Sonoma County Continuum of Care, Coordinated Entry Advisory Committee

Agenda for August 17, 2022

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

Zoom Link:

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

#	Agenda Item	Packet Item	Presenter	Time
1.	Welcome and Introductions		Chair	12:00pm
2.	Approval of the minutes and agenda (Action Item)	1,2	Staff	12:05pm
3.	Standing Agenda Item: updates to Coordinated Entry Policies and Procedures	3	HomeFirst Staff	12:10pm
4.	Emergency Housing Vouchers (EHV) referral subpopulations (Action Item)	4	Staff	12:20pm
5.	Shelter bed set-aside policy (possible action item)	5	Staff	12:55pm
6.	Public Comment on non-agendized items		Public	1:25pm

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)

July 20, 2022 12:00pm. – 1:30pm.

Meeting Recording:

https://sonomacounty.zoom.us/rec/share/4OSeKlXR_iZYu_tcLb0A5X6vUtO34P2dOBWHlhIfKcBR_L6Milhm3dmKLfnZ4Wsf.y2WxOfUMaviYupmc?startTime=1658343486000

Passcode: h2+dZz81

1. **Welcome:** Meeting called to order at 12:15pm

Roll Call:

Present: Jennielynn Holmes, Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Jackson, Kathleen Finigan, Mark Krug.

Absent: Robin Phoenix, Justin Milligan, Ben Leroi, Susan Pierce

2. **Approval of Minutes and agenda:**

Public comment: None

Kathleen Pozzi motioned for approval of meeting minutes and agenda, Mary Haynes seconds.

Vote:

Ayes: Jennielynn Holmes, Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Jackson

Nays:

Abstain: Kathleen Finigan, Mark Krug

Absent: Robin Phoenix, Justin Milligan, Ben Leroi, Susan Pierce

3. **Coordinated Entry Appeals Committee Proposal:** CDC staff Thai Hilton, Coordinated Entry Coordinator and Homefirst.went over PowerPoint that covered June 20th CEA committee meeting, the CEA approved the policies and procedures for the Coordinated Entry operator. The policies and procedures state that all decisions regarding CE referrals will have to be approved by a consensus of the case conferencing group which will be made up of providers. Any agency that wants to appeal that decision will have to do so before a neutral body. The CEA committee directed HomeFirst and CDC staff to develop a proposal for a Coordinated Entry appeals committee.

   Proposal:
   - Two (2) housing providers
   - Two Coordinated Entry Access points

- 1-2 Other representatives. These could be a provider that doesn't receive referrals but is involved in addressing homelessness. This could be a Federally Qualified Health Center (FQHC), or staff who works for an agency that address homelessness but is not involved in service delivery.

Committee Questions/Discussion:

- Mary Haynes- How will people be pulled or invited/identified to join the Appeals Committee? Response by CDC staff, email will be sent out asking for volunteers in addition to announcing at the announce at Case Conferencing meeting Friday as some of health care providers attend this meeting.
- Heather Jackson: Is there room for a lived experience person on the appeal board? Response by CDC staff, possible concern as appeals could get into client level information discussing specific clients and situations. This could potentially involve client history which should not be discussed with persons not on a release of information.
  Jennielynn Holmes-Work around suggestion can be to find someone with Lived Experience who is working for organization, confidentially is very important.
- Hunter Scott, HF- if it is a grievance referral from a provider at the table on the appeals committee and they are the ones rejecting the referral they would need to recuse themselves. In addition, this body would not only be responsible for referral rejection they would also be responsible for overall CE related grievances, appeals and reasonable accommodation appeals as well.
- Mark Krug-Is staff intending to fill gaps in regards to what constitutes a quorum/who can attend and procedural things, important things to put into writing-CDC staff responded, regarding quorum we will need to know how will be participating.
- Jennielynn Holmes- Is there a way to capture trended information around grievances? If available this could be a feedback loop to CEA and LEAP committees. One way to use that data and incorporate lived experience members-example individuals with medical needs who have difficulty being placed. HomeFirst staff responded, HomeFirst is already required to report out on internal reporting and can share. Because HomeFirst does not offer direct services does not know what kind of grievances they will be receiving. Policy states that if regarding an access point specifically it is recommended that the client utilize the provider grievance policy first and to CE second as an appeal option. HomeFirst is planning on reporting out data quarterly housing report to community, hoping to start in October for 2022 on agencies who are denying referrals.
- Kathleen Pozzi- How are clients/consumers informed that there are grievance and appeals processes and the limitations on what can be submitted as a grievance? HomeFirst Responded, Hunter- New training developed for access points and partners includes this topic also developed a FAQ document that will be published on the CDC website soon and will be provided when a client is entered into the CE system, forms are being distributed with CE lead contact information. Working with client on an individual basis.

- Heather Sweet- Gave example of grievance, client placed by Behavioral Health, and grievance was denied, resulted in client returning to the streets.
- Mary-Importance of timeline for getting back to clients with outcome of appeal. HomeFirst Responded, Hunter: Timeline for grievance or Reasonable Accommodations as defined by policies would be CE/HF staff responding, if against CE/HF staff it would be escalated to appeals committee. Timeline established to CE/HF staff for responses however no timeline established for Appeals committee responding. For housing referral denials also have not established timeline.

Public Comment: none

Motion: Kathleen Pozzi motions to approve appeals committee proposal as brought forward seconded by Mark Krug.

Vote:

- **Ayes:** Jennielynn Holmes, Mark Krug, Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Sweet
- **Nays:**
- **Abstain:** Kathleen Finigan

Motion passes

4. **Shelter monitoring Committee:** Thai Hilton shared slides and current policy that Shelters are responsible for maintaining their own waiting lists. To be able to provide access to vulnerable individuals, the CEA created a 25% set aside for hospital social workers, outreach workers and other emergency service providers to refer to. This meant that all federally-funded shelters in Sonoma County were required to set aside 25% of their beds for these referrals.
   A group of providers and community members were tasked with developing an implementation plan for this change. This group recommended creating a committee to monitor shelters' compliance with the 25% shelter bed set aside policy.
   At the June 15th CEA committee the committee considered the creation of a shelter monitoring committee. The committee had questions about this committee and could not reach a proposal. Some of the concerns were a lack of formal oversight the group would have, who would be involved in the group, the roles and responsibilities of the group and how the group would work with the existing grievance procedures agencies have in place. There was a general feeling that there was value in the group, however, the committee indicated that they would like to discuss the proposal in more detail.

   Recommendation: if created, this group would be helpful with monitoring shelters compliance with the set-aside policy. There have been issues with outreach providers and hospital social workers being able to refer to these beds. If created, the group could, through CEA action, ask shelters to report on their bed numbers to ensure that these set aside beds are being offered to the community. If changes are needed to the set-aside policy, this body could make recommendations to the CEA committee.

The committee could also hear concerns about shelters from the community and provide recommendations to the CEA committee or CoC board. This group could be made up of individuals with lived experience, community members and CoC board and committee members. Staff does not recommend that this group hear specific client grievances as each shelter has a grievance policy/procedure which provides due process. Additionally, this group would lack any formal authority so it could not compel and agency to overturn their decision. Finally, if client-level information is shared, this would limit who could participate in the meeting due to confidentiality concerns.
Staff recommends creating this committee with the limited scope outlined above.

Committee Questions/Discussion:

- Kathleen Pozzi- Clarification on committee and asked what committee has done in the past? How many shelters? This committee should nominate someone to oversee. CDC staff responded-It has never been done only anecdotal information from providers/hospital social workers who have reached out. This does not include every shelter in county it only includes federally qualified shelters. 7 shelters- Mary Issak Center, Dream Center (SAY), Sam Jones Hall, Family Support Center, Hearn house (Veterans Only), Sloan House (Women and Children Only), Los Guilicos. Part of the request is to impower a group to do this and monitor, CDC staff currently problem solving no formal reporting/monitoring. Service Providers have reported that tracking beds is burdensome in the past this has been requested. Jails are a part of the 25%.
- Jennielynn Holmes- Policy is unmanageable, creating misperceptions and hard to track. Often times when hospitals want placements they want after hours which are not available because it is not the way system is currently designed.
- Mary Haynes-How are the hospitals, outreach teams, emergency personal requesting set aside beds and how shelter staff is receiving this information? How are shelters managing taking in several highly medically vulnerable clients at one time and how tis impacts staff, gave example of Hearn House. Possible resolution would be shelters reporting out openings directly to hospitals to strengthen and encourage communication. CDC staff responded- Difficulty with policy and implementing is not only shelter communication but also hospitals, CDC staff attends weekly meeting with hospital staff. Feedback on policy has been provided, traveling staff who aren't trained, expressed concerns around immediate placement including after hours. In addition, some social workers at hospitals have given up on attempting to contact because of lack of access, education is needed on both sides.
- Heather Sweet- Expressed concerns around this committee not hearing grievances. This topic was presented to LEAP board and LEAP has now formed subcommittee who will be looking into shelter solutions meaning collecting information/data on situations that have occurred with shelters and with grievances processes. They requested time to collect and review data and to also properly present. This will take some time to do, concerns brought up and recommendations are a review of grievance processes and procedures at facilities. Additional concern was that grievance policies only include the service provider that client

is having issue/problem with, concern around on clients not feeling heard or feeling disproportionally involved in grievance process. Conversations are ongoing and would like to share what LEAP board is conveying as important.

- Jennielynn Holmes- If group is created the 25% will still be very difficult to manage. Provided example of CCDSR Nighingale process. Shared concern over not hearing client level grievances. Shared interest for this group to allow grievances (if one can't be resolved at organization) where can it be resolved with particular area and be heard and seen by an impartial group who can hold confidentially with provider in the room so that its understandable. Possible that the system needs a shelter case conferencing that can handle shelter issues/concerns.
- Margaret Sluyk- In agreement that there needs to be coordination and 25% and how to manage. Not in favor of CE approach for shelter placement. CDC staff responded-previous polices were 100%, 50% and middle ground was 25% referrals went through CE. Process has been changed several times this step down like others happened to help mitigate issues.
- CDC Staff, Thai-Hospitals interest in knowing how many beds are open at any given time, burdensome for hospital social workers for call down list of 7 shelters multiple times a day. How this impacts training and the inability to place clients even if accepted does not always align with hospital discharge time/date.
- HomeFirst, Hunter Scott- Suggestion to address lived experience input and contradiction of not allowing that kind of input when there are specific client cases. Can a structure be set to when there are specific client cases are being discussed the lived experience member is not present.
- CDC Staff, Thai Hilton- Two distinct issues. One to have a shelter monitoring committee hear grievances and to have clients heard, the LEAP is working on this. And two, the policy around set aside beds which doesn't seem to be working. The intention of the original proposal to have this group mange. There is desire not only within hospitals but also outreach workers working in encampments to have the ability to do immediate placement.

- **Recommendation**: CDC staff to attend next LEAP board meeting and receive feedback and report back and/or recommend changes. To be added as a future item.

Public Comment:

Gail Simons

Gregory Fearon

Motion: none at this time

5. **Emergency Housing Vouchers: Due to time constraints only one topic was covered in regards to the Emergency Housing Vouchers, the remained will be covered in future meeting.**
   The Santa Rosa Housing Authority has requested 30 additional referrals for the Emergency Housing Voucher (EHV) program. Previously, an EHV working group was formed to disburse

the original EHV referrals. That group is no longer meeting however, a smaller group of providers continues to meet to conference about difficult cases and to answer questions of providers. At this point the new CE operator is fully operational and has the capacity, through case conferencing, to distribute all of the vouchers. There is no longer a need for a parallel process. As a reminder the CoC board decided to allocate EHVs to specific subpopulations listed below. • 30% Chronically Homeless VI score 12 and below. • 30% Chronically Homeless and currently in PSH program (Move on) • 10% Chronically Homeless and identified as high users of emergency medical services. • 20% to homeless families or formerly homeless families participating in Rapid Rehousing program and at risk of homelessness/housing instability. • 5% Survivors of Domestic Violence/Human Trafficking. • 5% Transitional Age Youth Experiencing Homelessness.

Recommendation:

EHV referrals:

1) Provide direction on what subpopulation the EHV vouchers should be directed.

2) Direct that these referrals be made through the new case conferencing meeting and not through a parallel process.

3) Consider revising the populations served by EHV. Below are 2 proposals a. Pair ESG and EHVs as intended originally, but use RRH scoring range. Would not require any CE policy changes, as it would still fit in the "other housing prioritization" policy. Con: Would require an amendment to the EHV MOU. Would require heavy lift in terms of coordination with RRH providers, contracted numbers to serve, etc, to ensure that the total number of individuals served is not reduced. b. Direct referrals at the Move-On population. This would include creating a "step down" policy from higher service-intensive interventions to lower, and use it for these vouchers with PSH move ons. Pro: Smart resource distribution, would open up several PSH slots in the community. The clients would presumably not need any supportive services as the intention of Move on is to serve individuals who are no longer in need of supportive services. Con: would require a policy amendment, there is the potential that there will not be 30 clients in PSH programs ready to move on.

Committee Questions/Discussion:

- Jennielynn Holmes- Clarified request/committee direction on the two options presented. In agreement that new case conferencing meeting should be used and that the proposal for move on population should be used.
- HomeFirst, Hunter Scott, shared/presented policy for Moving on Transfers. Policy itself outlined that the vouchers themselves are intended to support independence of choice and that there needs to be some discussion around if the participant is housing stable and always but for ongoing rental support. This policy would apply to any move on opportunity to any individual who at a higher scoring range than where the client is not specific to this voucher opportunity. Only participants successfully housed for at least two years shall be eligible for Moving on Voucher Transfers. When vouchers become available CE will inform providers and request assessment of caseloads for potentially eligible clients. Providers to present to eligible participants, if participant is interested in

opportunity housing provider will then need to submit a housing mitigation form in addition to answering 4 question provided by CE. Information would then be presented at CE case conferencing where case can be discussed and reach a consensus approval to approve or deny transfer.

Public Comment:

Gregory Fearon

Motion:

Jennielynn Holmes motions to direct referrals that are being discussed to the move on population, that new case conferencing meeting and adopt Move on Transfer policy as presented by Hunter Scott, HomeFirst. Kathleen Pozzi seconds motion.

Vote:

- **Ayes:** Jennielynn Holmes, Kathlen Finigan, Mark Krug, Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Sweet
- **Nays:**
- **Abstain:**

Motion Passes

6. **Public comment on non agendized items**: none at this time

- Homefirst, Hunter Scott-Report out that in the policies CEA committee is required to approve score ranges for other housing opportunities that become available. There is none at time, but score ranges were approved before policy went out and would like to report out. River City Project, 15 units, score ranges discussed and agreed to pull from for this project are Total Prioritization score of 9-12, right above the Rapid Rehousing score range. Homefirst is in discussion with Housing Authority on modifying policy going forward, this should take place next month.
- Kathleen Pozzi-Athena House is closing at the end of the month (July). Hope House which is their clean and sober environment 3 units possibly 5 are for sale 2 million dollars. Currently 32 beds with ability to increase space for communal meetings/living/dining. Each parcel has own kitchen. Recommends CoC should look into property as it is on the market now.

Meeting adjourned at 1:35pm

Sonoma County Continuum of Care Coordinated Entry Advisory Committee
Executive Summary

Item: 3. Updates to Coordinated Entry (CE) policies and procedures

Date: August 17, 2022

Staff Contact: Hunter Scott hscott@homefirstscc.org

Agenda Item Overview

HomeFirst will be submitting regular updates to the recently approved CE policies and procedures or other documents related to CE. Attached are several minor updates to the Assessment, Uniform Referral Procedure and Prioritization for Other Housing Projects procedures. Additionally, there is an update to the CE release of information. All changes are in red text.

Recommendation

Approve the changes to the CE polices and procedures and CE release of information.

A. 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 shall be offered to all households in Categories 1 and 4 of the federal definition of homelessness (see Definitions above), except those already enrolled in a CES-referred housing program, who were referred to that program based on community prioritization standards.

Uniform Referral Procedure

1) All housing referrals, except those identified below, shall 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 shall 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 shall 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 shall 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, shall 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 shall be filled based on the next Total Prioritization Score and initial eligibility screening.

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 shall be made from each subpopulation active By-Name-List. If there are an odd number of openings, priority shall be made for the subpopulation(s) with higher number of eligible participants on the relevant By-Name-List.

3) The CES Operator shall submit all referrals agreed upon in CES Case Conference within 24 hours in HMIS to the relevant housing provider, along with a copy of the HMIS project history.

4) The housing provider shall 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.) shall be followed for all programs with openings, inclusive of the same participant being referred more than once at the same time. The housing providers shall coordinate, including at CES Case Conference, to ensure the referred participant is offered the choice between openings. Participants shall not receive an additional referral if they already have a pending referral from 24 hours or more prior.

   a. Participants shall have 48 hours from the time they are offered the choice between housing programs to make their choice. If no choice is made, the program that is located closest to the participant's location preference identified at assessment shall remain available to the participant, and the other program shall receive a new referral following the Uniform Referral Procedure. If no preference was given, the program that first notified the CES Operator of an opening will remain available to the participant.

6) The housing provider shall record all attempts to contact the 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 participant's HMIS CES Dashboard.

7) Once the housing provider has verified eligibility (see "section H. Eligibility Documentation Roles and Responsibilities"), they shall accept the referral in HMIS.

    a. If the housing provider cannot verify eligibility, they shall follow the "Rejection of Referrals" policy and procedure below.

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 shall still prioritize those with the most severe service needs first in alignment with HUD Notice CPD-17-01, while also taking into account an appropriate level of service needs for the services provided by the project. Factors that shall be taken into account include:

- Case management case-load, if any
- On-site or off-site case management
- Case management/property staff focus and training
- Case management/property staff hours of operation

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 Operator shall meet with the agencies involved in the project, including the Housing Authority when relevant, to determine collaboratively the appropriate Total Prioritization Score range that will be prioritized for referrals to the project.

2) Within the determined Total Prioritization Score range, participants shall be prioritized first according to the highest Total Prioritization Score on the By-Name-Lists.
    a. Exceptions shall 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.

3) The Coordinated Entry Advisory Committee shall be notified whenever score ranges are established or modified.

Sonoma County Continuum of Care Coordinated Entry System

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Overview: The Sonoma County Homeless Coordinated Entry (CE) System provides a single access point to shelter and housing programs throughout the county, which reduces the work families and individuals must do to locate housing or shelter and move out of homelessness.

Use of Confidential Information: The purpose of this Release of Confidential Information consent form is to allow the CE System to use your information to help with housing/shelter placement and provide support services. We will share information with homeless service providers, verbally or in writing, when we are helping you to find housing or other desired services. If housing resources become available, you will be notified about the referral(s) being made. Your information will be entered into the Homeless Management Information System (HMIS), a confidential HIPAA compliant online database. Your de-identified information may also be used for research purposes.

*(**Note** If you ever have reason to believe your confidential information in HMIS has been misused, you should immediately contact the Sonoma County HMIS Coordinator by emailing Daniel.Overbury-Howland@sonoma-county.org or calling the Community Development Commission at (707) 565-7500)*

Disclosures and Period of Enforcement: The release you are signing will be in effect for a period of three years from the date of signed authorization by you. Signing this form is voluntary and your records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. Should you refuse to sign this consent, you and your family will not be refused service; however, allowing the homeless providers you work with access to this information will support the development of a fully informed care plan for placement to homeless services programs. You have the right to refuse to answer any of the questions on your screening, however, some questions are tied to program eligibility and you could miss out on a potential housing opportunity. If you do not wish to share your personal information (such as name, date of birth, and Social Security number) you have the option to enroll for services without providing this information. If you are experiencing/fleeing domestic violence, you may want to discuss this option further with staff. Enrollment into the CE System does not guarantee shelter and/or housing placement.

You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org; or call (707) 565-7500. Revocation will take effect the day it is received, but will not affect any disclosure Coordinated Entry staff previously made.

Provisions of this Release of Information: By providing my consent I am allowing the Coordinated Entry System and partners to provide coordinated case management for shelter/housing placement and/or services.

I, _____, (full name) and/or _____ (alias) on this day of _____, as head of my household, I authorize the Sonoma County Coordinated Entry System to collect and share the following with HMIS Participating Providers and other agencies participating in CE to whom I have been or may be referred to for housing, shelter or other homeless service:

- Demographics including full name, DOB, SSN, Race, Ethnicity
- Confidential information gathered during the Sonoma County VI-SPDAT assessment process (including health, personal finance information and homeless history)
- Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
- Shelter and/or housing program(s) preference

- The date of enrollment in the Coordinated Entry System

The list of Sonoma County Homeless Service Providers who may have access to your information is on page 4 of this release. Additional agencies may join the Coordinated Entry system at any time and upon request, you will be provided a current list of those partner agencies.

I authorize any participating agency in CE to share the below information with _____ (contact listed "Participant Info" section of HMIS Dashboard) for the purposes of coordinating enrollment in CE and contacting me when housing opportunities arise:

- Enrollment status in the Coordinated Entry System
- Date of enrollment
- Details of housing opportunity available

COORDINATED ENTRY SYSTEM RELEASE OF LIABILITY

I(We)_____and_____ understand that participation in Coordinated Entry System is on a voluntary basis. I(We) do hereby release Coordinated Entry System and its partnered agencies from any liability from any injury, accident, vandalism or theft that may occur during my(our) enrollment in Coordinated Entry. The release includes all family members listed below:

_____

_____

My signature below signifies that I(we) understand and agree to this release which is valid through exit of CE.

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

SIGN BELOW IF AGREEING TO BE ENROLLED AND ASSESSED

My signature (or mark) indicates that I have read (or been read) the information provided above, have had all my questions satisfactorily answered and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System.

Information that the agencies on this form share with each other may be re-disclosed by the recipient. I understand that sometimes re-disclosure is allowed by law and my information may no longer be protected by confidentiality laws; for example if I allow disclosure to a family member.

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.

I **hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information System (HMIS)** ☐ **Yes** ☐ **No**

Sonoma County Continuum of Care Coordinated Entry System

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby decline to provide my personal information into the Sonoma County HMIS and will be assigned a unique code instead of my using my name ☐ Yes ☐ No

If assigned a code, I give coordinated entry staff and participating agencies the permission to contact me about possible housing opportunities and for updates on my housing situation.

I understand that my number will be kept outside of HMIS and will be secured with the following agency:

_____.

Staff Name:_____ **Email:_____**

Phone Number:_____ **Staff Signature:_____**

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

The list of Sonoma County Homeless Service Providers who may have access to your information is listed below:

- Access Sonoma Interdepartmental Multidisciplinary Team, IMDT
- Alexander Valley Healthcare
- Apple Valley Post-Acute
- Athena House
- Beacon Health Strategies
- Buckelew Programs
- California Department of Corrections and Rehabilitation
- Catholic Charities of the Diocese of Santa Rosa, CCDSR
- Child Parent Institute, CPI
- Cloverdale Community Outreach
- Committee on the Shelterless, COTS
- Community Action Partnership Sonoma, CAPS
- Community Support Network, CSN
- County of Sonoma Probation Department
- County of Sonoma- Superior Court of California
- Creekside Post-Acute
- Drug Abuse Alternative Center
- Face to Face, F2F
- Family Justice Center, FJC
- Interfaith Shelter Network, IFSN
- Kaiser Permanente, KP
- Legal Aid Sonoma County
- Nation's Finest
- North Bay Regional Center
- North County Adult Detention Facility
- Overland, Pacific & Cutler, LLC, OPC
- Petaluma Health Center, PHC
- Reach for Home, RFH
- Red Cross
- Redwood Gospel Mission, RGM
- Saint Vincent de Paul, SVDP
- San Francisco VA Healthcare Care System, VA
- Santa Rosa Community Health, SRCH
- Santa Rosa Health Centers
- Santa Rosa Junior College Student Resource Centers
- Santa Rosa Post-Acute
- Sober Sonoma
- Social Advocates for Youth, SAY
- Sonoma Applied Village Services, SAVS
- Sonoma County Behavioral Health, SCBH
- Sonoma County Human Services Dept, SCHSD
- Sonoma County Library: Sebastopol Regional Library
- Sonoma Overnight Support, SOS
- Sonoma Valley Community Health Center
- St. Joseph's Health
- Sutter Health
- The Living Room
- The Volunteer Center of Sonoma County
- TLC Child and Family Services
- Turning Point
- US Dept of Veteran's Affairs, VA
- Wallace House
- West County Community Services, WCCS
- West County Health Centers
- Women's Recovery Services
- Young Woman's Christian Association of Sonoma County, YWCA

Sonoma County Continuum of Care Coordinated Entry Advisory Committee
Executive Summary

Item: 4 Emergency Housing Vouchers (EHV) supportive services gap and referral subpopulations

Date: August 17, 2022

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

Agenda Item Overview

The CoC board directed the that a working group be developed to address the gap in supportive services for Emergency Housing Voucher (EHV) clients. The working group met twice and could not provide any suggestions to close this gap but did provide direction on how to not add to the problem by changing the subpopulations that are served by CE from Chronically homeless with high service needs to much less vulnerable populations that do not have high service needs. These recommendations are supported by the Housing Authorities.

Background

The Coordinated Entry Advisory Committee (CEA) was empowered to select the sub populations that would be served by the Emergency Housing Voucher (EHV) program. The CEA directed many of these referrals at very vulnerable populations who generally require intensive supportive services when placed in housing. When the EHV program started, the intention was to pair EHV referrals with Emergency Solutions Grant (ESG-CV), Rapid Rehousing (RRH) funding. This seems to be the only resource that we have to address this problem. When the last Request for Proposals went out for ESG-CV funding, only one agency applied for RRH funding. Because of this, there is a lack of resources to provide supportive services for all of those who have an EHV voucher. The CoC board asked that a work group be formed to try to identify strategies to cover this gap. This group has met twice and has been unable to develop a proposal to serve all of the clients with EHV vouchers but has developed proposals for limiting future gaps in the EHV program.

Scope of Service gap for EHVs

There are roughly 125 EHV holders who do not have on-going supportive services. Based on the step-down policy for housing in hand ESG-CV-Rapid Rehousing (RRH) referrals, the system can provide around 38 more non-prioritized referrals. If we were able to make these referrals, this would reduce the number of those without supportive services to around 87. However, the problem is not only a result of having restrictive funding but also an issue of system capacity. The one agency that has ESG-CV RRH funding and is able to serve EHV clients reports that they have only 1 staff member who can provide supportive services. This means that the system can realistically serve at most 25 additional clients in the next year, making the total gap roughly 100 individuals. Many agencies have issues with staffing capacity which makes it difficult to serve these clients even if there were less restrictive funding that did not require CE referrals. To be clear, many agencies are still supporting their clients who were referred but will not be able to provide support in the longer term. This means that vulnerable clients with EHVs will either struggle to find housing with their vouchers and will thus lose them to expiration or they will be housed without supportive services which reduces their ability to maintain their housing.

Suggested Solutions

The working group is not able to offer any suggestions on how to resolve the gap in services at this time however, the group is able to provide suggestions on how to not add to the gap in the future. To prevent this issue from becoming more acute, the working group suggests developing new target populations that will not need supportive services to maintain their housing. We suggest not serving anyone with a total prioritization score higher than 4. Most individuals in this score range are not vulnerable and have low service needs. For many, their homelessness is caused by high rents and low income and a voucher is all they need to permanently resolve their homelessness. These individuals could receive a voucher with the understanding that they would not be provided with supportive services after they located housing. These individuals lie outside the scoring range for our normal interventions which means that they would never realistically be served by our system of care. This is an opportunity to serve these individuals. Additionally, it should be noted that communities that have high lease up rates for EHV have used this process.

Some potential subpopulations that could be targeted are seniors with a Total Prioritization (TP) score of 4 or less or families with minors with a TP score of 4 or less. For reference, there are currently 3 seniors who have a score of 4 or less. If the score was increased to 8, there are 25. There are currently 40 families with children that have a TP score of 4 or less. Regardless of the subpopulation, the working group does not suggest serving anyone with high service needs unless the CEA can identify funding and an agency with staffing capacity to provide on-going supportive services before referrals are made.

Sonoma County Continuum of Care Coordinated Entry Advisory Committee (CEA)
Executive Summary

Item: 6. Emergency Shelter Set-aside beds

Date: August 17, 2022

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

Agenda Item Overview

In December 2021, the CEA removed shelter referrals from Coordinated Entry (CE) and directed that shelters develop their own intake procedures. Aware that vulnerable individuals would have difficulty in navigating agencies' intake procedures, the CEA directed that 25% of the beds in a shelter be set aside for referrals from outreach providers, hospital social workers and other emergency service providers.

Since implementation staff has received feedback from hospitals and outreach providers that it is very difficult to navigate the different agencies' procedures to place an individual into a bed. There is currently no reporting mechanism to know exactly how many beds have been filled by outside agencies through the set-aside policy.

Additionally, staff has also heard from the Lived Experience Advisory Board that the current process is too difficult to navigate for many clients. Some reported that they preferred a centralized system for filling the beds. Hospital partners too have echoed this sentiment. Because there is no reporting, social workers or outreach workers have to call each shelter and ask about availability throughout the day. Beds in shelter are filled throughout the day so a bed that is available in the morning, may be filled in the afternoon.

It is clear that the current policy for shelter intakes is uncoordinated, different from agency to agency and very difficult to navigate for someone experiencing homelessness and is as difficult for those who refer to the set-aside beds. Stakeholders would like some type of community-wide coordination or at the very least a daily report of how many available beds there are at any given time.

Staff is currently reaching out to other communities to see how they are able to coordinate shelter placements outside of CE but does not have a recommendation on how to improve the policy.

Recommendation

The CEA should consider alternative shelter intake/shelter set-aside policies/procedures.

- Some potential options
    - Increase the percentage of set aside beds and ask agencies to report bed availability on a Google Sheet daily.
        - Pros: allows referring agencies to see available beds and remove the need to call each shelter.
        - Cons: Shelters report that beds turn over quickly and having to do data entry on multiple platforms is burdensome.

- Develop a centralized system to refer to shelter beds. Similar to Coordinated Entry
  - Pros: Centralized system that is easier for clients and emergency service providers to refer to.
  - Cons: Funding and an operator would need to be identified.