



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

Agenda for September 21, 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.	Committee vacancy (Action Item)	3		12:10pm
4.	Election of Committee Chair (Action Item)	3	Staff	12:25pm
5.	Approval of Rapid Rehousing and Permanent Supportive Housing standards (Action item)	4	Staff	12:55pm
6.	Shelter Monitoring Committee/Set-aside bed policy (possible action item)	5	Staff	1:05pm
7.	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)

August 18, 2022 12:00pm. – 1:30pm.

Meeting Recording:

https://sonomacounty.zoom.us/rec/share/ObcIFqA4M8Px0hLNruUm0VaC9lAFI0VkzNYsU7Mcr3QeYI0N5f9eoX809jrxxEWQ.CelmCa4o2ZqUz4_a?startTime=1660764217000

Passcode: K4A16@=a

1. **Welcome:** Meeting called to order at 12:04pm

Roll Call:

Present: Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Jackson, Mark Krug, Ben Leroi, Susan Pierce, Matt Verscheure, joined at 12:12pm- Proxy for Jennielynn Holmes

Absent: Robin Phoenix, Justin Milligan, Susan Pierce Kathleen Finigan, Jennielynn Holmes, Lisa Fatu

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

Mark Krug is stepping away from committee and making request to add recommendation for a new member to the CEA committee. If approved staff will request approval from CoC Chair and Vice Chair.

Public comment: None

Motion: Margaret Sluyk makes motion approve agenda and minutes with addition of nomination to agenda, Mark Krug seconds motion. Nomination agenda item 3.

Vote:

Ayes: Mark Krug, Mary Haynes, Margaret Sluyk, Ben Leroi, Susan Pierce, Kathleen Pozzi, Heather Jackson

Nays:

Abstain: Ben Leroi, Susan Pierce -abstain from meeting minutes missed last meeting

Absent: Robin Phoenix, Justin Milligan, Susan Pierce Kathleen Finigan, Jennielynn Holmes, Lisa Fatu

3. **Nomination to committee:**



Thai Hilton, Coordinated Entry Coordinator shared that Mark Krug will be stepping down from CEA committee and would like to make a nomination. Mark Krug shared that he would like to nominate a new employee Burbank Housing. Burbank Housing has done some homeless over the decades but have gotten very busy with PSH in the last year or two because of Homeley funding and No Place Like Home and the general direction of homeless dedicated housing. Given that Burbank hired a Regional Property Manager who would specialize only working with PSH, homeless-housing projects. Ashlyn Artist was hired and has been on staff with Burbank Housing a few months is now as Regional Manager for homeless housing. Previous experience has been working in Continuum of Care and Housing Authority kinds of programming.

Questions/discussion:

Kathleen Pozzi: Does there need to be a motion to accept subject to approval by the CoC Board? CoC staff responded- Yes.

Motion: Kathleen Pozzi motions to send recommendation to CoC Board for approval, Susan Pierce seconds motion.

Public Comment: None

Vote:

Ayes: Matt Verscheure, Mark Krug, Mary Haynes, Margaret Sluyk, Ben Leroi, Susan Pierce, Kathleen Pozzi, Heather Jackson, Justin Milligan-entered late

Nays:

Abstain:

Absent: Robin Phoenix, Susan Pierce Kathleen Finigan, Jennielynn Holmes, Lisa Fatu

4. Standing Agenda Item: Updates to Coordinated Entry Policies and Procedures:

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.

Hunter Scott, Homefirst shared screen and went over recommendations for changes to CE polices and CE release of information. All changed are underlined.

1. Assessment- Who can be enrolled into the system: 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.



2. Uniform referral Procedure- Clarification to standard referral procedure, already started implementation asking for permission to continue: 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.
3. Prioritization for Other Housing Projects- Housing that does not fall under RRH or PSH umbrella: 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 referral developed that do not meet the definitions of RRH or PSH, Is from CES are being 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.
4. Previously people who had a in case conference with a housing referral that was rejected because they could not be contacted would be removed from the By Names list. After the first few weeks of doing this Homefirst staff found that a number of individuals who are known to be



homeless in the system but community at large through all of the best efforts are not able to connect that person to housing provider after several weeks of attempts. To not remove individuals and discharge them from CE a “inactive” tag will be added which means it will make them ineligible for future referrals until they make contact with CE system again and a case note is entered.

Questions/discussion:

Matt Verscheure: If someone goes inactive is it relying in the individual participant to reach to reactive case? Homefirst, Hunter Scott responded- Potentially, what staff is finding is that these are people don't have consistent contact information so contact can't be turned into connect to housing provider. Can be depend on client making contact, outreach team making contact, shelter etc.

Meeting was disrupted and ended.

Roll Call:

Present: Mary Haynes, Margaret Sluyk, Kathleen Pozzi, Heather Jackson, Mark Krug, Ben Leroi, Susan Pierce, Matt Verscheure- Proxy for Jennielynn Holmes

Absent: Robin Phoenix, Justin Milligan, Susan Pierce Kathleen Finigan, Jennielynn Holmes, Lisa Fatu

Questions/discussion:

Mary Haynes- What happens if a housing opportunity falls through or a person does not qualify for first referral? Homefirst, Hunter Scott responded-If they don't qualify for the housing opportunity they would remain active on the list.

Kathleen Pozzi- How many people are currently in the CE system? Homefirst, Kaitlin Carney Responded, 2491 individuals total. 1487 individuals out of 2491 are inactive.

Homefirst, Hunter Scott-Given that changes are being made monthly Homefirst will compile changes and track in separate appendix so history can be looked at.

Public Comment: none

Motion: Mary Haynes made motion to approve revisions that Hunter stated, Kathleen Pozzi seconded motion.

Vote:

- **Ayes:** Matt Verscheure- Proxy for Jennielynn Holmes, Mary Haynes, Margaret Sluyk, Ben Leroi, Susan Pierce, Kathleen Pozzi, Heather Jackson, Mark Krug
- **Nays:**
- **Abstain:**



Motion passes

5. Emergency Housing Vouchers (EHV) referral subpopulations:

Thai gave background on EHV and info on scope of service gap for EHV and possible solutions: 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 EHV's: 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 EHV's 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.

Margaret Sluyk: Great that score is being lowered, great candidates for EHV. Is there a reason why it's stated that we can't take anyone higher than a 4, could we focus on lower scores but allow range to be higher if there is someone that would fit? Not comfortable that people are being excluded. CDC staff responded- We could look at higher scoring ranges, when an intervention sets a score for what they would like to do they work from the top score and down. Have to set an upper limit and work down, had conversation with Martha and Rebecca from HA about this. Another suggestion is that all 4's and below are exhausted then scores can be revisited and adjusted to capture more people.

Margaret Sluyk: Is that standard that when a score is used it works this way or is this just how our system of care is set up in Sonoma County? Homefirst, Hunter responded- HUD says we need to prioritize by vulnerability. As long as we are using a score range you need to pick range and prioritize within that score range. Point of clarification, enhanced prioritization mitigation policy could be used to serve folks who are higher scoring but can show through documentation that they would be successful. If individuals and family are being targeted it maybe worth looking at 6 and below because very likely they will not be served in RRH anytime soon. There is not a big functional difference between 4 and 6. Homefirst, Kaitlin Carney: Added that for enhanced prioritization CE can do up to 25% of the referrals to a project opening.

Ben Leroi: What is the total range? What's the upper end of VI? Homefirst, Hunter Scott responded: Depends on population around 50's for individuals.

Ben Leroi-Do we want to exclude people who maybe qualify for RRH? 4 is so low can we move up to 8 and include folks who qualify for RRH? Homefirst, Hunter Scott responded: When you start targeting RRH as well we have to make both referrals and have clients pick, experience in case conferencing has shown frustration from some RRH providers when they have to go through that process and it does slow things down. Those who are getting RRH have an intervention those under that range are likely not to get any intervention at all. If you start from 8 you could miss out on other populations. Ben Leroi-Those who are in 8,7,6 range for RRH do those who serve folks think they would be successful with EHV or that they would really need the supportive services that are not currently available? Homefirst, Kaitlin Carney responded- Folks need that housing location that RRH provides in that score range. Matt Verschuer responded to ben Leroi's question: For CCDSR folks that need housing navigation/stabilization and support to get in with EHV they try and be more creative with non RRH funding like City of SR and RP, try to tack it to that. People in 7, 8 range are going to need supportive services beyond finding a unit and moving in.



Heather Jackson: Is this just going to be for a certain period of time, at what point will it be reevaluated, understands there are no supportive services available right now but do we know if more supportive services are being actively sought out so that this could change sometime in the future? CDC staff responded- Yes always looking for ways to address current gap of 100 individuals that were mentioned. Can this be changed in the future, yes, it can be changed in the future like its being discussed now. Housing authorities are okay with adjusting target groups. HA, Rebecca Lane: City of SR, open to changes almost a year of program operating in our area and have done well but are looking to responds in terms of the types of referrals they are seeing to the need they are seeing.

Kathleen Pozzi: Of the 100 or so with EHVS are they are all a score or lower? Folks that have a gap in supportive services, no those individuals are far more vulnerable does not know not exact score but 12 and below.

Mary Haynes: 100 have vouchers and are looking for housing and are they part of case conferencing? Is there a time limit? CDC staff responded: No not part of cc they may have vouchers in hand and either disappear and don't have voucher yet because of lack of follow through. Time limit does expire and voucher then goes back to pool and into new priority pull. Rebecca Lane City SR HA: If intake process is completed voucher is good for 120 days, can be extended. Intake process can give as much time as they can as long as they have contact with family to get documents if packet isn't complete. There have been cases where people drop off and they receive a denial letter for not completing process that's a small number overall.

Homefirst, Kaitlin Carney-Tying EHVS to RRH was the original plan a year ago. It quickly became apparent that there are not enough RRH opening slots in community to pair with EHV.

Heather Jackson: Concerned about 100 and understand that there is no identification of how-to folks can be assisted, can there be communication with referring agencies to prioritize providing supportive services or case management to try and locate housing. 120 days does not seem like very long.

CDC staff responded: Clarifying, a lot of the individuals are likely still being served by the agency that referred them, they are trying to help them locate housing. The concern is the ongoing case management after placement, we would need some kind of really flexible funding that for example wouldn't require a CE referral. Are able with step down policy to refer some individuals to an RRH intervention before the end of this calendar year. There are issues with agency capacity and only being able to serve so many and important to point out what Kaitlin just said in that even with the step-down policy aside even if we did that then we are taking the RRH intervention out of the community for 12 months while EHV folks are served.

Homefirst, Hunter Scott: Hud put heavy emphases on equity focus for EHVs, which doesn't feel like maybe really happen in this community. In CE a lot of work is being done to pull in providers who serve underserved populations as assessors right now. So, if there is future opportunity once those providers start doing assessments you will start seeing more and better assessments for those populations really thinking about Latinx and indigenous populations in Sonoma County. The work is being done around equity but don't know if it will be done in time. Currently have PSH move as a priority group and I would like to see that continue as the highest



priority group. So that even if next group is 0-4, if anyone in the mean time comes up they are prioritized for EHV.

Public Comment:

None

Mary Haynes: reflecting on Hunters comments around equity and inclusion maybe we can include this somehow into the score. Could we sort the list somehow or include a focus, add points for that and incorporate into change?

Homefirst, Kaitlin Carney responded: Homefirst contacted Fair Housing reps for the North Bay. That was shot down and said that that would cross fair housing regulations. But that what could be done is refer and prioritize participants that were assessed at access points that do serve largely under represented communities, that would not be crossing fair housing regulations.

CDC Staff: The Housing Authorities are needing referrals for the program now and move on has not been getting referrals.

City SR HA, Rebecca Lane: SR needs referrals now, in terms of future of program HUD released notice about reallocations of EHV's and if either or both of the HA can not 50% leased up by a date in November then we would be eligible to receive some reallocations from other communities where there has been zero leasing. SR is very close to 50% and the county has exceeded 50% so they would be eligible for that.

Homefirst, Hunter Scott: Training Corazon, over next couple weeks, couple months out. Looking at others in Sonoma valley.

Homefirst, Hunter Scott: Need to check with HUD regulations to see if it is allowable, there may be an opportunity to do analysis of current access points of 80% more of latinx or underserved populations and pull from those access points. That could be a way to do it now with current stock of access points. Part of the nuance is we can't just pull from one site has to have multiple sites they can choose from.

Ben Leroi: Request for staff to make recommendation. Happy to support an interim solution to do the 0-4 for now assuming it can be flexible.

CDC Staff: Recommendation, take a tiered approach tier 1. Move on, anyone who fits the move on population is referred. If no one is available for that the referrals could be directed at Tier 2. Anyone who has a score of 4 and below any on any of the list TAY, fam. Ind. If you wanted to select a subset like families we could that and revisit when referrals are exhausted.

Homefirst, Hunter Scott: If it's an MOU issue and changing things on the HA side, we could set as the 2nd priority just generally an equity group with an understanding that another month is going to be needed to come up with the structure for and in the meantime can work on the 3rd prioritization group which is 4 and below.

Ben Leroi: On the 3rd group 0-4, certain percentage reserved for to fam and tay- ind. As well.

Matt Verscheure: clarification question on numbers.

Mary Haynes: Like approach of top 3 senior and the moving to fam in percentages

Homefirst, Kaitlin Carney: Looked at BNL 4 fams out of 40 are in shelter or TH

Homefirst, Hunter Scott: Would the HA be letting them (ind) know that they have an opportunity and are being referred?

City SR HA, Rebecca Lane: HA can do it with contact info.



Susan Pierce: Doesn't want to lose sight of people from hospitals and those above 4 and individuals rather than families. Can we put a place holder for 6 months down the road where we reevaluate and see how it transpires? And agree about those already in PSH moving on.

Ben Leroi: First prioritization group would be PSH move on if there is no referrals from that 2nd. Equity group for referrals from organizations that work with unrepresented communities 50% of those referrals could come from those organizations as they come on line and 50% of referrals 0-4 underrepresented and then 3rd prioritization general referrals for other organizations that may not meet that underrepresented community threshold that are 0-4, they would generally come in equal proportion to the extent practicable for Seniors, Fam, Ind. and TAY.

CDC Staff: Clarification Tier 1. Move on Tier 2. Referrals from agencies that serve underserved populations Tier 3. Score 4 and below

Homefirst, Hunter Scott: Clarifying if we do equity tier we still need a score range- could be 0-4 throughout.

CDC Staff: Restating tiers ask for confirmation on proposal,

Tier 1 Move on

Tier 2 scores 1-4, 50% individuals who are from underserved communities and 50% of Tier 2 general population

Public Comment: none

Motion: Ben Leroi made motion to amend the EHV MOU to a tiered system. Tier 1. Move on population Tier 2. Is split into a 50/50 allocation 50% is general population of 1-4 and the other 50% households who are assessed at specific agencies that target underserved populations and are 1-4 score range. Mary Haynes seconds motion.

Public Comment:

None

Vote:

- a. **Ayes:** Matt Verscheure, Mary Haynes, Margaret Sluyk, Ben Leroi, Justin Milligan, Susan Pierce, Kathleen Pozzi, heather Jackson
- b. Nays:
- c. **Abstain:**

Motion passes

Unable to get to next agenda item (item 6), meeting is over time. Item will be reagendized.

6. Shelter bed set-aside policy:



7. Public comment on non agendized items:

Gail Simons

Meeting adjourned at 1:36pm



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

Items: 3,4 Committee Vacancy, Election of Committee Chair

Date: September 21, 2022

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

Agenda Item Overview

Jennielynn Holmes will be stepping down from the CEA committee. She has nominated Matthew Verschure to replace her. The committee will need to consider this replacement. Additionally, Jennielynn's departure leaves the Committee Chair seat open. The CEA will need to nominate and approve a new chair. Any committee member can nominate a current committee member or themselves.

Recommendation

None. Information only



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 5. Permanent Supportive Housing (PSH) & Rapid Rehousing (RRH) standards

Date: September 21, 2022

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

Agenda Item Overview

Working groups of RRH and PSH providers was formed to update the community standards for RRH & PSH programs in Sonoma County. The community's RRH & PSH standards have not been updated since 2015. These standards are in alignment with housing first and Continuum of Care PSH and Continuum of Care and Emergency Solutions Grant RRH regulations. Additionally, these standards are aligned with the recently approved Coordinated Entry Policies and Procedures. These standards provide guidance to RRH & PSH program operators on various aspects of RRH & PSH programs, many of which were not included in the previous document. Community Development Commission staff thank the RRH & PSH providers who collaborated on this important document.

Recommendation

Approve the RRH & PSH standards.



Continuum of Care (CoC)

SONOMA COUNTY CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING STANDARDS OF CARE

DRAFT

TABLE OF CONTENTS:

CONTENTS

Sonoma County Continuum of Care Permanent supportive housing Standards of Care..... 1

Table of Contents: 2

Rationale: 4

Guiding Principles 5

 Housing First..... 5

 PROGRAM Elements 5

 Trauma Informed Care 5

 Target Groups for Permanent Supportive Housing..... 6

 Prioritization for Permanent Supportive Housing..... 6

Operations 6

 Eligibility 6

 Chronic Homelessness: 6

 Dedicated Projects 8

 Dedicated Plus 8

 Verification of eligibility..... 9

 Documentation in order or Priority 9

 Self certification vs. third party verification..... 9

 Disability Verification 9

 Timeframe for 3rd party verification of Homelessness 10

 PSH File Check List..... 11

 Length of Assistance 12

 Typical length of Assistance 12

 Limit on time to locate rental housing (tenant-based rental assistance)..... 12

 Number of times a person may exit and re-enter a program..... 12

 Coordination with other providers **Error! Bookmark not defined.**

 PSH transfers **Error! Bookmark not defined.**

 Rent calculation/ annual assessments..... 12

 Frequency of income/rent calculation..... 12

 Changes to Household composition 12

Rent Calculation	13
Income calculation	13
Determine the Dependent Deduction	14
Determine the Childcare Deduction	14
Determine the Disability Assistance Deduction.....	14
Determine the medical Expenses Deduction.....	14
Determine the Elderly/Disabled Household Deduction.....	15
Determine the Adjusted Annual Income.....	15
Determine the Amount of Rent.....	15
Determining the Rent Contribution or Utility Reimbursement.....	16
Rent Reasonableness and Fair Market Rent (FMR)	16
Determining the Reasonable Monthly Utility allowance.....	16
Rent reasonableness	16
Fair Market Rent.....	17
Case management.....	17
Annual Assessment of Supportive Services	17
Exclusions.....	17
Rejection of Referrals	17
Ineligible clients	18
Criminal background/Sex offenders	19
When needs exceed services	19
Termination/ transfers.....	20
Termination:.....	20
If the qualifying household member leaves the home.....	20
Eviction.....	21
Graduation to Independent Subsidized Housing.....	21
Emergency Transfer Priority	21
Emergency Transfer Plan.....	21
Reasonable ACCOMMODATIONS.....	24
HOUSING QUALITY STANDARDS	24
Lead-Based Paint Requirements.....	25

Grievance Procedure.....	25
Administration.....	25
Eligible activities	25
Leasing	25
Supportive Services	26
Operating Costs.....	27
Project Administration	28
Program income.....	29
Reporting	29
Program Monitoring.....	29
Resources	29
ACKNOWLEDGEMENTS.....	30

Rationale:

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, the Continuum of Care must establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include policies and procedures for evaluating individuals' and families' eligibility for assistance, policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing, including the emergency transfer priority required under § 578.99(j)(8)).

The County of Sonoma’s Continuum of Care has adopted the following standards of care for Permanent Supportive Housing (PSH). PSH is service-enhanced housing in a safe environment that encourages maximum independence **for persons who do not need 24-hour care**. PSH programs are designed to increase clients’ ability to live independently, promote community integration, and support recovery and wellness. PSH helps individuals and families to maintain stable residency in the community, develop personal support systems, and live as independently as possible. PSH programs are expected to provide decent, safe, sanitary, and affordable housing for chronically homeless, disabled persons and to help such individuals maintain long-term, stable, and successful tenancies.

Program Standards serve as a common policy framework for Sonoma County’s CoC-funded Permanent Supportive Housing Programs. These policies have been developed through a working consensus process. While the Permanent Supportive Housing Program standards are not policies and procedures, they may be used as an outline for local agency policies and procedures and adopted policies should be incorporated into local manuals.

GUIDING PRINCIPLES

HOUSING FIRST

On September 29, 2016, Governor Jerry Brown signed Senate Bill 1380, making California a Housing First state. This requirement applies to any program providing housing or housing-based services to people experiencing homelessness or at risk of experiencing homelessness, whether the program was designed to address homeless or not.

The Housing First model is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.

Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing the housing, like requirements for sobriety or absence of criminal history. It is based on the “hierarchy of need:” people must access basic necessities like a safe place to live and food to eat before being able to achieve quality of life or pursue personal goals.

PSH projects are designed to serve the most vulnerable in the community. PSH leases and house rules should not have any different conditions than those that would be contained in a normal lease.

PROGRAM ELEMENTS

- a. Housing is not time limited, and the lease is renewable.
- b. Client choice in supportive services. Clients have the choice in what supportive services to engage in and are not required to participate in any supportive services if they choose. Clients receive specialized case management based on their needs and preferences.
- c. Leases and Rental agreements do not have provisions in them that are not found in other leases.

TRAUMA INFORMED CARE

Sonoma County PSH providers seek to provide a trauma-informed system of care. All PSH providers should work to bring evidence-based practices such as Seeking Safety and motivational interviewing into their programs. Trauma-informed services should include case management; onsite integrated health resources; ACEs-based programs; living skills programs focused on communication skills, grief/loss, and well-being.

TARGET GROUPS FOR PERMANENT SUPPORTIVE HOUSING

Individual agency missions or funding may designate eligibility of specific disabled homeless subpopulations (for example, transition-aged youth, persons with mental illness, etc.)

Referrals to Permanent Supportive Housing units will be filled through the Coordinated Entry System. These referrals will follow the prioritization process outlined in the Sonoma County Coordinated Entry Policies and Procedures and outlined below, ensuring those meeting the projects basic eligibility criteria, with the highest service needs, and longest lengths of homeless history are prioritized.

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.

OPERATIONS

ELIGIBILITY

Chronic Homelessness:

PSH projects prioritize beds for Chronically homeless individuals. When a participant exits a PSH program that bed must be filled by another chronically homeless participant, unless there are no more chronically homeless individuals in the CoC’s geographic area who meet that criterion, and the Coordinated Entry System has moved beyond the first priority group for referrals.

From HUD Notice CPD-14-012. The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

“(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- ii. and ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four 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 as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- iii. (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- iv. (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.”

Disabling condition is defined as:

1. A substance use disorder, serious mental illness, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability
2. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
3. Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)

And that condition meets all of the criteria below:

1. Is expected to be of long-continued and indefinite duration; AND
2. Substantially impedes the person’s ability to live independently; and
3. Is of such nature that the ability to live independently could be improved by more suitable housing conditions.

DEDICATED PROJECTS

Projects that are 100% CH dedicated must accept only chronically homeless individuals unless there are no more chronically homeless individuals in the CoC's geographic area who meet that criteria.

DEDICATED PLUS

Dedicated plus provides more flexibility to communities, particularly those that have already dedicated 100 percent of the PSH resources to chronic homelessness, to expand their eligibility to serve persons with long histories of homelessness and severe service needs who would not meet the definition of chronic homelessness at project entry. The DedicatedPLUS concept applies at the project level to all CoC PSH projects. All new CoC PSH projects are required to either be

- (1) 100 percent dedicated to chronic homelessness or
- (2) DedicatedPLUS.

Renewal PSH projects may choose to change their classification to DedicatedPLUS as part of their project application.

DedicatedPLUS projects must serve individuals and families with one or more disability and who meet one or more of the following criteria at project entry:

1. Experiencing chronic homelessness;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project;
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Where there are no chronically homeless persons identified, Dedicated PSH beds included in DedicatedPLUS projects must fill the vacancy in accordance local prioritization standards. See Sonoma County Coordinated Entry policies and procedures and the “Prioritization for Permanent Supportive Housing” policy in this document. The recipient of DedicatedPLUS PSH projects must maintain records to document efforts to locate persons meeting the eligibility criteria. To justify serving a non-eligible household, a recipient of DedicatedPLUS projects must have documentation from the CoC that demonstrates that outreach is occurring regularly and that the CoC is making reasonable efforts to locate and identify all persons experiencing homelessness within the community.

VERIFICATION OF ELIGIBILITY

The Coordinated Entry Operator will provide the HMIS history, and coordinate providers who are familiar with participants’ history to support in documenting chronic homelessness, but ultimately it is the responsibility of the housing provider to determine if a client is chronically homeless. The Sonoma County CoC has developed resources for agencies to use to properly document chronic homelessness. Please see:
<https://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147592528>

DOCUMENTATION IN ORDER OF PRIORITY

- 1) Third-party documentation (including HMIS)
- 2) Intake worker observations; or
- 3) Certification by the individual seeking assistance, which must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in paragraphs.

SELF CERTIFICATION VS. THIRD PARTY VERIFICATION

- 1) 100% of households served can use self-certification for 3 of their 12 months;
- 2) 75% of households served need to use 3rd party for 9 months of their 12 months; and
- 3) up to 25 % of program participants served by the project in an operating year, recipients may document up to the full 12 months through the individual or head of household’s written certification of where they were living, but this must be accompanied by the intake workers notes that demonstrate that they have exercised due diligence to obtain a higher level of documentation.

DISABILITY VERIFICATION

The following are acceptable forms of disability verification. If they individual is referred without options 1-3 listed below, please note the provider will have only 45 days to collect the proper documentation for eligibility purposes.

1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
2. Written verification from the Social Security Administration;
3. The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); or
4. Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence listed above.

TIMEFRAME FOR 3RD PARTY VERIFICATION OF HOMELESSNESS

Additional time is often needed to obtain the appropriate documentation of an individual or head of household's chronic homeless status. Therefore, although the final rule requires documentation of eligibility at intake to the project, it **does not require that all third-party documentation be acquired at the point of intake.**

HUD has determined that although the recipient must follow the order of priority for obtaining evidence as required in the final rule, **written self-certification at the point of intake for up to the full period of time homeless required by the definition of chronically homeless is sufficient** (if no other documentation can be obtained at that point in time) for the recipient to enroll the household into the project. The recipient then **must** work to obtain the required third-party documentation within 180 days from the point in which the project participant is enrolled in the project. Project participants that have been enrolled in the project for less than 180 days may be excluded from the calculation for determining whether at least 75% of program participants have at least 9 months of third-party documentation.

Following the first 180 days from the point of a program participant's enrollment, if the recipient or subrecipient has not been able to obtain third-party documentation for at least 9 months of the individual or head of household's residence in a place not meant for human habitation, a safe haven, or an emergency shelter, then one of the following applies:

1. If the recipient or subrecipient has not already reached their 25 percent cap, the program participant can continue to be assisted in the project and the recipient or subrecipient must consider this program participant as counting towards their 25 percent allowance; or
2. If the recipient or subrecipient has already reached their 25 percent allowance, no additional CoC Program funds can be used to continue serving this household in that project. For this reason, HUD encourages recipients that are currently at their 25 percent allowance to use this additional time carefully and only for program participants where they are fairly certain that the required third-party documentation can be obtained. It is also for this reason that HUD encourages recipients and

subrecipients to continue to obtain at least 9 months of third-party documentation for program participants, even after a program participant has been enrolled in the program for some time, because if a recipient is ultimately able to obtain 9 months of third-party documentation of a head of household's homeless status, then that household can be removed from the 25 percent calculation.

PSH FILE CHECK LIST

The following information pertains to the required items in a participant file as it relates to the Continuum of Care Program. Documentation requirements may vary depending on the funding of the project as well as internal documentation requirements.

1. Documentation participants are entered into HMIS or a comparable database
2. Documentation participant was screened via centralized or coordinated assessment systems. 24 CFR 578.23(c)(9) Agencies can print referrals for client files before accepting the referrals. This will provide the documentation that the client has been assessed and referred via Coordinated Entry.
3. Homeless Management Information System (HMIS) Release of Information
4. HMIS HUD Demographics and Entry/Annual/Exit Assessment
5. Documentation of Homelessness at intake 24 CFR 578.103(a)(3)
6. Documentation of disability and homeless history of at least 12 months
7. Documentation of ongoing assessment of services 24 CFR 578.75(e)
8. Documentation of examination of income (initial and recertification) 24 CFR 578.103(a)(7)(i)
9. Documentation of initial and follow-up Housing Quality Standards inspections (Form) 24 CFR 578.75(b)
10. Lease/Occupancy Agreement/Sublease- signed lease agreement of at least 1 year that was renewable (for a minimum term of 1 month) and terminable only for cause, unless otherwise approved through a HUD waiver. This may be directly with the landlord if renting, or with a occupancy agreement, lease or sublease if grantee is using leasing assistance for the building.
11. Documentation of rent reasonableness 24 CFR 578.49(b)(1)
12. Documentation of rents charged (including utilities) do not exceed HUD-Fair Market Rents 24 CFR 578.49(b)(2)
13. Documentation supporting the correct/current utility allowance schedule is used 24 CFR 578.49(a)(3)
14. Documentation of occupancy charges with annual income calculations 24 CFR 578.77, 24 CFR 578.99(b)(6)
15. Lead Based Paint Disclosure (Form) 24 CFR Part 35

LENGTH OF ASSISTANCE

TYPICAL LENGTH OF ASSISTANCE

Because PSH is permanent, there is no time limit to assistance.

LIMIT ON TIME TO LOCATE RENTAL HOUSING (TENANT-BASED RENTAL ASSISTANCE)

Where a program provides rental assistance, extensions to the standard 90-day period to locate housing may be approved, up to 365 days. If housing cannot be located within 365 days, the case should be discussed at a case conferencing meeting and the project will explore housing alternatives that may align to meet the housing needs of the participant.

NUMBER OF TIMES A PERSON MAY EXIT AND RE-ENTER A PROGRAM

There is no limit to the number of times a person may exit and re-enter a program. Re-admission will be considered by senior program staff. Re-entry must be thoughtful in assessing the client's needs at the time of re-entry and whether the person will be more successful in the program at the time of re-admission. In congregate or shared housing programs, the peaceful enjoyment of the premises by the occupants or neighbors must also be considered.

In general, individuals who are participating in the Tenant-Based Rental Assistance (TBRA) programs should not be automatically exited from the program if they are evicted. Projects must consider all factors that led to the eviction and work with Coordinated Entry Case Conferencing to develop a plan to ensure that the individual is able to maintain stable housing. Exit from the program should be avoided if at all possible. Additionally, in the case that a participant is evicted, programs should assist the client in locating new housing.

RENT CALCULATION/ ANNUAL ASSESSMENTS

FREQUENCY OF INCOME/RENT CALCULATION

If the PSH household receives rental assistance, recipients or subrecipients must review a program participant's rent contribution initially, and at least annually thereafter, to determine the program participant's rent contribution. Adjustments to the rent contribution must be made as changes to their income are identified.

CHANGES TO HOUSEHOLD COMPOSITION

Depending on funding and program model or unit size, some programs may or may not accept the addition of household members to an assisted unit. If a family member is added

or removed from the unit, an interim reexamination of the family income must be completed, and their rent amount adjusted accordingly.

RENT CALCULATION

24 CFR 578.77c establishes the following as the rent contribution that program participants must pay when the recipient or subrecipient is providing rental assistance payments on the program participant's behalf in TH and PSH projects. 24 CFR 578.77(b) establishes the maximum occupancy charge that recipients or subrecipients may charge program participants where the recipient or subrecipient is providing the program participant TH or PSH with funds other than rental assistance funds (e.g., by using leasing funds). There is no requirement, however, that recipients or subrecipients charge occupancy charges and many recipients and subrecipients choose not to impose occupancy charges on their program participants.

The rent contribution or the maximum occupancy charge is the highest of the following amounts (rounded to the nearest dollar):

- a) 30 percent of the family's monthly adjusted income (as outlined at Part 5.609 and 5.611(a));
- b) 10 percent of the family's monthly gross income; or
- c) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

Below are the steps that must be taken to accurately determine a family's rent contribution.

INCOME CALCULATION

Agencies must develop policies and procedures for determination of family income and rent. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant's income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly. Below are the basic steps for calculating a family's annual income.

- Identify household members
- Count the annual income of the head of household, spouse or co-head, and other family members 18 and older.
- Determine if the income is "included" or "excluded" for a list of income inclusions and exclusions, see: https://www.hud.gov/sites/documents/DOC_35699.PDF
- Input information into a rent calculation worksheet. HUD has developed a rent calculation worksheet that can be used to calculate rent. This resource can be found

here: <https://www.hudexchange.info/resource/5654/coc-program-rent-determination-tools/>

DETERMINE THE DEPENDENT DEDUCTION

To determine the dependents deduction:

- Identify the number of dependents in the household. A dependent is a person who relied on another, especially a family member, for financial support. Examples of dependents are: persons under the age of 18, a household member who is disabled or handicapped, or a full-time student.
- Subtract a Dependent Allowance of \$480 per dependent from the annual income.

DETERMINE THE CHILDCARE DEDUCTION

To determine the childcare deduction:

- Identify the anticipated, reasonable childcare costs for children under age 13 (including foster children) that will allow a household member to work or pursue an education.
- Subtract any portion of that amount that will be a reimbursement.
- Deduct the anticipated, reasonable, unreimbursed costs from the annual income.

DETERMINE THE DISABILITY ASSISTANCE DEDUCTION

To determine the Disability Assistance Deduction:

- Identify the anticipated reasonable costs of either:
 - Attendant care for a disabled household member provided by a non-household member or
 - An “auxiliary apparatus” (e.g. Wheelchair, ramps) that enables a disabled household member or another household member to work.
- Subtract any portion of that amount that will be reimbursed.
- Subtract from the annual income anticipated, reasonable, unreimbursed costs that exceed 3 percent of the gross income up to the amount of earned income by the adult household member(s) as a result of disabled assistance.

DETERMINE THE MEDICAL EXPENSES DEDUCTION

To determine the medical expenses deduction:

- Identify the anticipated, reasonable costs of medical expenses incurred if the head of household, their spouse, or the sole household member is:
 - At least 62 years of age; or,
 - Handicapped or disabled

- Subtract any portion of that amount that will be reimbursed.
- Subtract from the annual income anticipated, reasonable, unreimbursed costs that exceed 3 percent of the gross income.

DETERMINE THE ELDERLY/DISABLED HOUSEHOLD DEDUCTION

To determine the elderly/disabled household deduction:

- Determine whether the head of household, their spouse, or co-head (or the sole member of the household) is:
 - At least 62 years old
 - Handicapped or disabled
- If yes, then the household is entitled to a \$400 elderly/disabled Household Deduction (each family is limited to only **one** deduction even if multiple members of the household qualify for this deduction)

DETERMINE THE ADJUSTED ANNUAL INCOME

To determine the adjusted annual income:

- Calculate the total income adjustment (the sum of):
 - Dependent Deduction
 - Childcare deduction
 - Disabled assistance deduction
 - Medical expenses deduction
 - Elderly/disabled household deduction
- Subtract the total income adjustments from the total annual income.

DETERMINE THE AMOUNT OF RENT

To determine the amount of resident rent:

- Calculate the following values:
 - 30 percent of the monthly adjusted income (divide the adjusted annual income by 12 and multiply by 0.3)
 - 10 percent of Monthly Gross income (divide the Total Annual Income by 12 and multiply by 0.1)
 - The portion of the family's welfare assistance, if any, that is designated for housing costs.
- In PSH with rental assistance, the rental amount is the **highest of these figures**.
- In projects supporting housing with leasing, the occupancy charge or rent cannot exceed the highest of these figures.

DETERMINING THE RENT CONTRIBUTION OR UTILITY REIMBURSEMENT

As detailed above, each program participant in transitional or permanent supportive housing on whose behalf rent is paid with CoC Program rental assistance funds must pay rent in the amount determined in 24 CFR 578.77(c). This amount, however, must be adjusted by the pre-determined reasonable utility consumption amount when the program participant is required to pay for utilities. For example, if the program participant's rent contribution is \$300, as determined above, and the reasonable monthly utility consumption amount is \$40 then the program participant is only required to contribute \$260 in rent. The recipient must pay the difference between \$260 and the rent specified on the program participant's lease.

Utility Reimbursement: If/when the recipient or subrecipient deducts the reasonable monthly utility consumption amount from the program participant's rent contribution or maximum occupancy charge amount (as determined by 24 CFR 578.77(c) or 24 CFR 578.77(b) respectively), the calculation equals a number less than \$0, then the recipient or subrecipient **must provide a utility reimbursement to the program participant.**

RENT REASONABLENESS AND FAIR MARKET RENT (FMR)

Using Continuum of care (CoC) Program funds for rental assistance and leasing requires adherence to rent reasonableness standards to determine whether a specific unit can be assisted. For more information:

<https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf>

DETERMINING THE REASONABLE MONTHLY UTILITY ALLOWANCE

For the purposes of determining the reasonable monthly utility consumption, recipients or subrecipients must use the local PHA's schedule of utility allowances, which are based on unit size and the utilities the program participant is expected to pay. Current utility schedule can be found here: <https://sonomacounty.ca.gov/CDC/Housing-Authority/Property-Owners/Utility-Allowances/>

RENT REASONABLENESS

HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. When leasing and rental assistance funds are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents be charged for comparable units, taking into account the location, size, type, and age of unit, as well as any amenities, housing services, maintenance, and utilities provided by the owner. PSH providers should have a procedure in place to ensure that compliance with rent reasonableness standards is documented prior to a executing the lease for an assisted unit. Under the CoC Program, all units and structures for which rent is paid must be reasonable. For more information on how to determine rent reasonableness, please refer to:

<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/reasonableness/>

FAIR MARKET RENT

The other key standard in determining the level of CoC Program funds that can be used to pay rent for an eligible program participant is the Fair Market Rent (FMR) amount for the geography in which the unit is located. HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide housing assistance, which it publishes annually for 530 metropolitan areas and 2,045 non-metropolitan county areas.

The amount of CoC Program funds used for leasing an individual unit may not exceed the current FMR for that unit size and location. For each assisted unit, recipients and subrecipients must ensure that CoC Program leasing funds do not exceed the current published FMR for their geographic area (even if an earlier FMR was used as the basis for the recipient's CoC Program grant). The applicable FMR should be documented in the case file for each program participant assisted with leasing funds.

The amount of CoC Program funds used for rental assistance may exceed the current FMR for that unit size and location, as long as the contract rent is reasonable. For more information on determining FMR, refer to:

<https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>

To obtain the most recent FMR, refer to:<https://www.huduser.gov/portal/datasets/fmr.html>

CASE MANAGEMENT

PSH providers must make supportive services available, but they are not a required component of the program. Individuals may elect to not participate in case management, but it should always be made available to them if they request.

ANNUAL ASSESSMENT OF SUPPORTIVE SERVICES

To the extent practicable, each project must provide supportive services for residents of the project and homeless persons using the project, which may be designed by the recipient or participants. Each recipient and subrecipient of assistance under this part must conduct an ongoing assessment of the supportive services needed by the residents of the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

EXCLUSIONS

REJECTION OF REFERRALS

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.

REJECTION STANDARDS

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 a 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.

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

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 shall be made to contact the participant, including physical outreach, contacting HOST workers, Coordinated Entry staff, and all known service providers.

Participant refused offer

If a participant refuses a referral. See Right of Refusal Policy in Coordinated Entry Policies and Procedures.

INELIGIBLE CLIENTS

For Chronically Homeless (CH) dedicated beds, an individual must have their homeless history documented within 180 days and disability verification within 45 days of project enrollment. If the project is unable to document 9 of the individual's 12 months of housing status and they have exhausted their 25% for that allotment operating year of self-certified CH individuals, the project must stop providing assistance to the individual unless all eligible, chronically homeless individuals have been served and the community has moved to

later PSH prioritization levels. See “time frame for third party documentation” above for more detail on CH documentation.

CRIMINAL BACKGROUND/SEX OFFENDERS

The CoC interim rule **does not** require providers to disqualify based on criminal background. Providers may request information related to an individual’s sex offender status but should use the information to determine the most appropriate housing placement and not to screen out and otherwise eligible individual. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing. Additionally, providers must check their local jurisdictional restrictions related to sex offenders before placing an individual into a program.

WHEN NEEDS EXCEED SERVICES

When possible, Coordinated Entry will coordinate with medical providers when referrals are made at CES Case Conference to screen participants for their ability to meet their activities of daily living (ADLs). If an individual cannot meet their ADLs but has a supportive service in place (such as IHSS) that can meet this need, the client will be deemed able to live independently. Agencies will develop policies and procedures on how to assess a participant’s ability to meet their ADLs and how to accommodate client’s specific needs.

Providers will make every attempt to serve those who are referred to their projects; however, when a participant’s level of need exceeds the services that can be offered, providers may not be able to continue to offer housing. Examples include:

- Severe physical or mental health impairment that requires professional services beyond that which the provider or their professional partners can provide,
- Participant’s ongoing behavior becomes a threat to their own health and safety or the health and safety of others

Before termination is pursued, provider will consult with Coordinated Entry case conferencing to explore alternatives. Participants whose assistance are terminated are entitled to the same noticing and due process that is outlined in 24 CFR § 578.91 and outlined in the “termination” policy found in these standards. If after alternatives are explored, provider chooses to terminate assistance, they will attempt to refer the client to other community resources that have the professional capacity to serve the client.

TERMINATION/ TRANSFERS

PSH TRANSFERS

Individuals served in PSH projects can be transferred from one PSH program to another that better serves their needs. Transfers must be approved by a consensus of the CES Case conferencing group.

TERMINATION:

24 CFR § 578.91 states:

(a) *Termination of assistance.* The recipient or subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same individual or family.

(b) *Due process.* In terminating assistance to a program participant, the recipient or subrecipient must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- (2) Written notice to the program participant containing a clear statement of the reasons for termination;
- (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- (4) Prompt written notice of the final decision to the program participant.

(c) *Hard-to-house populations.* Recipients and sub recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

IF THE QUALIFYING HOUSEHOLD MEMBER LEAVES THE HOME

In accordance with 24 CFR 582.5(3), If the qualifying disabled person leaves the household, and other household members do not have a qualifying disability, assistance must end within the contract year or when they move out of the unit.

EVICTIION

Eviction should be a last resort. If, however, a participant's behavior is causing a health and safety concern for themselves and others or their behavior is disrupting other participants, staff or neighbors' right to peaceful enjoyment of the premises repeatedly, a PSH provider may need to evict the client from the program. Before taking this action, the provider must make attempts to resolve the behavior and bring the situation to the CES case conferencing meeting to discuss a possible transfer to another PSH program that can better serve the client or discuss other potential options for the participant.

GRADUATION TO INDEPENDENT SUBSIDIZED HOUSING

The CoC recommends that PSH providers work with clients to establish other long-term subsidized housing options if the client is able to live independently without intensive supportive services. This includes assisting the client in signing up for affordable housing waiting lists and referring the client to Move-On programs when available.

EMERGENCY TRANSFER PRIORITY

The Continuum of Care must develop an emergency transfer plan for the Continuum of Care, and recipients and subrecipients in the Continuum of Care must follow that plan. The plan must comply with 24 CFR 5.2005(e) and include the following program requirements:

- I. For families receiving tenant-based rental assistance, the plan must specify what will happen with respect to the non-transferring family member(s), if the family separates in order to affect an emergency transfer.
- II. For families living in units that are otherwise assisted under this part (assisted units), the required policies must provide that for program participants who qualify for an emergency transfer but a safe unit is not immediately available for an internal emergency transfer, the individual or family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects funded under this part, provided that: The individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and the individual or family meets any additional criteria or preferences established in accordance with § 578.93(b)(1), (4), (6), or The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

EMERGENCY TRANSFER PLAN

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence residing in permanent supportive housing projects.

A client qualifies for an emergency transfer if:

1. The client is a survivor of domestic violence, dating violence, sexual assault, human trafficking, assault, or stalking;
2. The client expressly requests the transfer; and
3. Either:
 - a. The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
 - b. In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

INTERNAL TRANSFER

Where the client requests an internal emergency transfer, the program should take steps to immediately transfer the client to a safe unit if a unit is available. In this case, the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process

Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests. If a safe unit is not immediately available, program staff will inform the client that a unit is not immediately available and explain the options to:

1. Wait for a safe unit to become available for an internal transfer,
2. Offer placement into a different project type if housing is not available (internal emergency shelter for example),
3. Request an external emergency transfer, and/or
4. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.
5. Contact local victims' services providers (YWCA, Family Justice Center, Verity) to discuss any additional resources available for additional placements and resources.

EXTERNAL TRANSFER

If a client requests an external emergency transfer, the client has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program.

After the agency communicates the client's emergency transfer request to the Coordinated Entry System, they will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System. The household retains their original homeless status for purposes of the transfer. In this case, the tenant would be categorized as a new

applicant; that is the tenant must undergo the CE referral process and any applications required in order to reside in the new unit. Providers will also refer clients to temporary housing options like shelter while they await a transfer.

TENANT BASED RENTAL ASSISTANCE TRANSFERS

If a participant in a tenant-based rental assistance program needs an emergency transfer, the PSH provider will assist the client in locating more suitable housing as quickly as possible. Additionally, the provider will also refer the client to other services like PSH transfers, referrals to victim services providers and referrals to temporary housing options like shelter.

Additionally, the PSH provider will continue to assist the client until the client is able to secure alternate housing. The provider should bring the situation to the CES case conferencing meeting to explore transfer options and seek assistance. The provider should also refer the client to centralized housing location services to assist in location of alternate housing.

RESOURCES/HOTLINES

In all cases, please provide the individual seeking an emergency transfer or even contemplating an emergency transfer, with our local victims' services contact information. In case of an emergency, do not hesitate to call 9-1-1.

YWCA 24/7 domestic violence hotline: 707-546-1234

Verity 24/7 sexual assault crisis hotline: 707-545-7273

Family Justice Center Sonoma County (business hours only): 707-565-8255

EMERGENCY TRANSFER RECORD KEEPING

To request an emergency transfer, the client should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the client is requesting an emergency transfer. If this is a transfer from PSH to PSH, the original documentation of that individual's Chronic Homeless Status shall be copied and provided to the new project for documentation of eligibility. Documentation of the stay at the original PSH should be included in the provided documentation; this can either be pulled from an HMIS report or written from the other service provider.

Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

PROTECTION MEASURES FOR EMERGENCY TRANSFERS

- Written verification of the client’s situation or any documents pertaining to the abuse shall not be stored electronically in HMIS for protection. This includes uploaded documents as well as case notes.
- The individual should be notified immediately during project entry of their right to enroll into the new project anonymously in HMIS to secure their personal information.

REASONABLE ACCOMMODATIONS

Individuals can make requests for reasonable accommodations to any project staff member, in any form, at any time. Project 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. A Notice of Rights must be provided to all applicants and participants; this notice shall inform individuals of their rights under disability nondiscrimination laws and the applicability of these laws.

A reasonable accommodation is a change, exception or adjustment to a program, service, building or dwelling unit that will allow a qualified person with a disability to

- Participate fully in a program;
- Take advantage of a service;
- Live in a dwelling

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual’s disability. When a client requires an accessible feature(s), policy modification, or other reasonable accommodation, the project must provide the requested accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. A fundamental alteration is a modification that is so significant that it alters the essential nature of the program. In such a case, if possible, the program will offer an alternative solution that would not result in fundamental alteration of the program or a financial or administrative burden.

HOUSING QUALITY STANDARDS

All units paid for with CoC leasing or rental assistance funds must meet certain basic Housing Quality Standards (HQS) prior to expending CoC funds on that unit. All units must additionally meet state and local codes.

- The recipient or subrecipient must **physically inspect all units** prior to expending CoC funds and must continue to do so annually throughout the grant period (see **HUD Inspection Checklist**). The annual review can take place during lease renewal.

- Inspectors do not need to be certified.
- The owner of the unit has 30 days to address and correct any deficiencies in the unit.
- The recipient or subrecipient must maintain documentation of compliance with HQS, including inspection reports.

LEAD-BASED PAINT REQUIREMENTS

CoC recipients and subrecipients are expected to screen for, disclose the existence of and take reasonable precautions regarding the presence of lead-based paint in leased or assisted units constructed prior to 1978. To learn how to identify lead-based paint, the types of deterioration and how to repair the problem, please refer here:

<https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm>

GRIEVANCE PROCEDURE

PSH providers will develop their own policies and procedures for participant grievances. Grievances include: appeals of decisions that impact PSH participants (exits, extensions etc.) and grievances regarding PSH policies or perceived unfair/unequitable treatment by agency staff. Participants should inform clients about their grievance policy upon intake or orientation. Copies of the grievance policy should be provided to participants upon intake into the PSH program. PSH staff will make grievance forms available to clients upon request. Clients should be informed of how their grievance will be handled and given a timeframe for completion of each step of the process.

ADMINISTRATION

Eligible activities

LEASING

For Continuum of Care PSH, leasing costs are eligible under the Permanent Supportive Housing (PSH) component.

Recipients and subrecipients may choose to use CoC Program funds to lease a structure or a portion of a structure that will be used for PSH projects. Leasing funds may also be used to lease individual housing units for PSH.

Leasing funds can pay for the following activities:

1. Rent for the unit or structure (**§ 578.49(b)(1)**)
2. Security deposits for up to 2 months if the participant is leasing directly with the landlord provided the landlord is **NOT** the CoC recipient. (**§ 578.49(b)(4)**) If the CoC recipient owns the building or is master leasing the unit, leasing funds cannot be

used to pay security deposits. However, a CoC recipient, acting as the landlord can bill the operating budget line item for repairs to damages caused by a client.

3. First and last month's rent (up to one month each, allowed as an advanced payment) (§ 578.49(b)(4))
4. Staff or related costs to carry out leasing activities including conducting Housing Quality Standards (HQS), paying landlords, etc.
5. Payments on unoccupied units while identifying a new program participant

TYPES OF RENTAL ASSISTANCE

1. Tenant-Based Rental Assistance (TBRA)

In TBRA, the program participants locate housing in the private rental market and enter into a lease with the property owner. Recipients/subrecipients may require participants to live in a specific structure for the first year, or a specific geographic area for the remainder of their participation in order to facilitate services.

As of July 2016, participants may use TBRA to rent units outside of the CoC's geographic area as long as the recipient meets certain requirements. For more information: <https://www.govinfo.gov/content/pkg/FR-2016-06-14/pdf/2016-13684.pdf>

2. Project-Based Rental Assistance (PBRA)

In PBRA, sponsor agencies rent units in the private market and then sublet the units to program participants. Sponsors may be private nonprofit organizations or community mental health agencies established as nonprofit organizations. If the participant moves, the sponsor may sublease to a different participant or use the SBRA in a different unit with the current participant. SBRA stays with the sponsor.

3. Sponsor-Based Rental Assistance (SBRA)

In PBRA, the recipient or subrecipient contracts for a particular unit or property and the participant then enters a lease with the landlord. If the participant moves, the PBRA stays with the unit for the next eligible participant.

SUPPORTIVE SERVICES

The CoC Interim Rule specifies which eligible supportive services can be paid for with CoC Program Supportive Service funds (§ 578.53(a)(1)). All supportive services provided must help program participants obtain and maintain housing. Services not specified in the CoC Interim Rule are not eligible (§ 578.53(d)).

Recipients and subrecipients are required to make available supportive services to program participants for the entire duration of their residence in the project.

ELIGIBLE SUPPORTIVE SERVICES:

Below is a list of eligible supportive services. Depending on the agency, some of these services may not be available. Agency program manuals will contain a list of the supportive services that they offer. PSH providers will work with clients to understand what services they need and can be offered.

- Annual Assessment of Services (§ 578.53(e)(1))
- Moving costs (§ 578.53(e)(2))
- Case management (§ 578.53(e)(3))
- Childcare (§ 578.53(e)(4))
- Education services (§ 578.53(e)(5))
- Employment assistance and job training (§ 578.53(e)(6))
- Food (§ 578.53(e)(7))
- Housing search and counseling services (§ 578.53(e)(8))
- Legal services (§ 578.53(e)(9))
- Life skills training (§ 578.53(e)(10))
- Mental health services (§ 578.53(e)(11))
- Outpatient health services (§ 578.53(e)(12))
- Outreach services (§ 578.53(e)(13))
- Substance abuse treatment services (§ 578.53(e)(14))
- Transportation (§ 578.53(e)(15))
- Utility deposits (§ 578.53(e)(16))

OPERATING COSTS

In general, the following costs are considered eligible:

- The costs of maintenance and repair of housing not included in the lease (§ 578.55(b)(1))

- Property taxes and insurance (§ 578.55(b)(2))
- Scheduled payments to a reserve fund for the future replacement of major buildings systems. Major building systems include structural support, roofing, cladding, weatherproofing, plumbing, electrical, heating, ventilation, and air conditioning (§ 578.55(b)(3))
- Security for a housing program if more than 50 percent of the units or building area are CoC-funded (§ 578.55(b)(4))
- Utilities including electricity, gas, heating oil or other heating/cooling costs, water, sewer, and trash removal (§ 578.55(b)(5))
- Furniture (office/apartment) that remains with the project. Mattresses are also eligible costs, even if they remain with the program participant (§ 578.55(b)(6))
- Equipment, including office equipment, appliances such as microwaves, refrigerators, stoves, washers and dryers, etc. that remain with the project (§ 578.55(b)(7))
- Staff time spent carrying out the above eligible operating activities that are part of the approved grant.
- Maintenance and Repair: Maintenance and repair include a property or unit's upkeep, including structural, electrical, and plumbing systems. It can include everything from leaky faucets to major repairs. It includes landscaping (non-beautification) and snow removal and salting.

PROJECT ADMINISTRATION

Under the Project Administration program component, CoC recipients and subrecipients may use these funds to support:

1. General management, oversight, and coordination (§ 578.59(a)(1))
2. Training on CoC requirements and attending HUD-sponsored CoC trainings (§ 578.59(a)(2))

Note: Recipients no longer need permission from HUD to spend CoC Program funds on conference attendance if the conferences includes a HUD or TA speaker assigned by HUD.

3. Carrying out environmental reviews (§ 578.59(a)(3))

Note: An environmental review must be conducted for all projects prior to CoC program funds being committed.

Ineligible Costs

Ineligible project administration costs include staff and overhead costs directly related to carrying out other eligible activities under the CoC Program (§ 578.43 – 578.57) (e.g., Leasing, Rental Assistance, Supportive Services) should be charged to those budget line items.

Example: Costs related to administering rental assistance such as calculating participant rent share or conducting housing quality inspections should be charged to the rental assistance budget line item rather than to project administration.

PROGRAM INCOME

Program income is defined as income received by the recipient or subrecipient directly generated by a grant-supported activity.

Use: Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

Rent and Occupancy Charges: Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing.

REPORTING

Programs are required to be timely on any required reporting. If a program is not able to meet the deadline for a required report, the program administration will provide notice of an estimated time frame for when reports can be received.

PROGRAM MONITORING

PSH providers can expect the Sonoma County Community Development Commission to monitor their program annually to ensure adherence to these standards.

RESOURCES

PSH providers are encouraged to use all of the resources that HUD makes available to providers to better understand program rules and regulations and to better implement programs. Below are resources that can assist providers:

- CoC Interim Rule: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

- Continuum of Care Program 24 CFR Part 578:
<https://www.law.cornell.edu/cfr/text/24/part-578>
- HUD Exchange CoC Virtual Binders: <https://www.hudexchange.info/programs/coc/>
- CoC Rent Calculation: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-rent-calculation/overview/>
- CDC Service Providers webpage: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>
- Sonoma County Housing Authority Utility Allowances:
<https://sonomacounty.ca.gov/CDC/Housing-Authority/Property-Owners/Utility-Allowances/>
- Chronic homelessness Resources: <https://www.hudexchange.info/news/new-resources-on-documentation-of-chronic-homelessness/>
- HUD Exchange Lead Based Paint Housing Toolkit:
https://www.hudexchange.info/programs/lead-based-paint/lshr-toolkit/introduction/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=efb1c21d86-New+Lead+Safe+Housing+Rule+Toolkit&utm_medium=email&utm_term=0_f32b935a5f-efb1c21d86-19461893

ACKNOWLEDGEMENTS

These standards were developed with the assistance of the agencies/individuals below.

West County Community Services: Danielle Danforth

Nation's Finest: Mary Haynes

COTS: Jules Pelican

Reach For Home: Ana Rangel

Community Support Network: Tom Bieri

HomeFirst: Hunter Scott, Kaitlin Carney

Sonoma County Community Development Commission: Karissa White, Araceli Rivera, Thai Hilton



Continuum of Care (CoC)

SONOMA COUNTY CONTINUUM OF CARE RAPID REHOUSING PROGRAM STANDARDS

CONTENTS

- Rational.....4
- Guiding Principles4
 - Housing First4
 - Trauma-Informed Care5
- Operations5
 - Coordination with Coordinated Entry.....5
 - Eligibility5
 - Target populations:.....5
 - Prioritization for Rapid Rehousing.....5
 - Rejection of Referrals.....6
- Program Design.....7
 - Variance.....7
 - Waivers8
 - Verification of eligibility.....8
- Determining amount and Duration of Rental Assistance.....8
 - Duration of Assistance.....8
 - Amount of rental assistance9
- Room Share Rental9
- Sober Living Environment (SLE).....10
- Habitability standards11
- Rent Reasonableness and Fair Market Rent.....11
 - Fair Market Rent11
- Program Transfers RRH-PSH.....12
- Program Transfers RRH-RRH.....12
- Transfers to other housing programs.....12
- Emergency Transfer Plan.....13
 - Program Transfer.....13
- Grievance procedure.....14
- Reasonable Accommodations15
- Rental Assistance Agreements.....15

Lease Requirements	15
Violence Against Women Act (VAWA) Protections.....	15
Administration.....	16
Record retention and storage.....	16
Carry Over Process	16
Eligible Costs	17
Rental assistance.....	17
Rental Assistance Type	18
Housing location and Stabilization.....	18
Homeless Management Information System (HMIS)	19
Reporting.....	19
Program Monitoring	19
Resources.....	19

Rational

The Continuum of Care (CoC) Program Interim Rule requires CoCs to establish and follow written standards for providing CoC assistance in consultation with recipients of the Emergency Solutions Grants (ESG) program (24 CFR 578.7(9)). The ESG Program Interim Rule requires the ESG recipient to establish and consistently follow written standards for providing assistance with ESG funds (24 CFR 576.400 (e)). At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC and ESG Program;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for Street Outreach, Emergency Shelter, Homelessness Prevention (HP), Permanent Supportive Housing (PSH), Transitional Housing (TH), and Rapid Re- Housing (RRH);
- Standards for determining what percentage of rent a program participant must contribute while enrolled in a RRH or HP project.

The County of Sonoma's Continuum of Care has adopted the following standards of care for Rapid Rehousing (RRH). This document provides guidelines for operating local RRH programs. 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. Providers working collaboratively on these standards have also contributed their own best practices to its development. The core components of the RRH program are housing location, move-in assistance, short to medium-term rental assistance, and ongoing case management. While a Rapid Re-housing program must have all three components available, it is not required that a single entity provide all three services not that a household utilize them. Agencies must either provide all of these components or have an established relationship with another agency to provide those services.

Program Standards serve as a common policy framework and the minimum standards for Sonoma County's RRH programs. All projects funded under the CoC Program, Emergency Solutions Grant (ESG) Program, shall apply the following standards consistently for the benefit of all program participants. The CoC strongly encourages projects that do not receive the above-mentioned funds to accept and utilize these standards.

GUIDING PRINCIPLES

HOUSING FIRST

On September 29, 2016, Governor Jerry Brown signed Senate Bill 1380, making California a Housing First state. This requirement applies to any program providing housing or housing-

based services to people experiencing homelessness or at risk of experiencing homelessness, whether or not the program was designed to address homelessness.

The Housing First model is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit the length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.

Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing housing, like requirements for sobriety or absence of criminal history. It is based on the “hierarchy of need” where people must access basic necessities—like a safe place to live and food to eat—before being able to achieve a quality of life or pursue personal goals.

TRAUMA-INFORMED CARE

Sonoma County homeless service providers seek to provide a trauma-informed system of care. Trauma-informed services should include case management; onsite integrated health resources; ACEs-based programs; living skills programs focused on communication skills, grief/loss, and well-being.

OPERATIONS

COORDINATION WITH COORDINATED ENTRY

Rapid Rehousing providers will notify the CES operator when an opening is available, and whenever possible, advanced notice is provided so as to minimize the length of time of vacancies.

ELIGIBILITY

Target populations:

RRH is an effective intervention for many types of households experiencing homelessness, including those with no income, with disabilities, and with poor rental history. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment.

PRIORITIZATION FOR RAPID REHOUSING

From June 2022 – September 2022, 50% of referrals to each Rapid Rehousing Provider each month shall be prioritized according to the Community Prioritization Standards, and 50% shall be available for participants who have already identified housing.

From October 2022 – December 2022, 80% of referrals to each Rapid Rehousing Provider each month shall be prioritized according to the Community Prioritization Standards, and 20% shall be available for participants who have already identified housing.

Beginning January 2023, 100% of referrals to Rapid Rehousing shall be prioritized according to the Community Prioritization Standards.

Coordinated Entry will refer eligible clients to projects upon request. Clients referred will have a Total Prioritization Score of 4-8. Participants who receive referrals prioritized according to community standards and scoring between 4 and 8 on the Total Prioritization Score shall be prioritized for Rapid Rehousing services first before moving to scores below 4. Clients may also be referred through the Enhanced Assessment and Prioritization procedure, using the Housing Mitigation Form and CES Case Conference to assess the strengths and abilities of higher scoring clients to succeed in RRH. Please reference the CES Policies and Procedures for exceptions and updates to RRH CES prioritization described in these standards.

REJECTION OF REFERRALS

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.

REJECTION STANDARDS

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 a 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.

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

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 shall be made to contact the participant, including physical outreach, contacting HOST workers, Coordinated Entry staff, and all known service providers.

Participant refused offer

If a participant refuses a referral. See Right of Refusal policy in Coordinated Entry Policies and Procedures.

PROGRAM DESIGN

Sonoma County RRH providers will work consistently within the frame of Housing First, as it applies to various forms of funding and target demographics.

There are various vulnerable populations in need of housing services in Sonoma County including, but not limited to, survivors of domestic violence or trafficking, and transitional age youth. There is a variety of potential funding streams for RRH programs when more flexible funding is available, agencies are encouraged to work with County staff to ensure that any flexibility (per the funding specific guidelines) is utilized to more efficiently serve the homeless population in our community.

All RRH participants must meet the federal definition of 'Literally Homeless' or 'Fleeing/ Attempting to Flee DV' and be referred through the Coordinated Entry System. Homeless verification must be gathered by providers prior to entry despite enrollment in CES.

- ESG Regulation Category 1 & 4 only, those who meet category 4 must also be literally homeless (24 CFR part 576.104)
- CoC Regulation: Eligible categories of homelessness can change from year to year. Providers must ensure that they follow the eligibility criteria for the CoC NOFA/NOFO in the year of their original award

VARIANCE

As previously mentioned, Emergency Solutions Grants (ESG) will be the guiding regulations for RRH programs in Sonoma County. ESG Regulations guide project models and service delivery. A project may be guided by ESG regulations and project definitions despite not having ESG dollars in their budget. If a different funding source offers more flexible use of funds, or a variance is needed to better serve clients experiencing homelessness, RRH providers may submit a variance request to the Sonoma County Community Development Commission (CDC) for support and consideration. Information on requesting variances can be found at <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>

Variance requests do not pertain to the CoC Program rapid-rehousing projects. If the agency receives CoC RRH dollars, CoC Program regulations will guide use of funds.

WAIVERS

If waivers to the normal ESG regulations are available for more flexible uses of RRH funding, providers are encouraged to contact CDC staff to ensure they remain in compliance with the waivers and regulations.

Waivers through the CoC Program are only available as released by HUD. Waivers are to be requested directly through HUD for approval. CoC recipients should communicate these requests to the CDC if requested and if approved.

VERIFICATION OF ELIGIBILITY

RRH providers are responsible for the verification of eligibility. The preference is for third party documentation. Second party documentation (observation by a homeless services provider) is acceptable if third party documentation is not available. At a minimum, client self- certification will be accepted. Lack of 3rd party documentation must not prevent an individual or family from being immediately admitted to a RRH program. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of 3rd party documentation and intake worker observations.

DETERMINING AMOUNT AND DURATION OF RENTAL ASSISTANCE

DURATION OF ASSISTANCE

RRH providers will create individualized service plans with program participants to support the participant while maximizing the use of limited funds. The maximum length of time a program participant may receive rental assistance through ESG is 24 months during any 3-year period. Short term rental assistance is for up to 3 months. Medium-term rental assistance is for more than 3 months, but not exceeding 24 months. Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears. The limit of up to 24 months of payments must include the arrears payments. For example, if a participant received assistance for 6 months of rental arrears, the maximum amount of monthly rental assistance they may receive is 18 months. Providers must run a report in HMIS to determine if the client received previous RRH assistance and adjust the duration of assistance accordingly.

Under the CoC Program, rental assistance can be provided for up to 24 months and the provider can provide supportive services to the participant no longer than 6 months after the rental assistance stops.

AMOUNT OF RENTAL ASSISTANCE

RRH providers will establish policies and procedures to determine how much assistance to provide a participant on an individual basis. These policies and procedures must comply with the Rent Reasonableness and Fair Market Rent standards while making every effort to maximize funds. Below are some examples of how assistance may be administered.

A RRH provider may design RRH rental assistance so that:

- each program participant pays a fixed percentage of income toward rent;
- each program participant pays a rent contribution based on an incremental, sliding scale;
- each program participant pays a fixed amount or percent of the rent (e.g., \$1000 per month or 50% of the monthly rent); or
- each program participant pays a rent contribution that increases over time until the program participant is paying 100% of the monthly rent

ROOM SHARE RENTAL

ESG or ESG-CV funds may be used under the Rapid Rehousing or Homelessness Prevention component to help eligible program participants who are **not part of the same household** rent a shared unit - including shared room arrangements if safe and appropriate - as long as they meet ESG standards as defined below. However, to be considered a separate household for ESG eligibility, each household assisted with ESG rental assistance must have a **separate lease** with the property owner or a sublease with the primary leaseholder if ESG-CV or annual ESG (used for COVID purposes) funds are used.

With regard to being placed with roommates, as with all tenant-based rental assistance, it is up to the program participant to select a housing unit in which to live and the people with whom they will share that housing (if any). While the ESG Interim Rule does not prohibit **sharing a bedroom** or housing unit, HUD recommends that when using such a model, a recipient/sub recipient carefully assesses the needs of each program participant and the appropriateness of the shared living situation for the individual. For some program participants, a roommate situation may not support long-term stability in permanent housing. However, CoC Program rental assistance funds can only be used in a shared bedroom situation if the participants present as a household.

If a recipient/subrecipient is going to house people in shared housing/roommate situations, there are certain requirements that must be met, and other considerations to keep in mind.

1. The purpose of ESG assistance is to help program participants *achieve stability in permanent housing*. ESG funds may not be used to move an individual or family into a situation the provider knows will not be stable.
2. Conducting an inspection may also help the recipient/subrecipient assess whether this can be a permanent living situation for the program participant.

Additionally, the RRH provider must make sure that the assisted unit meets with Fair Market Rent (FMR) and Rent Reasonableness standards. CoC RRH funds can be above FMR as long as the unit is still found to be Rent Reasonable. Providers are encouraged to seek guidance from the CDC if they are considering placement of a program participant in a shared room situation.

SOBER LIVING ENVIRONMENT (SLE)

In very limited circumstances it is possible to use ESG or ESG-CV funds to provide rental assistance to help an individual who would reside in a shared room or Sober Living Environment (SLE). For this to be possible, the individual must be an eligible program participant and the unit must qualify as permanent housing. Please note, however, as provided by the CARES Act and section III.F.12 of [Notice CPD-21-08](#), people experiencing homelessness cannot be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services funded with ESG grants provided under the CARES Act. Therefore, ESG-CV/annual ESG funds used to prevent, prepare for, and respond to coronavirus cannot be used if the program requires any prerequisites, including sobriety for admission or ongoing residence, testing, or treatment.

If the program does not require program participants to perform any prerequisite activities as a condition for receiving assistance, a subrecipient could focus their program on providing services for individuals in recovery. However, access to rental assistance cannot be limited to those in recovery. A subrecipient may target this subpopulation, but they would be required to serve any eligible individual or family seeking rental assistance, regardless of recovery needs.

To determine whether it is possible to help this individual with ESG assistance, you will need to consider multiple factors including whether the housing is considered permanent and whether the unit complies with rent reasonableness and Fair Market Rent (FMR) standards. The CDC has received HUD guidance on how to properly determine if a shared unit can be approved and how to properly calculate utility rates in a shared situation. RRH providers are encouraged to contact the CDC for guidance if they are considering placement of a program participant in an SLE.

HABITABILITY STANDARDS

All units that are assisted with RRH funds must meet the applicable Housing Standards under 24 CFR § 576.403 (a) (c). All units must be inspected and meet the minimum standards mentioned above prior to any assistance being paid for the unit. Units must pass a Housing Quality Standards (HQS) inspection within one month of move in. If the unit has been inspected by another agency within 1 month of move in, a new inspection is not required however, the RRH file must contain a copy of the inspection report and verification that any noted deficiencies have been remedied.

RENT REASONABLENESS AND FAIR MARKET RENT

The ESG program Interim Rule allows for RRH rental assistance to be provided to eligible participants only when the rent, including utilities (gross rent), does not exceed the Fair Market Rent established by HUD for each geographic area **AND** the rent is determined to be reasonable as established under 24 CFR 982.507. FMR is published by HUD annually by fiscal year for 530 metropolitan areas. Current FMRs can be found here:

<https://www.huduser.gov/portal/datasets/fmr.html>

The CoC Program Interim Rule permits rental assistance in units that are above FRM, as long as the unit is still found to be rent reasonable.

FAIR MARKET RENT

Whether a household is seeking to maintain its current housing or relocate to another unit to avoid homelessness (Homelessness Prevention) or exiting homelessness into new housing (Rapid Re-Housing), the process for determining acceptable rent amounts is the same:

- The recipient or subrecipient first compares the gross rent for the current or new unit within current FMR limits, which are updated annually. Gross rent is the cost of the rent and utilities that the tenant is responsible for paying. Utility costs include: gas, electric, water, sewer, and trash. Telephone, cable, or internet costs are not included in determining gross rent.
- If the unit's gross rent is at or below FMR, the recipient/subrecipient next uses current data to determine rent reasonableness (more information is provided below on how to determine and document this).

RENT REASONABLENESS

The rent reasonableness standard is designed by HUD to ensure that the rent being paid is reasonable in comparison to similar units in the same market. In determining comparability, the RRH provider must consider the following elements where appropriate and practical: location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities

to be provided by the owner. Comparable rents can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Providers must develop their own policies and procedures for determining if a rent is reasonable and this must be documented in the client file.

If the gross rent is at or below the FMR and is determined to be reasonable, ESG funds can be used to pay rental assistance. If the rent exceeds FMR or the rent is not reasonable, ESG funds cannot be used to pay rental assistance. However, these requirements do not apply when a participant receives assistance with rental application fees, security deposits, moving costs, case management, legal services, and credit repair. If the reasonable rent is higher than the FMR and you are using CoC rental assistance funds, you can pay more than the FMR, up to the reasonable rent.

HUD's Rent Reasonable Checklist:

<https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf>

PROGRAM TRANSFERS RRH-PSH

A participant may be transferred from a RRH program to a PSH program if the PSH program better meets their needs. Transfers must be approved through Coordinated Entry Case Conferencing using Enhanced Assessment and Prioritization. It is the responsibility of the outgoing RRH program to complete initial eligibility documentation for the incoming PSH program. Individuals must meet all PSH program requirements including chronic homelessness status at time of original RRH enrollment. Individuals or families who participate in a RRH project maintain their Chronically Homeless status while in the program. It is important to note that program participants maintain their Chronically Homeless status for purposes of eligibility for other programs. The RRH assisted unit is considered permanent housing therefore participants are not considered homeless for purposes of the CoC's point in time count.

PROGRAM TRANSFERS RRH-RRH

A participant may be transferred from one RRH program to another if one program better suits their needs. Decisions about these transfers will be completed at CES Case Conference, and will be done in coordination and agreement with both providers to ensure a warm handoff. Additionally, the duration of the assistance may not exceed 24 months in a 3-year period.

TRANSFERS TO OTHER HOUSING PROGRAMS

If a RRH participant has the ability to move to a different subsidized housing program like a Housing Choice Voucher, the participant may receive a second deposit to secure the unit. An additional deposit may also be paid to a transitional aged youth (TAY) who is aging out

of a TAY RRH program. In general, if a RRH participant has an opportunity to transition to another assisted housing program, RRH providers are encouraged to contact the CDC to see what services the client may be eligible for.

EMERGENCY TRANSFER PLAN

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence residing in permanent housing while receiving rapid rehousing assistance.

A client qualifies for an emergency transfer if:

1. The client is a survivor of domestic violence, dating violence, sexual assault, human trafficking, assault, or stalking;
2. The client expressly requests the transfer; and
3. Either:
 - a. The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
 - b. In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

If a participant needs an emergency transfer, the RRH provider will assist the client in locating more suitable housing as quickly as possible. The provider will also refer the client to other services such as victim services providers and referrals to temporary housing options like shelter (internal and external shelters).

Additionally, the RRH provider will continue to assist the client until the client is able to secure alternate housing. The provider will bring the situation to the CES Operator, who will identify the next available RRH program, and when that program is accepting referrals convene a case conference between the three parties to coordinate transfer. The provider should also refer the client to centralized housing location services, if available, to assist in location of alternate housing.

PROGRAM TRANSFER

If a client requests an emergency transfer, the client has priority over all other applicants for ESG or CoC-funded housing assistance, **provided the household meets all eligibility criteria required by HUD and the program**. RRH providers should assist the client in accessing shelter, internally or externally, while they look for housing.

RESOURCES/HOTLINES

In all cases, please provide the individual seeking an emergency transfer or even contemplating an emergency transfer, with our local victims' services contact information. In case of an emergency, do not hesitate to call 9-1-1.

YWCA 24/7 domestic violence hotline: 707-546-1234

Verity 24/7 sexual assault crisis hotline: 707-545-7273

Family Justice Center Sonoma County (business hours only): 707-565-825

EMERGENCY TRANSFER RECORD KEEPING

To request an emergency transfer, the client should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the client is requesting an emergency transfer.

Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

PROTECTION MEASURES FOR EMERGENCY TRANSFERS

Written verification of the client's situation or any documents pertaining to the abuse shall **not** be stored electronically in HMIS for protection. This includes uploaded documents as well as case notes.

The individual should be notified immediately during project entry of their right to enroll into the new project anonymously in HMIS to secure their personal information.

EXITS TO HOMELESSNESS

RRH providers endeavor to exit all participants into permanent housing. In the unfortunate and rare circumstance that the participant must be discharged from the RRH program into homelessness, the provider will attempt to offer the CES Assessment after discharge to ensure the participant is entered back onto the By-Name-List for future housing opportunities.

GRIEVANCE PROCEDURE

RRH providers will develop their policies and procedures for participant grievances. Grievances include appeals of decisions that impact RRH participants (exits, extensions, etc.) and grievances regarding RRH policies or perceived unfair/inequitable treatment by agency staff. Participants should inform clients about their grievance policy upon intake or orientation. Copies of the grievance policy should be provided to participants upon intake

into the RRH program. RRH staff will make grievance forms available to clients upon request. Clients should be informed of how their grievances will be handled and given a timeframe for the completion of each step of the process.

REASONABLE ACCOMMODATIONS

The Sonoma County Continuum of Care is committed to providing equal opportunity and reasonable accommodations to participants with disabilities to provide them with full access to RRH programs. RRH providers must develop their reasonable accommodation policies and communicate them clearly to RRH participants.

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, or dwelling unit that will allow a qualified person with a disability to

- Participate fully in a program;
- Take advantage of a service;
- Live in a dwelling

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. When a client requires an accessible feature(s), policy modification, or other reasonable accommodation, the program must provide the requested accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. A fundamental alteration is a modification that is so significant that it alters the essential nature of the program. In such a case, if possible, the program will offer an alternative solution that would not result in fundamental alteration of the program or a financial or administrative burden. RRH providers will report the number of Reasonable Accommodation requests, as well as the number of denials and the reasons for denials on their quarterly reports.

RENTAL ASSISTANCE AGREEMENTS

The rental assistance agreement between the RRH provider and the property owner must set forth the terms under which rental assistance is being provided. It must contain all of the requirements set forth in ESG regulation 24 CFR § 576.106(e) or CoC regulation 24 CFR § 578.51(a), depending on the project funding source.

LEASE REQUIREMENTS

Each RRH participant receiving assistance must have a legally binding lease for the rental unit. The lease must be between the owner and the program participant and must comply with all requirements set forth in ESG regulations 24 CFR § 576.106(g) or CoC regulation 24 CFR 578.51(L)(1), depending on the project funding source.

VIOLENCE AGAINST WOMEN ACT (VAWA) PROTECTIONS

VAWA protections apply to RRH participants. RRH providers must provide participants with a notice of occupancy rights under the Violence Against Women Act. Housing providers are prohibited from denying admission to, denying assistance under, terminating from participation in, or evicting from housing on the basis or as a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy. Additionally, victims of domestic violence, dating violence, sexual assault, or stalking are entitled to all protections contained in 24 CFR § 5.2005 until the expiration of the rental assistance agreement. If RRH assistance is limited to deposit assistance, VAWA protections do not apply.

ADMINISTRATION

RECORD RETENTION AND STORAGE

It is the common practice of Sonoma County homeless service providers to retain paper records for 7 years. The Continuum of Care's preference is that all data be entered into HMIS. HMIS meets all HIPAA, privacy and security requirements, more completely than most paper systems. Private user information can be drawn from the meta-data. Participating providers may scan documents and upload them to HMIS. Under HUD's data standards, the HMIS vendor will be responsible for regular secure storage of data retained beyond the required periods. To the extent possible, providers will move toward such electronic records, with the understanding some agencies will be required to retain paper records for monitoring by their funders

Files containing personal information shall be stored in locked and safe locations to maintain confidentiality. Shelter providers will maintain policies and procedures that detail their agency's retention times and how release-of-information requests are processed.

CARRY OVER PROCESS

Funding Agreements for Homeless Services projects, funded through The Sonoma County Continuum of Care, allocate funding on a Fiscal Year basis. These one-year Funding Agreements contain budgets that often consist of dollars from multiple sources comprised of State, Federal, and/or Local funds. SCCDC policy allows Rapid Rehousing (RRH) and Homeless Prevention (HP) projects to provide financial support such as rental assistance and utility assistance to program participants for up to 24 months during any three years. Since this is a time frame longer than the single year covered by the Funding Agreement, the SCCDC recognizes that situations may arise where Funding Agreements and/or funding sources are ending despite participants requiring ongoing service.

If program participants require ongoing services beyond the end date of the Funding Agreement and/or when one funding source is exhausted during the same fiscal year, participants may be able to continue with services despite the changing funding source.

Subrecipients may ask to “carry over” those program participants to the period covered by the new funding source. This allowance can ensure that the participant receives ongoing services to the extent that they are eligible per the original funding source.

Potential changes in the funding levels, sources of funds, available dollars, or funding regulations may lead to fluctuations in the annual amount of public dollars available for homeless services. For this reason, Rapid Rehousing and Homelessness Prevention projects should not make guarantees of ongoing support past the end of the contract term. A copy of the “Request to Carry Over Program Participants” procedure can be found at <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/> For assistance with this process, please contact the CDC.

This section does not pertain to the CoC Program funded RRH projects.

ELIGIBLE COSTS

Some eligible costs are listed below however, RRH providers should refer to their funding agreements for a complete list of eligible activities.

Eligible activities for the ESG Program can be found here

<https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.104>

Eligible activities for the CoC Program can be found here:

<https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

RENTAL ASSISTANCE

- ESG Rental Assistance
 - Short-term rental assistance (up to 3 months)
 - Medium-term rental assistance (4 to 24 months)
 - Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears)

- CoC Rental Assistance
 - Short-term rental assistance (up to 3 months)
 - Medium-term rental assistance (4 to 24 months)

RENTAL ASSISTANCE TYPE

- Tenant-based rental assistance
- Project-based rental assistance
 - If the recipient or subrecipient identifies a permanent housing unit that meets ESG requirements and becomes available before a program participant is identified to lease the unit, the recipient or subrecipient may enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent in accordance with the requirements found in 24 CFR 576.106 (i) Please contact the CDC for guidance on project based RRH assistance.

HOUSING LOCATION AND STABILIZATION

- ESG Financial Assistance Costs
 - Rental application fees
 - Security deposits (up to 2 months)
 - Last month's rent
 - Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears)
 - Moving costs
- CoC Financial Assistance Costs
 - Security deposits (up to 2 months)
 - First and last month's rent
 - Property damage
- ESG Supportive Service Costs
 - Housing search and placement
 - Housing stability case management
 - Mediation
 - Legal services
 - Credit repair
- CoC Supportive Services Costs
 - Case management
 - Child Care
 - Education Services
 - Employment assistance and job training

- Food
- Housing search and counselling services including mediation, credit repair, and payment of rental application fee
- Legal services
- Life Skills training
- Mental Health services
- Moving Costs
- Outpatient health services
- Outreach services
- Substance abuse treatment services
- Transportation

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

All RRH providers are required to participate in HMIS in accordance with 24 CFR 578. Providers are required to receive referrals from CES through HMIS and to complete all entry, annual and exit touchpoints.

Victim Service Providers (VSP) are prohibited from participation in HMIS and must maintain client records through a comparable database.

REPORTING

Programs are required to be timely on any required reporting. If a program is not able to meet the deadline for a required report, the program administration will provide notice of an estimated time frame for when reports can be received. For detailed reporting requirements view agency contract/grant. Reports can be made available upon request by contacting the Community Development Commission.

PROGRAM MONITORING

RRH providers can expect the Sonoma County Community Development Commission to monitor their program annually to ensure adherence to these standards.

In addition to monitoring by the Sonoma County Community Development Commission, CoC Program RRH providers and are subject to direct HUD monitoring.

RESOURCES

RRH providers are encouraged to use all of the resources that HUD makes available to providers to better understand program rules and regulations and to better implement programs. Below are resources that can assist providers:

- HUD Virtual Binders Rapid Re-Housing Program Components

- <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-program-components/rapid-re-housing/>
- ESG Laws and Regulations
https://www.hud.gov/program_offices/comm_planning/esg/regulations
 - ESG program Interim Rule: <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/>
 - ESG Rent Reasonableness and FMR:
<https://www.hudexchange.info/resource/3070/esg-rent-reasonableness-and-fmr/>
 - CoC Laws and Regulations:
https://www.hud.gov/program_offices/comm_planning/coc
 - CoC Program Interim Rule: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
 - CoC Rent Reasonableness and FMR:
<https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>
 - Rapid Rehousing ESG v. CoC: <https://www.hudexchange.info/resource/2889/rapid-rehousing-esg-vs-coc/>
 - 24 CFR 576: <https://www.law.cornell.edu/cfr/text/24/part-576>
 - HUD Virtual Binders ESG/CoC: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/>
 - CDC Service Providers webpage: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>



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

Item: 6. Shelter Monitoring Committee/Set-aside bed policy

Date: September 21, 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 but based on anecdotal reports, the numbers are most likely quite low.

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 bed-availability 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.

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 reached out and spoke to officials in Santa Clara County which has a centralized shelter-intake system. Santa Clara County's shelter referrals are all screened and referred through a centralized system like CE. Shelters are required to report daily bed availability. Individuals in need of shelter call a hotline. Call center staff screen applicants for eligibility and send a referral to the shelter. Shelters can do additional screening when the participant arrives at the shelter. Call center employees are also trained on housing problem solving. The project has a budget of \$689,000 and is funded through HHAP 2.



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 or other system 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.

The CEA should consider creating a work group to develop a proposal for how to improve the shelter intake process and report back to the CEA committee with its suggestions.