimously agreed upon by the community present at the CES Case Conference. Exceptions are:
 - a. Participants referred to housing programs dedicated to survivors of or those fleeing domestic violence; see “Referrals to Housing Programs Dedicated to Survivors of or Those Fleeing Domestic Violence” below;
 - b. Those RRH openings set aside for participants who have identified housing as described in Prioritization for Rapid Rehousing in section **D. Prioritization**.
- 2) Referrals will be made based on community prioritization standards (see section **D. Prioritization**), initial eligibility, and the following standards:
 - a. For each housing intervention (PSH, RRH etc), when there are multiple providers seeking openings, each program will be limited to 5 referrals in each CES Case Conference. Exceptions may be made on a case-by-case basis.
 - i. Three additional referrals may be provided as “back-up” referrals at provider request between CES Case Conference.
 - b. Within each housing intervention type (PSH, RRH, and “Other”), 75% of openings referred to at each case conference will be referred based on next Total Prioritization Score on the active By-Name-List and initial eligibility screening. The remaining 25% (rounded down in when the number is not whole), or 1 opening, whichever is higher, will be set aside for Enhanced Prioritization, Progressive Engagement, or program transfer, based on community prioritization standards and initial eligibility screening. If no participants are submitted within these categories, the remaining openings within each intervention type will be filled based on the next Total Prioritization Score and initial eligibility screening.

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- c. Within any set of openings to a particular intervention type (PSH, RRH, and “Other”) with eligibility criteria that can accept any subpopulation type (individuals, families, TAY), equal referrals will be made from each subpopulation active By-Name-List. If there are an odd number of openings, priority will be made for the subpopulation(s) with higher number of eligible participants on the relevant By-Name-List.
- 3) The CES Operator will submit all referrals agreed upon in CES Case Conference within 24 hours in HMIS to the relevant housing provider.
- 4) The housing provider will be responsible for contacting the participant and offering to move forward with the referral.
 - a. Access Points and other community providers who are in contact with the referred participant have a role in supporting the housing provider in contacting the participant, within staffing availability.
- 5) If multiple programs with the same eligibility criteria have openings, the above standards (2) a.-c.) will be followed for all programs with openings, inclusive of the same participant being referred more than once. The housing providers will need to coordinate, including at CES Case Conference, to ensure the referred participant is offered the choice between openings.
- 6) The housing provider will record all attempts to contact the participant when following up on a referral. Records of attempted contacts, contacts made and their disposition will be recorded in the “Case Notes” of each participant’s HMIS CES Dashboard.
- 7) Once the housing provider has verified eligibility (see “section [H. Eligibility Documentation Roles and Responsibilities](#)”), they will accept the referral in HMIS.
 - a. If the housing provider cannot verify eligibility, they will follow the “Rejection of Referrals” policy and procedure below.

Referrals to Housing Programs Dedicated to Survivors of or Those Fleeing Domestic Violence

Referrals to housing programs dedicated to survivors of or those fleeing domestic violence will be made by phone between CES Operator and housing provider, and will not be presented at CES Case Conference, to ensure compliance with the Violence Against Women Act and protect participant confidentiality.

Rejection of Referrals

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Only four standardized options are available for rejecting a referral from Coordinated Entry: the participant does not meet eligibility requirements, the project is not currently accepting applications, the participant has disappeared or is not able to be located, or the participant refused the housing offer. Providers may not reject a referral without a consensus approval of all parties present at CES Case Conference.

Procedure:

1. The Housing Provider shall record all attempts to contact participant when following up on a referral. Records of attempted contacts, contacts made and their disposition shall be recorded in the “Case Notes” of each participants’ HMIS dashboard and electronic file.
2. All referral rejections must be brought to CES Case Conference and the reasons for rejection and attempts to accept the referral presented. They may request additional support or community expertise in moving forward with the referral. The rejection request will be voted on by all parties present at CES case conference.
 - a. After voting approval, the Housing Provider will reject the referral in HMIS and include a note of the reason why.
3. If a provider wishes to appeal a rejection decision made at CES Case Conference, they may present the case at the Coordinated Entry Advisory Committee Shelter and Appeals Subcommittee.

Rejection Standard: Does not meet eligibility requirements

- The CoC maintains a public website with eligibility requirements for all projects in the CoC’s geographic area participating in Coordinated Entry. A housing provider may reject an referral only if the participant does not meet basic published eligibility requirements, inclusive of (when applicable) immediate safety risk or meeting activities of daily living (ADLs), or the provider has exhausted all options to document eligibility. Examples include single adults that were part of a family unit when assessed and have been referred to a families-only project, or non-veterans attempting to access SSVF funded units. An agency may not reject a participant on presumed “fit” in housing or shelter. An agency may not reject a participant due to barriers in documenting eligibility without exhausting all possible options first.

Rejection Standard: Program no longer accepting applications

- If a program is no longer accepting applications, the referring agency and CE will work together to redirect the referral to another program within HMIS. This includes instances

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when a project serves multiple populations (ex: individuals and families) but only has openings for one population at a given type.

Rejection Standard: Unknown/Disappeared

- If referring agencies have exhausted all options to contact a referral, they may request to decline the referral as “unknown/disappeared.” Every attempt should be made to contact the participant, including physical outreach, contacting HOST workers, Coordinated Entry staff, and all known service providers.

Rejection Standard: Participant Refused Offer

- If a participant refuses a referral, the below “Right of Refusal” policy will be followed.

Right of Refusal

Participants who reject a referral to housing, or who elect to be discharged from a housing provider prior to moving into permanent housing, shall maintain their place on the active By-Name-List with the same Total Prioritization Score they had prior to referral.

Procedure:

- 1) If a participant refuses a referral to housing, the reason should be documented in CES HMIS case notes. The Housing Provider will bring the case to CES Case Conference to problem solve. The community present at CES Case Conference must vote to move forward in providing the housing opening to the next participant on the active By-Name-List.
 - a. After voting approval, the Housing Provider will “reject” the referral in HMIS and document the reason.
- 2) If a participant chooses to discharge from a Housing Provider after enrollment but before being permanently housed, the Housing Provider will notify the CES Operator.
- 3) The participant will be returned to the active By-Name-List with the same Total Prioritization Score and offered the next alternative housing referral that meets their needs and that they meet eligibility for.

Public Eligibility Listing

All participating housing projects submit their specific enrollment eligibility requirements to the CE Operator and the Continuum of Care Collaborative Applicant. This information is held on a public facing website that is easily accessed by individuals seeking housing or shelter throughout the

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CoC's geographic area. Eligibility criteria include projects that have a specific focus, such as housing for veterans, housing for survivors of domestic violence, permanent supportive housing for individuals with serious and persistent mental illness, etc. The Continuum of Care Coordinator and Coordinated Entry Operator will update the list on a quarterly basis for accuracy.

Additional services and resources will also be placed on the website and links will be provided to 211 for additional resources.

Referrals to CoC/ESG-programs and Non HUD-funded Agencies

All CoC and ESG projects use only CE when accepting referrals to fill vacancies in housing and/or shelter funded by these sources.

Projects that do not receive HUD funding or who are not required to participate due to local priorities are encouraged to participate in Coordinated Entry but are not required to do so. Projects not participating in Coordinated Entry will not have access to the CES Case Conference, nor will they have access to the CE By Names List.

F. Transfers

On occasion the CE experiences a need for transfers between program types to better meet the preferences and needs of a household, or as an administrative function. A key component to any transfer process is an on-going assessment of the household's needs to determine whether the levels of service provided are appropriate or need to be increased or reduced.

A household may need to transfer to another program within the CES for a myriad of reasons including, though not limited to, changes to family composition, the defunding of an agency or program, or criminal record for state-mandated restrictions. A household may also wish to move from permanent supportive housing to a less-intensive service oriented housing or a household may require progressive engagement from rapid re-housing to permanent supportive housing.

Transfers between Programs within the Same Program Model

Transfers between programs within the same program model will be prioritized above any other referral to ensure continuity of services.

Procedure:

- 1) When a current household must transfer to another program within the same program model (PSH to PSH, RRH to RRH) the provider must contact CES Operator ahead of CES Case Conference and request transfer, detailing the reasons why the household needs to be transferred.

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- 2) If the reason for transfer is administrative (change of eligibility, funding, or program structure) the transfer will be prioritized first and presented for referral at the next CES Case Conference in which openings that meet the participant's eligibility are available.
- 3) If the reason for transfer is due to participant request or case management circumstances, the Housing Provider will present the case at the next CES Case conference in which there are openings that meet the participant's eligibility. The community present at that CES Case Conference will vote to approve or deny the transfer, and if approved, the referral will be prioritized above any other referral within the intervention type.
 - a. If denied, the Provider or Participant may appeal the decision to the Shelter and Appeals Subcommittee of the Coordinated Entry Advisory Board.
- 4) If approved, the CES Operator will place the participant back on the active By-Name-List and make the referral within HMIS within 24 hours of the CES Case Conference.
- 5) The new Housing Provider will have one week to accept the referral, coordinate warm handoff, and complete the transfer. The outgoing Housing Provider may request a longer timeline if needed. The new Housing Provider will notify the CES Operator once completed.
- 6) The CES Operator will remove the participant from the By-Name-List and discharge from the CES HMIS program.

Progressive Engagement Transfers

Participants in a lower scoring housing intervention may be progressively engaged to a higher scoring intervention if they are still in housing, to ensure housing stabilization progress is maintained and to avoid the re-traumatization of re-entering homelessness. This includes RRH to PSH, or in some cases RRH to Other Housing Projects that serve higher needs than RRH.

Progressive Engagement transfers must meet the eligibility requirements of the program being transferred to, and meet community prioritization standards for the program being referred to.

Progressive Engagement transfers will be prioritized at the top of the 25% of openings that are filled from the Enhanced Prioritization policy and procedure.

Procedure:

- 1) Progressive Engagements transfers will begin with the Enhanced Prioritization procedure.

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- 2) If approved, the CES Operator will place the participant back on the active By-Name-List and make the referral within HMIS within 24 hours of the CES Case Conference.
- 3) It will be the responsibility of the outgoing housing provider to complete eligibility documentation for the incoming provider.
- 4) The new Housing Provider will accept the referral, coordinate warm handoff, complete the transfer, and notify the CES Operator.
- 5) The CES Operator will remove the participant from the active By-Name-List.

Compliance with Fair Housing Laws and Equal Access Rule

Referrals through CES follow all Federal, State, and local Fair Housing Laws. Participants may not be “steered” or directed to a particular housing type, facility, or neighborhood because of race, color, national origin, sex, disability, or presence of children.

Cooperating agencies in must also comply with the HUD Equal Access Rule in accordance with their gender identity.

G. CES Case Conference

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.

Procedure:

- 1) Three business days prior to each CES Case Conference at 2 pm, the CES Operator will:
 - a. Confirm available openings with all Housing Providers.
 - b. Run the active By-Name-List report. Identify likely referrals based on current openings, Total Prioritization Score and if relevant, PSH prioritization, and known eligibility.
 - c. Contact known Access Point and Access Partner staff who have documented recent history in HMIS for likely referrals to inform them their participant may be referred to housing at the CES Case Conference and request their presence.

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- 2) All those in attendance at the CES Case Conference will be a staff of a Cooperating Agency listed on the HMIS and CES Releases. Staff attending will be required to sign in and certify that they are staff of an HMIS and CES release Cooperating Agency.
- 3) At the CES Case Conference, new referrals will be made following above [E. Referral](#) policies and procedures.
- 4) Housing providers will have an opportunity to problem solve past referrals, and seek referral rejection approval if needed.
- 5) Participants who have not had system contact in 90 days will be presented for removal from the active By-Name-List.
- 6) As time allows, housing providers will have an opportunity to problem solve already-enrolled cases that are in danger of returning to homelessness.

H. Eligibility Documentation Roles and Responsibilities

Many entities have a role in collecting eligibility documentation before, concurrently with, and after a referral is made. However, the ultimate responsibility for collecting all necessary eligibility documentation and verifying eligibility is with the housing provider. Specifically, the program providing housing case management is responsible for collecting eligibility documentation, unless specific contract, housing provider internal policies and procedures, or other written guidelines define the property management or subsidy provider as having that responsibility.

The roles associated with the collection of eligibility documentation are below, inclusive of, but not exclusive.

Before Referral

- The eligibility documentation process begins at CES Assessment, during which the Access Point should collect available documentation and within the bounds of staffing availability support the participant in collecting further documentation, and upload all documentation to HMIS.
- When a participant is likely to be referred to an available housing opening, in the days prior the CES Operator will proactively notify points of contact at agencies that have served or have a relationship with the participant and are a CES Participating Agency, and ask them to attend the CES Case Conference and be prepared to discuss documentation needs.

Concurrent with Referral

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- At CES Case Conference, providers that have served or have a relationship with the referred participant will be invited to look up eligibility documentation in databases not available to the CES Operator or housing agencies, i.e. medical or justice databases. Within the bounds of applicable release of information agreements, these providers will send relevant documentation to the housing provider.
- Providers that currently have a relationship with the referred participant will be invited to CES Case Conference to assist the housing provider in contacting or locating the referred participant to collect eligibility documentation.
- The CES Operator will send the housing provider the HMIS program history at the same time as the referral is made to support with homelessness or chronic homelessness documentation requirements.
- The CES Operator will connect over email the housing provider with any known community providers who have had a relationship with the participant and could not attend the CES Case Conference where the referral was discussed.

After Referral

- The housing provider will download previously uploaded eligibility documents from HMIS.
- The housing provider will follow up with all other providers they have been connected to as needed. It is ultimately the responsibility of the housing provider to make contact with and collect eligibility documentation for the referred participant.
- Providers who currently have a relationship with the referred participant will contact and coordinate with the housing provider when they encounter the participant during the eligibility documentation process, within the bounds of staffing limitations.

I. Accommodations and Grievances

Documentation of Reasonable Accommodation Requests, and Enforcement Activities

Individuals can make requests for reasonable accommodations regarding their experience in CES to any CES staff member in any form, at any time. CES staff should be available to assist individuals with requests for reasonable accommodations. Individuals making requests for reasonable accommodations must participate in assessment and an interactive process with staff for requested accommodations to be considered.

Reasonable Accommodations regarding housing provider activities and services would be reviewed by the housing provider.

A Notice of Rights must be provided to all applicants, participants, beneficiaries, and other interested persons. This notice shall inform individuals of their rights under disability nondiscrimination laws and the applicability of these laws to the CES entity's services, programs, and activities.

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Coordinated Entry Operator staff should be trained in ADA law and requirements.

Procedure:

- 1) If at any point a participant indicates they wish to make a reasonable accommodation request regarding their experience in CES, Access Point staff will contact CES Operator staff to receive the request.
- 2) CES Operator staff will engage with the individual making the request. Data collection will reflect relevant information on Reasonable Accommodation requests.
 - a) Data related to Reasonable Accommodation requests will be entered into the Coordinated Entry System Case Management Touchpoints.
- 3) Coordinated Entry Case Management Touchpoints should be updated to show follow-up on efforts made to connect individuals with services in response to Reasonable Accommodation requests.
 - a) CES Staff's focus on identifying reasonable accommodations should support access to all forms of permanent housing.
- 4) Documentation should record the following:
 - a) The individual's stated disability or need for accommodation
 - b) The date and type of accommodation(s) requested or considered
 - c) Whether the request was granted or denied
 - (1) Documentation of an accommodation request should be recorded in the Coordinated Entry Contact Form Touchpoint to reflect the reasons for rejection or allowance.
 - (a) If an Accommodation is allowed, documentation should reflect actions taken toward fulfillment of that request.
 - (b) In the event of a rejection of an accommodation request, documentation should reflect the reasons for denial and any subsequent actions taken.
- 5) Approving and Providing Reasonable Accommodations

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- a) Once it is determined that a requested accommodation is reasonable and necessary, the need for this accommodation (not the person's diagnosis) should be prominently documented in the person's HMIS dashboard and flagged to ensure that the accommodation is provided by any staff member handling the case or interacting with the individual.
 - i) Many accommodations, such as assistance completing an application, should be provided on the same day they are requested. Other accommodations should be provided in time to prevent any denial of equal and meaningful access to the entity's programs and services.
 - ii) While CES staff are permitted to grant accommodations to clients, they alone do not have the authority to deny or refuse accommodation requests.
- 6) CES Operator staff must provide notice to agencies receiving referrals of the accommodation needed for the participant.
 - a) Participant must meet initial eligibility requirements for the program and be prioritized for placement.
 - i) In the instance an ADA accommodated placement becomes available, agencies will notify CES of the opening, and the highest prioritized individual requiring accommodations will be referred over for placement.
 - b) Agencies have 72 hours to respond to CES accommodation request confirming receipt of request.

Grievances

Participants have the right to file a grievance relating to their experience with CES without being discriminated against by any CES Participating Agency or the CES Operator and without fear of being denied services or access to CES. The grievance procedure provides an opportunity to have any CES-related concerns or rights violations investigated. There are multiple methods for submitting grievances, including:

- Handing or emailing a written grievance to any CES Access Point staff or CES Operator staff;
- Leaving a voicemail at the CES Operator call line at (866) 542-5480;
- Sending an email to CE@homefirstsc.org;
- Sending a letter to: HomeFirst Coordinated Entry, 507 Valley Way, Milpitas CA 95035;
 - This option provides an opportunity to submit an anonymous grievance if the participant wishes; to do so, the sender should put the same address as the return address and leave the grievance unsigned.

Procedure:

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- 1) For the best chance of a successful investigation, grievances should be submitted within 48 hours of the issue occurring.
 - a) If the grievance is about non-CES staff or agency but related to a CES activity, the participant is encouraged to first utilize the internal grievance procedure of the agency where the grievance occurred.
 - b) If the grievance is related to CES Operator staff behavior but not related to CES processes, the CES Operator internal grievance procedure will be followed.
- 2) Any grievance submitted to the CES Operator will be investigated by the Operator.
 - a) If the grievance is submitted anonymously, the CES Operator will make every effort to resolve it, but the investigation may be limited if important information is missing, such as identifying information.
- 3) The CES Operator will investigate the grievance and respond in writing within 1 week of receiving the grievance.

Appeals

The appeals procedure will be followed if a participant wishes to appeal the outcome of either a grievance investigated by the CES Operator or a reasonable accommodation decision made by the CES Operator. Appeals decisions are made by the Shelter and Appeals Subcommittee, a subcommittee of the Coordinated Entry Advisory Committee made up of impartial representatives from community organizations and community members. Any member of the subcommittee with a conflicting interest (i.e. they are employed or volunteer for an organization where a grievance originated) will recuse themselves.

Procedure:

- 1) Appeals should be submitted in within 48 hours of receiving the reasonable accommodation or grievance decision. The Shelter and Appeals Subcommittee may waive this timeframe. Appeals should be submitted to:

Thai Hilton
Coordinated Entry Coordinator
Sonoma County Community Development Commission
1440 Guerneville, Rd. Santa Rosa, CA 95403
Thai.hilton@sonoma-county.org
Ph: (707) 565-7548

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Fax: (707) 565-7583

- 2) The participant will be given a date and a time for the next Shelter and Appeals Subcommittee meeting and will be invited to present their case. They are encouraged to bring an advocate if they wish.
- 3) The Shelter and Appeals Subcommittee will respond in writing with a final decision within 72 hours of meeting.

J. Data Management

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting (“inferred consent”) to the use of the HMIS to store this information. The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing (“disclosure”). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of CES to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user’s access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement.

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Services will not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data.

The CES Operator is responsible for maintaining data quality with the HMIS CES programs, including working with and training users accessing those programs on data quality.

Privacy Protections

The CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards (CoC Interim Rule – 24 CFR 578.7(a)(8)). All providers participating in Coordinated Entry must undergo training provided by the HMIS Coordinator and CES Operator before gaining access to the CES By-Name-Lists. Participant consent is obtained in a uniform written release of information and is stored in a secure location. Participants are informed of all cooperating agencies who may have access to their information for purposes of referral through the CE process. All users of HMIS in cooperating agencies in CE are trained by the HMIS Administrator and CES Operator on data collection, management, and reporting.

The CoC prohibits denying services to participants if they refuse their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. The CoC only shares participant information and documents when the participant has provided written consent through the CES Release of Information.

Collaboration with Homeless Service Providers and Mainstream Resource Providers

The CoC shares aggregate data from Coordinated Entry with mainstream resource providers such as Federally Qualified Health Centers as well as criminal justice stakeholders (Department of Probation) and other county stakeholders in the Department of Human Services, Health Services, and Behavioral Health.

Additionally, the CoC collaborates with other multidisciplinary teams focused on high utilizers of system resources/utilizers of multiple systems in efforts such as IMDT. The CoC provides aggregate data in these efforts; in some cases, a specific subpopulation or group may require client level data. In that case, additional written consent will be required from participants.

K. Evaluation

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On a quarterly basis, beginning in October 2022, the CES Operator will complete a CES Performance Evaluation and monitor progress towards meeting the CES Vision and the goal of reaching “functional zero.” The Performance Evaluation quantitative analysis will measure three main areas on a quarterly basis: CES Performance Measures; Equity Analysis; and Geographic Gaps Analysis. Those areas will include the following measures:

CES Performance Measures:

- Inflow, Recidivism and CES Assessment accuracy
 - The number of individuals, families, and TAY being assessed each quarter;
 - The number and percentage of participants returning to the active By-Name-List after being removed or made inactive;
 - The number and percentage of participants returning to be reassessed after exiting to housing within six months, 6- 12 months, and 12-24 months.
 - This measure disaggregated by provider, housing intervention and originally assessed score.
 - Diversion successes tracked through provider reporting external to HMIS;
- Outflow
 - The number and percent of all individuals, families, and TAY entering permanent housing;
 - This measure disaggregated by intervention type;
 - The number and percent of all individuals, families, and TAY entering permanent housing within 60 days of assessment;
 - Average number of days from assessment to permanent housing for individuals, families, and TAY;
 - This measure disaggregated by intervention type;
 - The number and percentage of all individuals, families, and TAY moved to inactive, disaggregated by destination and reason
- The number and percent of all individuals, families, and TAY receiving a referral to permanent housing;
- Average number of days from assessment to referral for individuals, families, and TAY;
- The number and percent of all referrals that are accepted and rejected for individuals, families, and TAY;
 - The measure of all referrals rejected disaggregated by provider and reason for rejection;
 - The number and percent of all referrals that are rejected by participant choice, disaggregated by provider and intervention type;
- Average number of days on By-Name-List for individuals, families, and TAY;

CES Equity Analysis:

- The CES Performance Measures disaggregated by race, ethnicity, and gender;
- Comparison of initial assessment responses, especially disability responses, with external data as available, including CoC housing program HMIS HUD Project Entry assessments;

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- 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.

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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

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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.

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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

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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

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Appendix 1 – Detail CES Process Flow

CES system Flow

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.

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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

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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	<p>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.</p> <p><i>Examples:</i> 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.</p>
Internal Access Point	<p>Internal Access Points agree to provide the CES Assessment to their own served participants.</p> <p><i>Examples:</i> 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.</p>
Housing Program	<p>CES Housing Programs participate in CES. Their Access Point requirement is to provide the CES Assessment to participants they are exiting into homelessness.</p>

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

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3) CES Housing Program

The definitions of the above Access Points (inclusive of CES Housing Programs) can be found in the CES Policies and Procedures. Cooperating Agency agrees to the terms and conditions as described below corresponding to each selected Access Point type above. Terms and conditions as described below that correspond to any Access Point type above that is not selected are not applicable.

The Cooperating Agency's CES External Access Point(s), CES Internal Access Point(s), and CES Housing Program(s) (applicable to agencies who check boxes 1,2, and 3) will:

- 1) Provide a point of contact to participate in the CoC's Coordinated Entry planning and management activities as established by CoC leadership; this can be one contact for the agency or one for each participating program;

Provider Contact: _____

Phone Number: _____

Email: _____

- 2) Notify the CES Operator of any changes to staffing that impact CES;
- 3) Ensure that all staff participating in CES attend at least annually a training on the system offered by the CES Operator;
- 4) Provide regular supervision of staff participating in CES;
- 5) Ensure adherence to necessary CES policies including non-discrimination and grievance, fair and equal access;
- 6) Distribute marketing materials provided by CES Operator to local stakeholders to ensure consistent and comprehensive communication about CES;
- 7) For each CES Case Conference, at least one representative from the Cooperating Agency will attend; this can be the agency POC (identified in 1) above), or a representative for each Access Point or Housing Provider program who is knowledgeable about participant cases identified for discussion ahead of the meeting by the Operator; required attendance may be excused in advance by the Operator, dependent on Cooperating Agency relevance to cases discussed;
- 8) Enter all data on participants in HMIS, as required by CoC and HMIS data timeliness, completeness, and quality standards;
- 9) Maintain confidential records of participants entered into HMIS anonymously, and when those participants are referred to housing, Cooperating Agency will contact the participant and with their consent connect them to the housing provider via warm hand-off;
- 10) Provide feedback on ongoing operation to CES Operator;
- 11) Provide contact info of current and past participants who have engaged with CES to Operator when Operator completes bi-annual participant feedback gathering;
- 12) Review any reports from the CoC on the performance of the agency in CES; and
- 13) Ensure that the agency is meeting local performance standards for CES;
- 14) If a participant is fleeing domestic violence, or is a family with children, will offer to either conduct the CES Assessment or conduct a warm hand-off to the Access Point that is dedicated to that population;
- 15) If a participant known to the Cooperating Agency is referred to housing through CES, the Cooperating Agency will provide to the housing provider, as allowable by the CES and HMIS Release of Information, a warm hand-off connection to the housing provider, and all information and documentation necessary for a successful housing outcome;

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- 16) Ensure all homeless and eligible participants of the Cooperating Agency in any program that is not an External or Internal Access Point or participating Housing Program are offered the CES Assessment as defined in the CES Policies and Procedures within 3 days of presenting to the agency, which can be accomplished by internal staff or warm handoffs to an external Access Point;
- 17) Refer participants to CES Operator to appeal any grievances related to CES that cannot be resolved by the Cooperating Agency's grievance and appeal process;
- 18) Operate in compliance with any additional requirements or guidelines described in the CES Policies and Procedures as applicable.

The Cooperating Agency's External Access Point(s) (applicable to agencies who check box 1) will:

- 1) Provide the CE Assessment as defined in the CES Policies and Procedures to any household who qualifies for the CE Assessment and requests it from the Cooperating Agency within 3 business days of the request; OR if the External Access Point is dedicated to a specific HUD-defined Subpopulation (see CES Policies and Procedures) will link to the appropriate Access Point through warm hand-off (phone call or email).

The Cooperating Agency's Internal Access Point(s) (applicable to agencies who check box 2) will:

- 1) Offer and complete the CE Assessment as defined in the CES Policies and Procedures to any household who qualifies for the CE Assessment and is served by one of the Cooperating Agency's programs, within 3 business days of enrollment.
- 2) Provide information on External Access Points to any household that presents seeking the CES Assessment that cannot be enrolled by the Internal Access Point.

The Cooperating Agency's CES Housing Program(s) (applicable to agencies who check box 3) will:

- 1) Provide written standards for participant eligibility and enrollment determination and Cooperating Agency grievance and appeal, including the enrollment rejection appeal process, to the Coordinated Entry Operator for publishing;
 - Multiple programs/types can be listed; please differentiate between type as needed (ie. Rapid-Re-housing, Permanent Supportive Housing and corresponding eligibility)
- 2) Notify the CES Operator of project vacancies as soon as those vacancies can be predicted and confirm vacancies when they appear for efficient system operation;
- 3) Limit project eligibility requirements to those that are required by funders;
- 4) Only enroll those participants referred according to the CoC's designated CES referral strategy and via CES HMIS referral process;
- 5) Exhaust all options in attempting to enroll referred participants, and document all attempts as case notes in the HMIS CES program;
- 6) Only request to reject a referred participant for one of the allowable reasons in the CES Policies and Procedures;
- 7) Bring requested referral rejections to CES Case Conference, present all options explored to enroll the participant, and follow up on any additional solutions identified by community in CES Case Conference;
- 8) Only reject referred participants when that denial has been approved within the CES Case Conference or by the Coordinated Entry Advisory Committee appeals process;
- 9) Provide rejected participants the reason for rejection in writing, and the agency's appeal procedure;
- 10) Notify the CES Operator when a referred participant moves into permanent housing, so that Operator can exit the participants from CES program in HMIS;

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- 11) Bring potential discharges into homelessness to CES Case Conference for problem solving or progressive engagement;
- 12) If a housing program must discharge any participant into homelessness, the program will offer and complete the CES Assessment as defined in the CES Policies and Procedures after discharge.

Monitoring and Compliance

To ensure adherence to the above terms and conditions for Agencies who check boxes 1,2, and/or 3, and remain in compliance with the CES Policies and Procedures, the CDC and Cooperating Agencies agree to the following:

- 1) The CES Operator as subcontractor of the CDC, will monitor Cooperating Agencies participation through the following means, inclusive of but not exhaustive:
 - Data: To include Cooperating Agency rate of referral denials, comparison of data between Access Points to ensure standard participant experience; Cooperating Agency CES Case Conference attendance;
 - From time to time, and as needed, Operator will visit CES Access Points and “shadow” staff completing CES Assessments; Operator will give Cooperating Agency notice and opportunity to identify a time that is minimally impactful on Access Point operations;
 - Operator will seek participant feedback about quality and standard of CES Assessments;
- 2) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3 is identified, CES Operator will offer any technical assistance and training needed to the Cooperating Agency to support with compliance; Operator will report these activities and progress towards compliance to CDC at minimum quarterly;
- 3) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3, and are contracted to provide CES Access Point and Housing services with CDC, is identified, and Operator efforts to support with training and technical assistance have not resolved the compliance issue, CDC will act in accordance with its contract monitoring responsibilities;
- 4) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3, and are not contracted to provide CES Access Point or Housing services with the CDC, is identified, and Operator efforts to support with training and technical assistance have not resolved the compliance issue within 90 days, this MOU may be terminated and the Cooperating Agency may lose its CES Access Point status.

CONFIDENTIALITY

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or regulations pertaining to the confidentiality of participant records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties’ contract responsibilities, except with the written consent of such recipient, recipient’s attorney, or recipient’s parent or guardian.

EQUAL OPPORTUNITY

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CDC and Cooperating Agency mutually agree to be bound by and abide by all applicable antidiscrimination statutes, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.

TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity. The agreement shall remain in effect until termination by either parties or upon expiration of the period of performance.

Termination. Any party may terminate this MOU for any reason or no reason by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination

Severability. If any provision of this Agreement is judged invalid by any court, the remaining provisions shall remain in full force and effect and be interpreted, performed and enforced as if the invalid provisions were not part of this Agreement.

Cooperating Agency: _____

**Community Development Commission as Lead Agency for
the Sonoma County Continuum of Care**

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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Appendix 3 – Client Release of Information

Contact Thai Hilton to request a copy. Thai.Hilton@sonoma-county.org

Appendix 4 – Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults

Contact Thai Hilton to request a copy. Thai.Hilton@sonoma-county.org

Appendix 5– Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Families

Contact Thai Hilton to request a copy. Thai.Hilton@sonoma-county.org

Appendix 6 – Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Transitional Age Youth (TAY)

Contact Thai Hilton to request a copy. Thai.Hilton@sonoma-county.org

Appendix 7 – Housing Mitigation Form **Draft Copy

Contact Thai Hilton to request a copy. Thai.Hilton@sonoma-county.org



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.