



# Coordinated Entry Advisory Committee August 17, 2022

TECHNICAL DIFFICULTIES/WRITTEN PUBLIC COMMENT

IF YOU ARE EXPERIENCING TECHNICAL DIFFICULTIES OR WOULD LIKE TO MAKE A  
WRITTEN PUBLIC COMMENT, PLEASE CONTACT THAI HILTON AT  
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# Emergency Housing Vouchers (EHV)

- ▶ 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.

# EHV Gap in supportive services

- ▶ When the EHV program started, the intention was to pair EHV referrals with Emergency Solutions Grant (ESG-CV), Rapid Rehousing (RRH) funding however there was very little interest from providers when the RFP was released. Additionally, providers do not have the capacity to serve a large number of clients due to staffing issues.
- ▶ Because of this, there is a lack of resources to provide supportive services for all of those who have a EHV voucher.

# EHV Scope of gap

- ▶ There are roughly 100 individuals with EHV that may not be able to receive supportive services due to this gap.
- ▶ To be clear, EHV voucher holders are being supported by the agencies that referred them but beyond 1 year, there will not be services in place.

# EHV Suggestions

- ▶ Change EHV referral populations to lower acuity individuals
  - ▶ Do not serve anyone with a Total Prioritization (TP) score of more than 4.
    - ▶ Individuals at this score will not need intensive on-going supportive services like the Chronically homeless individuals currently being referred.
    - ▶ Our system would realistically not be able to serve these individuals with our normal interventions. This is an opportunity to serve those individuals.
  - ▶ Suggested subpopulations
    - ▶ Families with children: There are currently 40 families with children that have a TP score of 4 or less.
    - ▶ Seniors: There are only 3 seniors with a TP score or less. More could be identified if the score range was increased.
- ▶ Communities that have high lease-up rates have employed this strategy.

# Emergency Shelter Set-aside bed policy

- ▶ Background
  - ▶ 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 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

# Emergency Shelter Set-aside bed policy

## ▶ Concerns

- ▶ Staff has received feedback from hospitals and outreach providers that it is very difficult to navigate the different agencies procedures to fill a bed and 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.
- ▶ 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.
- ▶ 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.

# Emergency Shelter Set-aside bed policy

- ▶ 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.