



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

**Agenda for July 20, 2022
12:00pm -1:30pm Pacific Time**

Zoom Link:

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

	Agenda Item	Packet Item	Presenter	Time
1.	Welcome and Introductions		Chair	12:00pm
2.	Approval of the agenda and meeting minutes from June 15, 2022 meeting (Action Item)	1,2	Chair	12:05pm
3.	Coordinated Entry Appeals Committee proposal (Action Item)	3	CDC and HomeFirst Staff	12: 10pm
4.	Shelter Monitoring Committee discussion (potential action item)	4	CDC staff	12:40pm.
5.	Emergency Housing Vouchers (action item)	5	CDC staff	1:00pm.
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)

June 15, 2022 12:00pm. – 1:30pm.

Meeting Recording:

<https://sonomacounty.zoom.us/rec/share/h31FHfMZQg0VZKyWHs9eTYpS6q-Jh5nmzhOVZ1PG6fCkqSEIjiQIOPJEz9czvQUj.ujuAKHudEC9cCTAE>

Welcome: Meeting called to order at 12: 05pm.

Roll Call:

Present: Matthew Verscheure (proxy for Jennielynn Holmes), Robin Phoenix, Mary Haynes, Margaret Sluyk, Justin Milligan, Kathleen Pozzi, Heather Jackson.

Absent: Kathleen Finigan, Mark Krug, Ben Leroi, Susan Pierce, Jennielynn Holmes

Approval of Minutes and agenda: Kathleen Pozzi motions to approve the minutes and agenda
Robin Phoenix seconds

Public comment: none

Vote:

Ayes: Robin Phoenix, Mary Haynes, Margaret Sluyk, Justin Milligan, Kathleen Pozzi, Heather Jackson

Nays: None

Abstain: Matthew Verscheure

Committee vacancy: Committee is informed of a recent vacancy. No committee discussion, no public comment

Justin Milligan arrives at this time

Coordinated Entry System (CES) Policies & Procedures: Staff and HomeFirst (HF) provide a high-level overview of the proposed changes to CES policies and procedures.

- Inactivity policy: Clients will be tagged as inactive after 90 days of inactivity in the system.
- New responsibilities of providers: additional responsibilities including diversion and housing problem solving, access point procedures, managing referrals.
 - Matthew asks if HF can assist with developing a list of mainstream resources. HF states that they can



- Mary asks if trainings can be made shorter due to the length. HF responds that it is their intention to make the trainings shorter or make them into 2 different trainings.
- Kathleen asks if people will be placed on the inactivity list if they were institutionalized. HF responds that they would have to be put on inactive list until they become homeless again.
- Prioritization for PSH: No change
- Prioritization for Rapid Rehousing (RRH): some RRH providers are accepting referrals with “housing in hand”. HF proposes to taper this process down as it is not in line with any community standards. This tapering would start with 50% for several months until 100% of referrals are done by prioritization.
 - Margaret asks if we would be penalizing people who are able to find housing but are not referred to RRH. Staff adds that because some providers have limited their access to housing in hand, many more vulnerable individuals have not been able to access RRH.
 - Michael adds that this was highlighted in the technical assistance that the community received in 2019.
 - Mary asks if there will be a reevaluation to see if there is a gap caused by stepping down of these referrals. Staff responds that there are potential resources coming online that may be able to help with people seeking deposits.
 - Matthew asks what would happen to someone who was not referred to RRH but had housing in hand. HF responds that the community would have to identify other resources.
- Annual assessments: The CEA will have a role in the annual self-assessment of CES
- Other changes
 - Vision
 - Definitions
 - Ongoing policy and procedure updating: clarifies that the P&P will be updated regularly
 - Assessment: Removed categories 2 and 3 from the by names list.
 - Margaret asks what the percentage of people that are served are category 2. HF responds that there is no way to track in HMIS who comes onto the list as category housed. Karissa notes that the north county RRH project is the only one in the community that can serve category 2.
 - Mary mentions that if the community resource guide can let people know what other RRH resources there are.
 - HF states that they will look at how they can track category 2.
 - CES assessment has been split into 6 stages. Enhanced assessment has been added.
 - Referrals: all referrals will happen through CES case conferencing.
 - Removed 3 attempt minimum in favor of community consensus. Any referrals that a provider wants to reject will have to get approval from case conferencing.



- 25% of referrals will be set aside for enhanced prioritization
- Public facing webpage with each project eligibility criteria will be brought back.
- Transfers: must be approved through case conferencing
- Eligibility documentation: will be the responsibility of the housing provider.
- Reasonable accommodation policy: The Policies and Procedures propose to make a sub committee to hear appeals of CE decisions.
- Next steps and recommendations from HF
 - The community should consider identifying a new assessment tool
 - Program standards documents will need to be updated to align with CES policies and procedures.
 - RRH prioritization: there is a “donut effect” between RRH and PSH. Because of local prioritization there is a gap between the upper level of the RRH score and the lower end of PSH score. HF suggests expanding the range to lower the gap
 - Homelessness prevention: There is no standardized prioritization process for homelessness prevention.
- Committee questions:
 - Matthew: Asks how case conferencing will work logistically. Will there be primary contacts for each meeting and what is the frequency.
 - Meetings will be weekly and there will be specific team members to attend the meetings.
 - Matthew: Asks to clarify if the use of “should” means “must”. HF responds that the intention was “must” and he will update that. He then follows up asking what will happen if a provider is not in compliance. HF states that there will be regular shadowing of providers and issues would be reported to the CDC staff as they are the contract holder. The MOU was also changed to be between the CDC and the provider.
 - Kathleen suggests that the “should” should become “shall”

Public Comment: none

Motion to approve the CES policies and procedures: Kathleen motions, Matthew seconds

Discussion:

- Margaret asks what needs to happen if something in the policies and procedures doesn't work out. HF states that the CEA would make a recommendation to the board.

Vote:

- **Ayes:** Matthew Verscheure, Robin Phoenix, Mary Haynes, Margaret Sluyk, Justin Milligan, Kathleen Pozzi
- **Nays:** None



- **Abstain:** Heather Jackson

Shelter monitoring Committee:

Kathleen asks if there is any way to enforce compliance. Staff states that there is no formal authority that the group has and that the summary only contains examples of suggestions.

Matthew states that in San Francisco the city and the county are one in the same and that in our community, there are different jurisdictions. Staff reiterates that the summary is just an example.

Heather states that she thinks there is a need in the community to monitor shelters. She suggests that having people with lived experience would be an important aspect. She asks about how a shelter would make remedies to issues that the group identifies.

Justin states that the committee would have to get restraining orders to address issues with shelters.

Mary asks how many shelters in the county. She also thinks there should be coordination between shelters.

Margaret summarizes that the committee should decide on a scope and responsibilities of the group and bring them back to the committee

Justin feels like there should be some idea about what kind of issues are coming up before forming the committee.

Heather states that she has heard about issues with shelters and often times, people are exited without information on the grievance process. She suggests that the LEAP board meeting could provide some input. She states that these issues do come up often.

Matthew states that at Catholic Charities they have a suspension and appeals committee where egregious violations are reviewed. He also states that the grievance process is posted and given to clients when they enter the shelter. Regarding the set asides, there was confusion over which beds social workers are referring to.

Robin states that COTS too has a grievance process and anyone who is exited is given a grievance form and they have regular staff meetings where clients issues are discussed.

Kathleen states that she has had a lot of clients who complain about unfair exits and when she reached out to the shelter, she was able to understand the full story and many times, the exits were justified.

Staff recommends that given that there is an agreed upon need for a CE appeals committee, the committee be constituted and to have more discussion on the scope of the shelter monitoring.

Robin motions to accept the staff recommendation to form the Coordinated Entry Appeals Committee and to have more discussion on the shelter monitoring committee, Justin seconds.



Vote:

Ayes: Matthew Verscheure, Robin Phoenix, Mary Haynes, Margaret Sluyk, Justin Milligan, Kathleen Pozzi, Heather Jackson.

Nays: None

Public comment on non agendized items: none



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

Item: 3. Coordinated Entry Appeals Committee Proposal

Date: June 20, 2022

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

Agenda Item Overview

At the 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. Below is a recommendation from HomeFirst and CDC staff for the composition of this committee.

Recommendation

The appeals committee could be made up of:

- 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 FQHC, or staff who works for an agency that address homelessness but is not involved in service delivery.

All of the representatives would ideally be from a higher level than the staff that attends the case conferencing meeting. The appeals committee would only need to meet on an as-needs basis rather than having a regular standing meeting.



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

Item: 4. Shelter Monitoring Committee

Date: July 20, 2022

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

Agenda Item Overview

In January 2022, Coordinated Entry stopped providing referrals to emergency shelters in Sonoma County. Shelters are now 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.



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 5. Emergency Housing Vouchers

Date: July 20, 2022

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

Agenda Item Overview

There are 2 issues related to this item.

- 1) There is a large gap in supportive services for many of the EHV voucher holders. This is partially caused by the recently approved policy amendment to Rapid Rehousing (RRH) prioritization and partly caused by a lack of capacity among RRH providers. Staff estimates that there are up to 150 voucher holders who will not be able to access supportive services. A working group has met to discuss this gap. The group is looking to engage with RRH providers to see their capacity and to determine the amount of funding needed to serve the clients and to try to identify possible funding sources and agencies that have capacity.
- 2) 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 EHV's 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

Gap in supportive services: none. Information only



Additional 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 EHV 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.