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TARGET GROUPS: This document establishes minimum standards for shelters serving single adults, families with children, Transitional Aged Youth, and other specialized populations. *Individual shelters may establish standards for more specialized practice.*

All shelters receiving ESG or CoC funds must serve only clients who meet federal definitions of homelessness (and in limited cases, those “at-risk” of homelessness). Homeless status is verified at intake for all incoming shelter residents.

https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

- a. **Documentation:** Please see the chart on page 16-17 for acceptable forms of documentation. Shelters should make every effort to meet federal standards of documentation. The preference is for 3rd party documentation. 2nd party documentation (observation by a homeless services provider) is acceptable if 3rd 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 emergency shelter. 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.
- b. **Income Levels:** *There is no fee for using emergency shelter services.* However, all shelter participants will be required to certify their income level.

ADMISSIONS

POLICIES AND PROCEDURES:

Shelters are required to create policies and procedures for accepting individuals into their shelter programs for those clients not covered in the Unified Shelter Intake Policy below.

SHELTER INTAKE

Shelters must provide access to all individuals who wish to access shelter and they must provide accommodations to those who may not otherwise be able to access shelter. See the Reasonable Accommodation policy. Providers must actively seek to engage and offer shelter services to those who normally are unable to access shelter services.

Shelter providers will conduct intakes for 75% of their beds on a first come-first served basis. If beds are not available, the shelter will develop a waitlist and contact the client when their name has been reached.

Shelter providers will maintain a minimum of 25% of their beds for vulnerable individuals who may be referred from outreach teams and emergency service providers including community mental health response teams. Shelters will keep a mixture of top and bottom beds available for this set aside. These beds are to be filled on a first come, first served basis.

When an individual expresses interest in shelter, outreach workers or other service providers, will determine which shelter best meets an individual's needs based that client's needs and preferences. When a shelter option is determined, the shelter will be contacted to check the availability of their set aside beds by calling a designated phone number for the shelter. If a bed is available, the outreach worker will assist the individual in getting to the shelter. If no immediate shelter placements are available, the outreach worker will offer assistance connecting the client to the agency's first come, first serve waitlist and provide the client with information on other options for emergency shelter/services referrals.

Individuals accepted into these set aside beds will be expected to arrive at the shelter during the agencies intake hours of operation as directed by the shelter. If an individual is unable to arrive during the agency's hours of operation, the outreach/emergency services worker will make another inquiry the following day.

Shelter providers will develop affirmative marketing strategies for bringing individuals into the shelter who would not normally choose to be served in a shelter. Shelter providers must have policies and procedures in place to make accommodations to the shelter environment to allow those individuals to access the shelter's services.

REQUIRED INTAKE DOCUMENTS:

The following documents may be required of individuals who are seeking access to emergency shelters however, documents should not constitute a barrier to accessing emergency shelter services. If the participant is unable to produce any of the following documents, the shelter may make a local decision about the necessity of pursuing them.

- a. Personal identification: at least one photo ID is preferred, see attached list for options, page 17-18.
- b. Income self-declaration
- c. HMIS intake forms
- d. Signed acknowledgment of receiving program rules or requirements.
- e. Signed acknowledgement of receiving any other participant rights and responsibility

client from a PSH program, providers should coordinate with CES to see if they can facilitate a transfer to another PSH program that would better serve the client.

PARTICIPANT'S RIGHTS AND RESPONSIBILITIES

Shelter operators will develop their own participant rights and responsibilities and provide them to shelter participants upon entry. Additionally, these rights and responsibilities will be posted in common areas of the shelter. These rights will all contain the following:

- The right to be treated with dignity and respect
- The right to privacy within the constraints of a shelter environment.
- The right to reasonable accommodations
- The right to self-determination in participation in case management and services including the right to decline to participate in supportive services.
- The right to confidentiality and to be informed how that information will be used.
- The right to reside in a safe environment that is free from physical and emotional abuse.

The Client responsibilities will be developed by shelter operators but will contain the following:

- Participants are expected to maintain the confidentiality of other shelter participants.
- Participants are expected to follow the guidelines outlined by shelter operators.
- Participants are expected to respect others' right to quiet enjoyment of the premises (to the extent that this is possible in a communal environment), safety, and to help maintain a clean and safe environment.
- Participants are expected to respect the property rights of others.

EXITS FROM SHELTER

TIME LIMITS:

Shelters provide a safe temporary housing for individuals experiencing homelessness for up to 180 days within 1 shelter stay. Shelter operators will track the number of days a participant has accessed the shelter to ensure participants are not exceeding 180 days in one stay.

Extensions beyond 180 days are possible under limited circumstances. Shelters will develop their own policies and procedures for considering extensions.

EMERGENCY EXITS:

Peaceful enjoyment of the premises: Shelter environments are communal living environments that often strain the ability to maintain a peaceful or quiet environment. To

the extent that is possible in a communal shelter, participants will respect others right to the peaceful enjoyment of the premises. Violations of quiet enjoyment of the premises include derogatory language, loud outbursts, use of personal electronic devices to a level that disturbs others and any other action that disrupts others' quiet enjoyment of the premises. These may be treated with verbal or written warnings and support for behavioral change initially but can result in exit from the shelter.

Violations of safety: Shelter participants are expected to maintain a safe physical environment. This includes refraining from bringing dangerous objects/drugs into the shelter environment as well as keeping and using personal belongings or shelter property in a safe manner. Shelter providers can develop policies and procedures for the safe storage of items that may be considered dangerous and are not otherwise permitted in a shelter environment. Violations of safety also includes a failure to maintain a safe environment through neglect of personal health and hygiene, proper use or storage of personal medications or hoarding of belongings to the point that it substantially impacts the safety of other participants and staff. If a participant is unable to maintain the safety of themselves or others, either through dangerous activities or through neglect, participants may be exited from the shelter and a suspension of further services may be imposed depending on the severity of the safety violation. Providers will work with the client to identify any safety related concerns and attempt to resolve the issue, when possible, prior to any decisions pertaining to exit of the participant.

Violence: Verbal and physical violence, including threats of violence, is considered to be an egregious violation of safety. If a participant is engaged in threats or acts of violence, they can be subject to exit and a further suspension of services may be imposed. However, shelter staff are expected to consider any antecedent conditions that may have caused the threats or acts of violence and keep these in mind when imposing a suspension of services.

If an exit is required to ensure safety, the client will be informed of the reason and duration of the exit. Additionally, every effort will be made to connect the participant with more appropriate resources, and to identify a way to ensure the participant's safe transport to alternate services (e.g., detox). Whenever possible, shelter staff will elevate the case to a higher level of care, including case conferences with the Coordinated Entry.

INELIGIBLE CLIENTS:

Clients must meet the eligibility requirements to receive assistance. Clients must meet categories 1,2,3 & 4 of HUD's homeless definitions. Additionally, clients must be able to meet their own activities of daily living. Homeless definitions can be found here: https://files.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf

MEDICATION STORAGE

Shelter providers will establish policies regarding the storage of participants' medication. The policy will address the storage and refrigeration of medication. Shelters will provide locked storage of medications for clients. The shelter provider will not administer or dispense medication. Shelter participants are expected to manage their medications without any assistance from staff. If a participant abuses their medication to the point of endangering themselves or others, they may be exited from the shelter.

GRIEVANCE PROCEDURE

Shelter operators will develop their own policies and procedures for participant grievances. Grievances include: appeals of decisions that impact shelter participants (exits, extensions etc.) and grievances of shelter 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 posted in the shelter and staff will make grievance forms available to clients upon request. Clients should be informed of how their grievance will be handled and will be given a timeframe for 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 allow them to better access shelter services. Shelter operators must develop their own reasonable accommodation policies and this policy will be clearly communicated to shelter participants upon entry.

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.

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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.

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 Department of Health Services Ending Homelessness team 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 Sonoma County Department of Health Services Ending Homelessness Team 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. See Record Keeping section below for more information.

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.

RE-EVALUATIONS

RRH providers must reevaluate a program participant's eligibility not less than once annually. At a minimum, each re-evaluation of eligibility must establish that;

- 1) The program participant does not have income that exceed the income limit for continued service. This limited is dependent on funding source. See below
 - a. ESG/CoC RRH: Program participant's income cannot exceed 30% AMI
 - b. ESG-CV: Program participant's income cannot exceed 50% AMI
- 2) The program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance.

RRH providers may require each program participant receiving RRH assistance to notify the RRH provider regarding changes in the program participant's income or other circumstances (*e.g.*, changes in household composition) that affect the program participant's need for assistance under ESG. When notified of a relevant change, the recipient or subrecipient must re-evaluate the program participant's eligibility and the amount and types of assistance the program participant needs.

For recording keeping requirements for re-evaluations, see "Record Retention and Storing" below.

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.

LEAD-BASED PAINT DISCLOSURE/HUD'S LEAD SAFE HOUSING RULE

LEAD-BASED PAINT DISCLOSURE

MONITORING

Lead-agency staff will monitor RRH projects for compliance with the Lead-Safe Housing Rule and Lead-based paint exposure. Participant files must contain documentation listed above to comply with HUD/EPA's lead-based paint disclosure requirements as well as evidence that the RRH provider has completed the HPRP lead screening worksheet.

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 RRH housing date. 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.

medical conditions; political activities or affiliations; military or veteran status; status as a victim of domestic violence, assault, or stalking; or any other federal, state or locally protected group.

Providers of the Continuum of Care are required to adhere to HUD's Equal Access Final Rule and HUD's Gender Identity Final Rule. Through the final rules, HUD ensures equal access to individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD). HUD's housing programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

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

[24 CFR 576.409](#) is the regulatory body for VAWA protections. VAWA protections apply to RRH participants.

HMIS COMPARABLE DATABASE

Domestic violence service providers (VSPs) are prohibited from maintaining participant data in the CoC's HMIS; instead, they are required to maintain participant data in an HMIS comparable database.

PROHIBITION ON RETALIATION

It is illegal for owners or managers of covered housing to discriminate against any person because that person has opposed any act or practice made unlawful by VAWA's housing provisions, or because that person testified, assisted, or participated in any related matter.

Additionally, it is illegal for an owner or manager of covered housing to coerce, intimidate, threaten, interfere with, or retaliate against any person who exercises or assists or encourages a person to exercise any rights or protections under VAWA's housing provisions.

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 INCOME

Program income is defined as “gross income earned by the RRH provider that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.” Additional information about what constitutes program income can be found in 2 CFR 1201.80.

Few activities funded by ESG can or are likely to generate program income. If an ESG subrecipient generates program income, it is most likely because the subrecipient paid for a security deposit under the homelessness prevention (ESG-HP) or rapid re-housing (ESG-RRH) components, and some or all of the security deposit was returned to the subrecipient. Program income can also be generated if the RRH provider is collecting rent on a unit that the RRH provider master-leases for less than what is collected in rent.

SPENDING PROGRAM INCOME

Program income must be spent:

- By the subrecipient organization that generates it
- On eligible costs within the component that generated it
- Within the contract year during which it was generated

For example: if Acme Corporation, a subrecipient organization, generates \$900 in program income from a returned security deposit under its ESG-RRH project in FY 2022, it must spend that \$900 on ESG-RRH eligible activities before the end of the FY 2022 contract performance period.

PROGRAM INCOME AS MATCH

Costs paid by program income shall count toward meeting the subrecipient’s matching requirements, provided the costs are eligible ESG costs that supplement the subrecipient’s ESG program.

RECORDKEEPING

RRH providers are required to maintain records of their receipt and use of program income. These records must be kept in accordance with the financial records requirements in 24 CFR 576.500(u). Program income must be tracked separately from grant funds to ensure subrecipients can demonstrate that program income was spent in accordance with this Policy

- 2) Intake worker observations
- 3) Self-certification

Records contained in an HMIS,

or comparable database used by victim service providers or legal service providers are acceptable evidence of third-party documentation. Where third-party documentation is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence will be maintained with the self-certification.

RECORD KEEPING: RE-EVALUATIONS AND INCOME CALCULATION

When determining annual income of an individual or family, the RRH provider must use the standard for calculating annual income under [24 CFR 5.609](#). The following documentation of annual income must be maintained:

- (1) Income evaluation form containing the minimum requirements specified by HUD and completed by RRH provider; and
- (2) Source documents for the assets held by the program participant and income received over the most recent period for which representative data is available before the date of the evaluation (*e.g.*, wage statement, unemployment compensation statement, public benefits statement, bank statement);
- (3) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available; or
- (4) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

RECORD KEEPING: LEASE UP DOCUMENTS

Each program participant file must contain the following lease-up documents;

- An executed, legally binding written lease or sublease and rental assistance agreement, which also addresses late payment requirements;
- Evidence that each program participant resides in a housing unit that has met, or passed, the ESG minimum habitability or alternative standards threshold; and

- Evidence of an analysis and documentation showing that ESG rental assistance was only provided to units for which the rent complied with HUD's standard of rent reasonableness and Fair-Market Rent.
- For CoC RRH programs, evidence of an analysis and documentation showing that CoC rental assistance was only provided to units for which the rent complied with HUD's standard of rent reasonableness.

RECORD KEEPING: LEAD-BASED PAINT REQUIREMENTS

Each program participant must contain the following documents

- Evidence that the program participant was provided with EPA's "Protect Your Family from Lead" pamphlet.
- Leases with adequate lead-based paint disclosure information.
- A copy of a completed HPRP Lead-Based Paint Screening worksheet. 23
- If analysis determines the presence of lead-based paint, evidence of further evaluation and stabilization efforts.

RECORD KEEPING: SERVICES PROVIDED & PAYMENTS MADE ON BEHALF OF PROGRAM PARTICIPANTS

In accordance with [24 CFR 576.500\(f\)\(1\)](#), RRH providers must maintain records for each program participant that document:

- The services and assistance provided to that program participant, including, as applicable, the security deposit, rental assistance, and utility payments made on behalf of the program participant.

RECORD KEEPING: EQUIPMENT

In accordance with [2 CFR 200.313](#), equipment must be used by the RRH provider in the program or project for which it was acquired as long as needed, whether or not the project or program continues to be supported by the Federal/State award, and the RRH provider must not encumber the property without prior approval of the awarding agency. The awarding agency may require the submission of the applicable common form for equipment. When no longer needed for the original program or project, the equipment may be used in other activities supported by the awarding agency, in the following order of priority:

- Activities under a Federal/State award from the Federal/State awarding agency which funded the original program or project, then
- Activities under Federal/State awards from other Federal/ awarding agencies. This includes consolidated equipment for information technology systems.

During the time that equipment is used on the project or program for which it was acquired, the RRH provider must also make equipment available for use on other projects or

programs currently or previously supported by the Federal Government, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by awarding agency that financed the equipment and second preference must be given to programs or projects under Federal awards from other Federal awarding agencies. Use for non-federally funded programs or projects is also permissible. User fees should be considered if appropriate.

Notwithstanding the encouragement in [§ 200.307](#) to earn program income, the RRH provider must not use equipment acquired with the Federal/State award to provide services for a fee that is less than private companies charge for equivalent services unless specifically authorized by Federal statute for as long as the Federal Government retains an interest in the equipment.

When acquiring replacement equipment, the RRH provider may use the equipment to be replaced as a trade-in or sell the property and use the proceeds to offset the cost of the replacement property.

MANAGEMENT REQUIREMENTS

Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a federal/state award, until disposition takes place will, as a minimum, meet the following requirements:

- (1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property, who holds title, the acquisition date, and cost of the property, percentage of Federal/State participation in the project costs for the Federal/State award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.
- (2) A physical inventory of the property must be taken, and the results reconciled with the property records at least once every two years.
- (3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.
- (4) Adequate maintenance procedures must be developed to keep the property in good condition.
- (5) If the RRH provider is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

DISPOSITION

When original or replacement equipment acquired under a Federal/State award is no longer needed for the original project or program or for other activities currently or previously supported by a Federal/State awarding agency, except as otherwise provided in Federal statutes, regulations, or Federal awarding agency disposition instructions, the RRH provider must request disposition instructions from the awarding agency if required by the terms and conditions of the Federal/State award. Disposition of the equipment will be made as follows, in accordance with Federal/State awarding agency disposition instructions:

- (1) Items of equipment with a current per unit fair market value of \$5,000 or less may be retained, sold or otherwise disposed of with no further responsibility to the Federal/State awarding agency.
- (2) Except as provided in [§ 200.312\(b\)](#), or if the Federal awarding agency fails to provide requested disposition instructions within 120 days, items of equipment with a current per-unit fair market value in excess of \$5,000 may be retained by the RRH provider or sold. The Federal/State awarding agency is entitled to an amount calculated by multiplying the current market value or proceeds from sale by the Federal/State awarding agency's percentage of participation in the cost of the original purchase. If the equipment is sold, the Federal/State awarding agency may permit the RRH provider to deduct and retain from the Federal share \$500 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.
- (3) The RRH provider may transfer title to the property to the Federal Government or to an eligible third party provided that, in such cases, the RRH provider must be entitled to compensation for its attributable percentage of the current fair market value of the property.
- (4) In cases where a RRH provider fails to take appropriate disposition actions, the Federal/State awarding agency may direct the RRH provider to take disposition actions.

RECORD KEEPING: SOURCE DOCUMENTATION

All financial costs must be documented in accordance with [2 CFR 200.403 \(g\)](#). RRH providers must keep documentation showing that program funds were spent on allowable costs in accordance with the requirements for eligible activities. All financial costs must show when the expense occurred, a prepared invoice or receipt and proof of payment.

For projects supported by multiple sources of funds, the project must include general ledgers that reflect revenue that was expensed by each funding source. If this is staff time, the general ledger must show how many hours the staff spent on each source. For all other expenses, the general ledger must reflect the percentage that the project was supported by each funding source.

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 Sonoma County Department of Health Services Ending Homelessness Team 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 [here](#). For assistance with this process, please contact the Sonoma County Department of Health Services Ending Homelessness Team .

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 Sonoma County Department of Health Services Ending Homelessness Team 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 Sonoma County Department of Health Services Ending Homelessness Team.

PROGRAM MONITORING

RRH providers can expect the Sonoma County Department of Health Services Ending Homelessness Team to monitor their program annually to ensure adherence to these standards.

In addition to monitoring by the Sonoma County Department of Health Services Ending Homelessness Team, 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 RAPID RE-HOUSING PROGRAM FILE CHECKLIST

This document lists all documents that are required for a rapid re-housing participant file. Some documents listed may not be applicable to all RRH participants. Please refer to the Sonoma County Rapid re-housing standards for exemptions that may apply. Each item references the page of the standards where more information can be found. Lead-agency staff recommends that RRH providers keep a copy of this list in participant files to assist in monitoring.

- Verification of eligibility for RRH assistance (homelessness status). Priority: 3rd party documentation, intake worker observations, self-certification. (standards pgs. 21-22)
- Individualized service plans which document the duration of assistance. (Standards pg. 8-9)
- Calculation of income at intake and re-evaluation including source documents used to calculate income and assets. (Standards pg. 22)
- Lease-up documents (standards pgs. 22-23)
 - an executed legally binding written lease containing VAWA requirements listed under 24 CFR Part 5, Subpart L or [lease addendum](#)
 - rental assistance agreement between the landlord and the RRH program
 - Evidence unit meets ESG minimum habitability standards.
 - Evidence of Rent reasonableness examination.
 - Evidence unit is within current Fair-market rent limits.
- Lead-based paint requirements (Standards pg. 23)
 - Evidence that the program participant was provided with EPA's "Protect Your Family from Lead" pamphlet.
 - Leases with adequate lead-based paint disclosure information.
 - A copy of a completed HPRP Lead-Based Paint Screening worksheet.
 - If analysis determines the presence of lead-based paint, evidence of further evaluation and stabilization efforts.
- Violence Against Women Act (VAWA) (standards pgs. 17-19):
 - Evidence that RRH participant was provided with "Notice of Occupancy Rights under the Violence Against Women Act"

- Evidence that RRH participant was provided with “Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation”
- Services provided and payments made on behalf of RRH participants (Standards pg. 23)
- Documentation related to equipment purchased with program funds. (standards pgs. 23-25)
- Variance requests (if applicable)
- Documentation of program transfer (if applicable)
- Documentation of emergency transfer plan (if applicable)
- Documentation of reasonable accommodations requested and granted (if applicable)
- Participant carry over form (if applicable)

DRAFT



Sonoma County Continuum of Care Coordinated Entry Advisory Committee Executive Summary

Item: 4. Coordinated Entry performance evaluation

Date: July 5, 2023

Staff Contact: Hunter Scott Hscott@homefirsatscc.org

Agenda Item Overview

Each quarter, HomeFirst conducts a performance evaluation survey. Below is a summary of the most recent CES performance report. HomeFirst will share a slide deck during the meeting with additional information.

Summary

From qualitative input session held on February 23rd, 2023:

- Positive: Feedback that operator staff are responsive and helpful in making connections between providers. CES forms have been updated and are better. Weekly case conference was cited as helpful and generating robust discussions. CES Training was praised.
- Needs improvement: TAY provider felt they could connect TAY they were already working with to their own housing faster in the old system; dynamic prioritization was discussed as a possible solution to ensure TAY providers are able better leverage existing connections. Once again there was conversation about changing the way TAY are prioritized equally to all available housing, though no immediate action items were identified. More “how to” guides and simplified processes specifically for HMIS were asked for.

From google forms survey about CE operations (responses summarized):

- Positive: List of access points is helpful to clients.
- Needs Improvement: Access points are not available regularly, and overall confusing system for clients – there should be a client facing interface so they aren’t reliant on Access Points. HMIS is extremely confusing for Access Points. Assessment questions are invasive. Encampment sweeps should not be the time for CE outreach.

Data Evaluation notable items for Q3:

- Access overall continues to improve: per week, assessments increased from 31 last quarter to 43 in Q3; the number of people active in CES increased or maintained in every subregion, with Sonoma Valley in particular increasing almost 300% from last quarter. Individuals and Families both increased the number of active people in CE. This is likely due to increased training and outreach/regional BNL coordination.
- Movement through the system is also speeding up: The average number of days between assessment and referrals has decreased from 257 days in Q1 to 205 in Q3; the average number of days between assessment and permanent housing decreased from 377 days in Q1 to 340 days in Q3.
- Overall, the system struggles with a 32% referral acceptance rate; while some programs with specific barriers are particularly high outliers, not being able to find participants or having participants deny



the offer due to other preferences is a common experience. Dynamic Prioritization will be started to be implemented next quarter with approval of the CoC Board to address this issue.

- People identifying as “unknown” in the race category increased significantly. Operator will provide training this quarter on demographics and shadow major access points to ensure consistent demographics interviewing for this and several other suspected demographics data quality issues.
- Females continue to exit to housing at much higher rates than men for reasons not fully explained by family status.
- Hispanic/Latinx people continue to experience a 7 percentage point disparity in referral acceptance rate, though each quarter has improved slightly.
- After recalculating Total Prioritization Score equity impact, one small but notable disparity was found for Hispanic/Latinx individuals accessing PSH.
- 63% of people in Coordinated Entry fall into the “middle range” of the Total Prioritization Score, which means they will likely receive no housing resource, and are more vulnerable than those in the RRH range receiving housing resources.

Recommendation

None. Information only



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

Item: 5. Coordinated Entry Self evaluation

Date: July 5, 2023

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

Agenda Item Overview

The Sonoma County Coordinated Entry (CE) policies and procedures state that the Coordinated Entry Advisory Committee (CEA) will complete HUD's CE self-assessment annually. This self-assessment is sometimes required for funding applications. There are seven sections to the self-assessment. Lead-agency and HomeFirst staff will guide the committee through several questions. Based on feedback received from the last meeting, lead agency staff has created a slide deck that will help you understand what each question. Each question will be listed and in red below is information on the local CE system that responds to it.

Recommendation

None. Information only