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**Sonoma County Homeless Coalition Coordinated Entry Committee  
Agenda for September 4, 2024  
12:00pm-1:30pm Pacific Time**

**Zoom link:**

<https://sonomacounty.zoom.us/j/92281657937?pwd=SW42V2tOcHdlY0o5OStQNfK3WUY4UT09>

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
1.	Welcome, Roll Call and Introductions		Committee Chair	12:00pm
2.	Approval of agenda and minutes (Action item)	1,2	Committee Chair	12:05pm
3.	Changes to Rapid Rehousing and Permanent Supportive Housing standards (Action item)	3	Lead Agency staff	12:10pm
4.	CE Assessment and Prioritization redesign discussion: Use of Rapid Rehousing (Action Item)	4	Lead Agency staff	12:40pm
5.	Coordinated Entry Quarterly performance evaluation	5	HomeFirst Staff	1:00pm
6.	Public Comment on non-agenized 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](mailto: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 Committee Chair based on agenda scheduling demands and total number of speakers.*



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## Sonoma County Homeless Coalition Coordinated Entry Advisory Committee (CEA)

August 7<sup>th</sup>, 2024, 12:00pm. – 1:30pm.

Recording: [https://sonomacounty.zoom.us/rec/share/PYZDFFL\\_kQL6ohlVSmYtOHgK7gcrxp1dJosqwM8EPjk-djBKBv2X7USSwbS6O7ru.iY9bsSc-STInEHOR](https://sonomacounty.zoom.us/rec/share/PYZDFFL_kQL6ohlVSmYtOHgK7gcrxp1dJosqwM8EPjk-djBKBv2X7USSwbS6O7ru.iY9bsSc-STInEHOR)

Passcode: jJ53zEd?

1. **Welcome, Roll Call and Introductions:** Committee Chair Matthew Verscheure called the meeting to order; Thai Hilton, Coordinated Entry Coordinator, went over Zoom rules around public comment and Brown Act guidelines.

**Roll Call:**

**Present:** Matthew Verscheure, Emily Quig, Staci Questoni (proxy for Robin Phoenix), Sasha Brown, Kathleen Pozzi, Kate Mather, Sarah Vetter, Ben Leroi, Arcelia Zavala, Chessy Ethridge, Margaret Sluyk

**Absent:** Lauren Taylor, Justin Milligan, Nathan Somersall, Karla McLaren

2. **Approval of Minutes and Agenda:** Emily Quig motions to approve, Margaret Sluyk seconds.

**Public Comment:** None

**Vote:**

**Objections/abstentions:** No Objections/abstentions

3. **Assessment and Prioritization redesign update:**

Thai Hilton presents the Assessment and Prioritization redesign working group's progress. The group has decided to make 4 referral groups and decided on prioritization factors for these groups. The group then analyzed questions within those factors to identify questions that had a clear association between an affirmative answer and an inability to self-resolve.

The committee asked for examples of questions that were and weren't selected to better understand the process. Committee members also asked about how justice-involved individuals are prioritized. The information presented only related to Permanent Supportive Housing projects not Rapid Rehousing (RRH) programs. Staff asked for feedback on how RRH should be prioritized. There are different models for RRH, some that prioritize chronically homeless and some that prioritize



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lower acuity individuals. The committee requested staff prepare a pro and con analysis of RRH program models and to have it agendaized for the September meeting.

**Public Comment:** None

**4. Changes to Coordinated Entry Policies and Procedures:**

HomeFirst staff presents on the changes to the policies. Changes relate to project-based voucher projects that currently use their own waitlists. Some of the projects don't provide supportive services as they weren't designed to be supportive housing. The changes allowed for additional referrals to projects without supportive services.

Ben Leroi motions to approve the changes, Kathleen Pozzi seconds

**Public Comment:** None

**Vote:**

**Objections/abstentions:** No Objections/abstentions

**5. Scoring range for PBV project**

HomeFirst staff provides information that a new project-based voucher project will be using a scoring range of 4 and below on the total prioritization score.

No action. This was an informational item.

**Public Comment:** None

**6. Public Comment on non-agendaized items: None**



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**Sonoma County Homeless Coalition Coordinated Entry Advisory Committee  
Executive Summary**

**Item:** 3. Changes to Rapid Rehousing and Permanent Supportive Housing Program standards

**Date:** September 4, 2024

**Staff Contact:** Thai Hilton [thai.hilton@sonoma-county.org](mailto:thai.hilton@sonoma-county.org)

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Agenda Item Overview

Staff has prepared several changes/additions to the Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) standards. The changes include an update the Emergency Transfer Plan, absences from units and the size of units. The changes are discussed in more detail below. Below each description is the text of the proposed policy.

**Emergency Transfer Plan (ETP)**

An ETP is a component of the Violence Against Women Act (VAWA). It provides HUD-assisted households in PSH and RRH with remedies if they are victims of domestic violence, dating violence, sexual assault, or stalking. The current ETP is vague and doesn't provide housing providers with enough detail to comply. The ETP was developed with technical assistance from VAWA experts.

The ETP provides a way for individuals in RRH and PSH programs to transfer their assistance to another, safe unit. ETPs receive the upmost priority over all other housing referrals and transfers. If an individual in an assisted household is the victim of domestic violence, dating violence, sexual assault, or stalking requests a transfer, the housing provider must facilitate the transfer regardless of whether the client is in good standing with their landlord. The policy covers applicability, eligibility, how to request a transfer, documentation, confidentiality, types of transfers, reporting, and lease bifurcation.

An important component of the ETP is that the individual who is the victim of domestic violence, dating violence, sexual assault, or stalking, is able to identify what they believe is a safe unit. This unit may be outside Sonoma County. If an individual requests a unit outside of Sonoma County, the lead agency, in coordination with the housing provider, will assist in requesting the transfer to another jurisdiction however, the jurisdiction that the individual is requesting to transfer to is not required to prioritize the individual for housing.



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**Decision point:** If an individual from outside Sonoma County requests to transfer into Sonoma County, the Coalition is not required to approve the transfer. The draft policy has 3 options to consider, all of which are permissible.

- 1) The Sonoma County Homeless Coalition could choose not to prioritize the individual for housing. However, if the individual has tenant-based assistance, the individual could use that assistance in Sonoma County, but the Coalition would not provide the individual with housing location services or administer the rental assistance. This would be the responsibility of the originating CoC.
- 2) The Sonoma County Homeless Coalition could choose to accept transfers from outside of Sonoma County and place them into PSH and RRH in the community. The originating jurisdiction would be required to transmit all eligibility documentation before referring the individual to PSH or RRH.
- 3) The CEA committee could consider transfer requests on a case-by-case basis. Due to confidentiality, the CEA would not receive any information about the household requesting the transfer.

**Decision point:** To be eligible for an ETP, a victim of sexual assault who reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying is required to request the transfer within 90 days of the sexual assault. 90 days is the minimum regulatory requirement. Communities can choose to extend this period of time beyond 90 days.

### **Recommendation:**

Staff recommends choosing option 2 for external transfers. This option would provide placement for individuals seeking to move to Sonoma County to find safe housing. Staff recommends this because it is in the best interest of the client.

Staff recommends extending the 90-day reporting period for victims of sexual assault to 180 or 365 days to provide the victim more time to report the assault.

### **Proposed policy language**

REMEDIES AVAILABLE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING: EMERGENCY TRANSFER PLAN

BACKGROUND



## SONOMA COUNTY HOMELESS COALITION

The following policies and procedures are intended to ensure that Sonoma County Homeless Coalition-funded housing program clients, who are victims of domestic violence, dating violence, sexual assault, and stalking who are at imminent risk of further harm, have a process to transfer from their existing housing unit to a new, safe housing unit. Requests for emergency transfers should be treated with the utmost urgency. Providers will reduce barriers to requesting these transfers and will communicate these policies to clients in their programs. This plan identifies clients who are eligible for an emergency transfer, how clients can request an emergency transfer, confidentiality protections related to transfers, the specific steps that providers are required to take to facilitate an emergency transfer, and guidance to clients on safety and security. Sonoma County Homeless Coalition providers will inform the Department of Health Services' Homelessness Services Team, (hereafter "Lead Agency") when they receive transfer requests, whether they can/have facilitated an internal transfer and whether they need to seek an external transfer. Sonoma County Homeless Coalition providers are encouraged to contact the Lead Agency with questions or concerns. Housing providers will provide reasonable accommodations to this policy for individuals with disabilities.

### APPLICABILITY

These policies cover all projects with housing assistance (leasing and rental assistance) activities funded by, or under the purview of, the Sonoma County Homeless Coalition. These policies apply regardless of the type of funding (federal, state, local), (hereafter referred to as "Sonoma covered projects").:

### ELIGIBILITY

A client receiving rental assistance through, or residing in a unit subsidized by, the Sonoma County Homeless Coalition who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:

(i) The client expressly requests the transfer; and

(ii)

(A) The client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or

(B) In the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or



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the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer. A client requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Requests may be made verbally, but clients are encouraged to make the request in writing if reasonable. Housing providers cannot require requests to be in writing and cannot require clients to be in good standing to qualify for an emergency transfer.

### REQUESTING AN EMERGENCY TRANSFER

To request an emergency transfer, the client shall submit either a verbal or written request to any representative of their housing provider. The housing provider may request additional documentation of the occurrence for which the client is requesting an emergency transfer; however, the provider is not required to request documentation, and is encouraged to refrain from doing so except when there the provider receives substantively conflicting or inconsistent information. The client's request should include either:

1. A statement expressing that the client reasonably believes that there is a threat of imminent harm from further violence if the client were to remain in the same dwelling unit assisted under the Sonoma covered project; OR
2. A statement that the client was a sexual assault victim and that the sexual assault occurred on the premises during the 365-calendar-day period preceding the client's request for an emergency transfer.

Housing providers must approve emergency transfer requests from any client who submits a request and who meets criteria (1) or (2), above.

### DOCUMENTATION AND RECORDKEEPING

Housing providers will maintain documentation of emergency transfers requests, either the written request completed by the client, or log of the time and date of the request, if the request was made verbally. Housing providers will maintain logs of steps taken to facilitate and internal transfer which include time frames. Housing providers will maintain logs of the outcome of those requests in client files. Housing providers will inform the Lead Agency when they receive a request within 3 working days so the Lead Agency can assist with the transfer and monitor for compliance with these policies.

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



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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 as required.

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.

### CONFIDENTIALITY

With the exception of the reporting requirements in this policy, the housing provider will keep confidential any information that the client submits in requesting an emergency transfer, and information about the emergency transfer, unless the client gives the housing provider time-limited written permission to release the information, or disclosure is required by law, or disclosure is required for use in an eviction proceeding or hearing regarding termination of assistance from Sonoma covered project. This includes keeping confidential the location of the dwelling unit of the client from the person(s) that committed the act(s) of domestic violence, dating violence, sexual assault, or stalking against the client. See the Notice of Occupancy Rights under the Violence Against Women Act For All Clients for more information about the provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, and stalking.

### TYPES OF TRANSFERS

Internal emergency transfer refers to an emergency relocation of a client to another unit where the client would not be categorized as a new applicant; that is, the client may reside in the new unit without having to undergo an application process.

External emergency transfer refers to an emergency relocation of a client to another unit where the client would be categorized as a new applicant; that is the client must undergo an application process in order to reside in the new unit.

### SAFE UNIT

A safe unit is defined as a unit that the victim of domestic violence, dating violence, sexual assault, or stalking deems is safe. [emphasis added] This unit may be outside the jurisdiction of Sonoma County.





## 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.

If an internal transfer is available, the housing provider must allow the client to accept and complete the transfer. (If there are multiple clients requesting an internal transfer to the same unit, the housing provider must follow its internal policies and procedures to determine which client shall receive priority.) If an internal transfer is not immediately available, program staff will inform the client that they have the following options:

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.

Clients may pursue some, all, or none of the above options, may pursue multiple options at the same time, and may change which options they wish to pursue at any time.

## EXTERNAL TRANSFER

If a client requests an emergency transfer and an internal transfer is not immediately available, the housing provider must offer the client an external transfer. External transfer clients have priority over all other applicants for Sonoma County Homeless Coalition funded housing assistance, provided the household meets all eligibility criteria required by the destination program and its funder(s).

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 client is not required to accept a transfer option. They can elect to wait for a different option. The household retains their original homeless status for purposes of the transfer. In this case, the client would be categorized as a new applicant; that is the client must undergo the CE referral process and any applications



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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.

### TRANSFERS OUTSIDE SONOMA COUNTY

#### Incoming transfers Option 1:

The Sonoma County Homeless Coalition will not prioritize any individual requesting a transfer from another community for housing. Individuals with tenant-based assistance from another CoC's jurisdiction may use their assistance Sonoma County. In these cases, the supportive service agency from the originating jurisdiction is responsible for all aspects of the program operations, including all leasing and supportive service activities. The Sonoma County Homeless Coalition will not enroll the individual in a Sonoma covered program.

#### Incoming transfers Option 2:

The Sonoma County Homeless Coalition will accept transfers requests from victims of domestic violence, dating violence, sexual assault or stalking who reside in another jurisdiction. If the Lead Agency receives a request, they will provide the same priority and emergency transfer services described in this policy. The other jurisdiction will provide all eligibility documentation at the time of the transfer request. The Sonoma County Homeless Coalition may delay a transfer request if eligibility documentation is not provided by the originating jurisdiction.

#### Incoming transfers: Option 3:

The Sonoma County Homeless Coalition's Coordinated Entry Advisory Committee (CEA) will consider transfers from other communities on a case-by-case basis and can approve or deny a transfer request. The CEA committee can elect to accept the transfer and provide priority for the next available option, allow tenant-based assistance to be administered in Sonoma County's jurisdiction with the support from the originating jurisdiction's housing program or deny the transfer request. The CEA will not be provided any identifiable information and will only consider the nature of the request and the availability of supportive housing in the community. The lead agency will inform the participant of the decision. If the individual requesting a transfer is denied, they can request an appeal. This must be made in writing within 30 days of the decision.

### OUTGOING TRANSFERS

If a victim of domestic violence, dating violence, sexual assault, or stalking requests a transfer outside Sonoma County's jurisdiction, the Lead Agency will contact the Coordinated Entry lead in the receiving jurisdiction to coordinate this transfer. The Lead Agency cannot



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impose any enhanced priority and these transfers will follow the receiving jurisdiction's ETP process. The housing provider in Sonoma County will provide all eligibility documentation to the receiving jurisdiction's CE lead and housing provider.

### CONTINUITY OF SERVICES

Housing providers will maintain supportive services during an emergency transfer. If a participant in a tenant-based rental assistance program needs an emergency transfer, the housing provider will assist the client in locating more suitable housing as quickly as possible through housing location services. 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.

The housing provider will continue to assist the client until the client is able to secure alternate housing. The provider should bring the situation to the Lead Agency team and the CE operator for assistance with an external transfer.

### EMERGENCY TRANSFER PRIORITY

Where the client requests an internal emergency transfer, the program shall take steps to immediately transfer the client to a safe unit if a unit is available or assist the client in locating more suitable housing. If an external program transfer is required, the participant shall be prioritized over all other referrals for the next available housing opportunity within the same program model, provided the participant meets all eligibility criteria. The participant shall retain their original homeless status for purposes of the transfer.

### LEASE BIFURCATION

A project owner may bifurcate a lease in order to evict or terminate assistance to a client or occupant who commits acts of violence against family members or others. The abuser or offender may be evicted while preserving the rights of the survivor. Sonoma covered project providers may choose to continue to serve the offender with other resources to avoid homelessness.

If the offender is the qualifying household member, the remaining household members must have the opportunity to demonstrate eligibility to remain in the project permanently. If they cannot establish eligibility, the remaining household members must be allowed to remain in the housing until the end of the lease. The housing or supportive service provider must assist the remaining household members to find alternate housing at the end of the lease.

### RESOURCES/HOTLINES



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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

## TRAINING

Housing providers shall train their staff on this policy. All staff that work in a housing program shall receive this training as part of their initial training and annually. The Lead Agency has created trainings that can be used. Additionally, the lead agency and the Coordinated Entry operator shall offer this training to providers at least annually. The lead agency encourages providers to contact them for technical assistance if they have questions.

## INFORMING PARTICIPANTS OF THEIR RIGHTS

Housing and supportive service providers shall inform clients of their rights under this policy upon intake into their programs. Housing and supportive service providers shall post flyers in their offices and in common spaces of assisted project-based units of this policy.

## COSTS ASSOCIATED WITH ETPS

Sonoma County Homeless Coalition providers can include a budget line item for facilitating and ensuing compliance with these policies. Examples of eligible costs for emergency transfer facilitation include the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer which includes:

- Assistance with moving costs. Reasonable moving costs to move survivors for an emergency transfer.
- Assistance with travel costs. Reasonable travel costs for survivors and their families to travel for an emergency transfer.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe units the survivor is transferring to via an emergency transfer.
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.



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- Housing Fees. Fees associated with getting survivor into a safe unit via emergency transfer, includes but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case management. Grant funds can be used to pay staff time necessary to assess, coordinate and implement emergency transfers.
- Housing navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfers.
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone and internet service when necessary to support security systems for the unit, etc.

Examples of eligible costs for monitoring compliance with the VAWA confidentiality requirements include the costs of ensuring compliance with the VAWA confidentiality requirements which includes:

- Monitoring and evaluating compliance with VAWA confidentiality requirements.
- Developing and implementing strategies for corrective actions and remedies.
- Program evaluation of confidentiality policies, practices and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to Collaborative Applicant, HUD and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to confidentiality requirements.

### PROCEDURE/WORKFLOW

#### INTAKE

At intake and annually, client is informed of their rights under VAWA including the ability to request emergency transfers and lease provisions that are afforded to them under VAWA. The client is provided this information in writing.

#### EMERGENCY TRANSFER REQUEST

A client can request a transfer if they reasonably believe there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or



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In the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer. A client requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Upon receipt of the verbal or written request, the Sonoma Covered project will contact the lead agency and inform them of the request within 3 business days. The Sonoma Covered project will acknowledge receipt of the request to the client within 3 business days. The Sonoma Covered project will inform the client of their ability/inability to provide an internal transfer within 5 business days of receipt of the request.

#### FACILITATING TRANSFER

- 1) Sonoma Covered project receives report, verbal or written, that a client residing in a covered project believe there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or in the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer.
- 2) Within 3 business days, Sonoma Covered project staff acknowledge receipt of request and inform the client that they are eligible to transfer their assistance to a safe unit. Safe unit is defined by the participant requesting the transfer.
- 3) Within 3 business days, the Sonoma Covered project contacts lead agency to inform them of the request.
- 4) Within 5 business days of receiving the request, Sonoma Covered project staff inform the client requesting the transfer of their ability/inability to complete an internal transfer. If an internal transfer is not immediately available, staff inform the client that they can;
  - a. Wait for a safe unit to become available for an internal transfer,
  - b. Offer placement into a different project type if housing is not available (internal emergency shelter for example),
  - c. Request an external emergency transfer, and/or



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- d. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

Clients may pursue some, all, or none of the above options, may pursue multiple options at the same time, and may change which options they wish to pursue at any time.

- 5) Sonoma Covered project staff connects client to local victims' services providers (YWCA, Family Justice Center, Verity) to discuss any additional resources available for additional placements and resources.
- 6) If client requests an external transfer within Sonoma County, the Sonoma Covered project staff will inform the lead agency and the Coordinated Entry (CE) Operator of the request. The client will be given absolute priority over all other referrals. The Coordinated Entry operator will inform the covered project of the housing options that are available. If a project opening has specific eligibility criteria, the CE operator will coordinate with the Sonoma Covered project staff to see if the individual requesting the transfer meets the project's eligibility criteria.
- 7) When an external transfer is available, the CE operator will inform the Sonoma Covered project of the opening. The client can elect to take one of the available options or wait for another option. If the client elects to wait for another option, they maintain absolute priority for all future openings. The Coordinated Entry operator will inform the Sonoma Covered project staff of upcoming housing opportunities before they are presented at case conferencing. If/When the client selects a project, the CE operator will immediately make the referral to the project. The CE operator will inform the housing program receiving the referral of the special nature of the referral and that it will not be made in case conferencing. The CE operator will not share any information about the referral with the case conferencing group.
- 8) If the client requests a transfer outside Sonoma County, the Sonoma Covered project will inform the lead agency of the request and the jurisdiction the client is requesting a transfer to within 3 business days. The lead agency will contact the new jurisdiction to see if that jurisdiction will prioritize transfer requests from outside their jurisdiction. If the transfer is possible, the lead agency, in coordination with the Sonoma Covered project provider requesting the transfer, will facilitate completing the transfer. If the jurisdiction will not prioritize the individual for placement, the Sonoma Covered project requesting the transfer will inform the client. The client can decide to seek any of the transfer options listed in number 4 of this procedure.



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- 9) If/When a transfer option is selected, the Sonoma Covered project that requested the transfer request will provide a “warm handoff” to the new project.
  
  - 10) The Sonoma Covered project will inform the lead agency when the transfer is complete.
- End.





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### **Absences from units**

This policy covers the process for addressing clients who are absent from assisted units. We do not currently have a policy to address these situations and some providers have requested guidance.

Any individual who is absent from their unit for 30 consecutive days, is considered absent. Rental assistance payments on behalf of the participant are limited to 30 days after the participant has exited the assisted unit. However, if an individual is absent from the unit due to an institutional stay (hospital stay, skilled nursing, jail etc.) for fewer than 90 days, they are not considered absent. The policy covers specific situations where an individual is considered absent and what how to address household members who remain in an assisted unit if the qualifying member is permanently absent. This policy doesn't apply to units where the rental assistance is subsidized by a public housing authority as they have their own absence from the unit policies.

**Recommendation:** Approve the addition of this policy.

### **Proposed policy language**

#### ABSENCE FROM UNIT

Any member of the assisted household will be considered permanently absent if they are away from the unit for 30 or more consecutive days except as otherwise provided in this section. If the project is supported by project-based vouchers through a Housing Authority, the project will report the absence to the Housing Authority and will follow their absence from the unit policy. Otherwise, providers will refer to the following policies.

Rental assistance payments on behalf of the program participant are limited to 30 days after the participant has exited the project unless the participant is not considered absent under the policies below. In the event that a participant is absent due to institutionalization the participant must continue paying their rental portion and any utilities they are responsible for during the absence. Rental assistance payments cannot exceed 90 days from the date the individual vacated the unit.

In the event an adult household member is considered permanently absent, the housing provider will conduct a reexamination of the household's income and rental payment. The income, assets and allowances of any adult household members who is no longer part of the family will not be counted towards the household's rental payment.

#### ABSENCE DUE TO INSTITUTIONALIZATION



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If an assisted household member is staying in an institution (jail, hospital, skilled nursing facility etc.) for less than 90 days, they are not considered absent.

### ABSENCES DUE TO MEDICAL REASONS

If any family member leaves the household to enter a facility such as hospital, nursing home, or rehabilitation center, the housing provider will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less 90 consecutive days, the family member may not be considered permanently absent.

### ABSENCES DUE TO INCARCERATION

If an individual is absent from the unit for more than 90 days due to incarceration, they are considered permanently absent.

### ABSENCE WHILE SEARCHING FOR HOUSING

This applies to only tenant-based interventions. If the participant is temporarily staying with family or friends while they are looking for permanent housing, and have been determined to be eligible for assistance, they are not considered absent.

### ABSENCES BEYOND 90 DAYS

In the event a client is absent from a unit beyond 90 days, housing providers will turn over the unit and fill the vacancy with another eligible household. In these cases, the housing provider will leave the client enrolled in the project in HMIS for the duration of the absence. The housing provider would then be permitted to re-house the client in a new unit when they exit the institution. If the participant remains absent after 180 consecutive days, the project will exit the client from the project in HMIS.

### REMAINING HOUSEHOLD MEMBERS

Surviving/remaining members of a household that has lost the qualifying household member due to long-term incarceration, death, or long-term institutionalization have the right to rental assistance until the end of the lease.

### LEASE BIFURCATION OR EVICTION AS A RESULT OF DOMESTIC VIOLENCE

For permanent supportive housing projects, members of any household who were living in a unit assisted under this part at the time of a qualifying member's eviction from the unit



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because the qualifying member was found to have engaged in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's eviction.

End.



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### **Unit Size**

This policy covers tenant-based PSH and RRH. It provides guidance on how to determine the appropriate size of a unit. The policy follows HUD's guidance on unit size. It provides one bedroom or living/sleeping room for each 2 persons in the household.

**Recommendation:** Approve the addition of the policy.

### **Proposed policy language**

All units must be an appropriate size for the household. The unit must have at least one bedroom or living/sleeping room for each two persons in the household. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living room/sleeping room. If household composition changed during the term of assistance, providers may relocate the household to a more appropriately sized unit.

End.



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**Sonoma County Homeless Coalition Coordinated Entry Advisory Committee  
Executive Summary**

**Item:** 4. CE Assessment and Prioritization redesign discussion: Use of Rapid Rehousing (Action Item)

**Date:** September 4, 2024

**Staff Contact:** Thai Hilton [thai.hilton@sonoma-county.org](mailto:thai.hilton@sonoma-county.org)

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Agenda Item Overview

In the last meeting, the prioritization of Rapid Rehousing (RRH) was discussed. This committee needs to make a recommendation to the Coalition board on how to prioritize future RRH referrals. This committee could decide to direct RRH referrals at lower acuity individuals, as is the current practice or direct them at higher acuity individuals as is the practice in some communities and is a HUD recommendation. This committee requested staff to prepare a pro/con analysis of the approaches. Below is the analysis. Staff will present this in the meeting and is looking for a recommendation to take to the Coalition board.



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## Introduction

The Assessment and Prioritization redesign working group is nearing completion of redesigning the Permanent Supportive Housing (PSH) prioritization and assessment process. The next step is to consider what to do with Rapid Rehousing (RRH) interventions. Some communities use RRH as a bridge to PSH for chronically homeless individuals. These communities quickly house and stabilize chronically homeless in RRH units and transfer them to PSH subsidies within 2 years. In our community, we use RRH as a lower-level intervention for people who have lower service needs. Currently, due to nuances in how our scoring range was modified in 2020, RRH programs serve a much lower vulnerability group than other communities who still use the traditional VI-SPDAT scoring range. Current scores for RRH are 8 and below; if compared to other communities who have used the VI-SPDAT RRH range, we would be using scores of 18 and below.

One important exception is TAY RRH, which is referred to the highest vulnerability TAY in the system. Currently this consists only of TLC's RRH program, as the other TAY-dedicated RRH program was with SAY. TLC has been successfully working with higher vulnerability TAY and has transferred/bridged 3 clients to PSH through progressive engagement.

The CEA committee and the CoC board need to provide direction on how RRH resources will be prioritized. The following is a pro/con analysis of the approaches.

## Pros

### Strategic plan/ Built for Zero initiative

One of the high priorities in the Coalition's strategic plan is to "prioritize and fund interventions that are most likely to reduce chronic homelessness... (pg. 26)". Directing RRH resources to chronically homeless would add additional beds to the system of care to address the chronically homeless. The 2024 Housing Inventory Count (HIC) showed that there were 362 RRH beds in use on the night of the count. This does not represent all the RRH resources in the community only those beds that were filled. Several RRH providers left unspent funds during the last fiscal year. Therefore, there could be more RRH beds if all the programs were at capacity.

Sonoma County is a Built For Zero (BFZ) community. The lead agency receives technical assistance through the BFZ initiative. In BFZ communities identify a focus population. Chronic homelessness is the focal population of Sonoma County's BFZ work.

### HUD recommendation

HUD recommends that communities leverage their RRH resources to address chronic homelessness.



### Emerging Practice

Some communities across the country have now reprioritized RRH to chronic homeless populations successfully based on HUD's recommendations.

### **Align Housing Resources to Need**

Less vulnerable populations, which our current RRH resources are targeted towards, are more likely to be able to resolve their own homelessness including finding one time assistance from family, friends, and other resources. Higher vulnerability populations are less likely to identify their own housing pathway. Redirecting housing resources aligns the housing resources with the population least likely to resolve their own homelessness.

### Increase housing diversity

Most of the housing interventions offered through our CE system is project-based housing. Project-based housing means that the unit is at a specific site. There is nothing wrong with project-based interventions but an overreliance on these interventions means there is very little choice for people exiting homelessness. Additionally, an overreliance on project-based interventions makes it difficult to increase housing stock. Unless a new project comes online, housing stock stagnates, and the community is reliant on turnover in the units to house new people.

Some RRH interventions are tenant based. The programs locate units in the community. This approach means that the housing stock is not limited to a fixed number of units but can grow along with funding. These units also don't require acquisition, development and on-going maintenance.

### **Reduce Homeless Deaths**

The population experiencing Chronic Homelessness is much more likely to pass away on the street than less vulnerable populations. Redirecting housing resources to this population will likely reduce yearly homeless deaths overall.

### **Cheaper alternative than more investment in PSH**

It should be noted that not all people experiencing chronic homelessness receiving RRH would need to transfer to PSH; using the "Progressive Engagement" model, some portion of even some higher acuity people may be able to stabilize and take on their own lease after a year or two of being housed. PSH growth in our community is limited and very expensive. By redirecting RRH to PSH levels, we are able to expand the population of people experiencing Chronic Homelessness being housed at a bigger rate than an equivalent investment in PSH. This is because while many of the people served would eventually require PSH transfers, others will be able to graduate without further homeless services interventions successfully.



## Cons

### Fewer interventions for literally homeless

If this model was implemented, it would force the community to prioritize people in RRH whose subsidy was expiring because we wouldn't want to exit people to homelessness who were already housed. Depending on the success of housing these individuals in the community, this could command a significant portion of the PSH interventions. This would mean fewer interventions for people who are literally homeless on the streets.

### Misalignment of project models

As previously mentioned, our PSH interventions are mostly project-based while a significant portion of our RRH programs are tenant based. It may be difficult to transfer someone from a tenant-based unit in the community to a less appealing project-based unit. In some cases, PSH interventions are shared housing making the prospect of transferring even less appealing.

### Family interventions

The system has very few PSH interventions for families or households that need more than 1 room. Until there are PSH interventions available for larger households, the RRH bridge model would not work as there would be no PSH interventions to transfer them to. Currently, RRH is one of the only interventions that can serve families with minor children. If we move to this model without PSH that can support families with children, there will be almost no interventions for families at all.

### Other considerations

Chronically homeless individuals have much higher service needs. Current RRH funding would not support chronically homeless individuals unless funding was reduced and/or the number of individuals served was significantly reduced. Significantly increasing RRH funding would take away funding from other interventions. At this time, staff does not know how much additional funding per client served would be needed to meet this model. Another consideration is staff training – while this isn't a "con", RRH providers may need additional support in the form of training to uplevel their services to align with a higher vulnerability population.

One option to support redesign would be to significantly reduce the number of households RRH providers are expected to serve, which allow them to spend more money per person for a more vulnerable population. One path to counteract this loss of overall people served would be to reduce overall RRH contracts to 1 or 2 "super" RRH contracts for the whole community. Such a change would reduce the overhead spent by each separate provider, as well as the costs required to monitor so many projects. These cost savings could then be applied to direct assistance portions of fewer contracts to support increasing the numbers served, and dollars spent per client. This consolidation would also allow one provider to specialize in the services required for a higher vulnerability population, therefore improving outcomes and reducing the system-wide training requirements mentioned above.

In addition, HUD recommendations regarding redirecting RRH resources to higher vulnerability populations include robust investment of time and resources into a diversion/housing problem solving system to support





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those at the lower end of the acuity scale. Currently Housing Problem Solving is a required part of the Coordinated Entry Assessment and the CE Operator provides in-depth Housing Problem Solving trainings every six months but there is no tracking system to evaluate effectiveness and CE staff impressions are that more support would be needed to consider this an effective intervention. In addition we have no system-wide diversion fund. It should be noted that several studies have shown that diversion funds are supportive but not essential in developing successful diversion/housing problem solving systems. Large scale redirection of RRH to higher vulnerability populations would need to be paired with at the very least an intentional culture shift in our system to prioritize diversion/housing problem solving as a legitimate intervention, and ideally development of a small system-wide diversion fund.

HUD recommends developing RRH to support a range of intensity and duration options; meaning, Sonoma County could elect to pilot some RRH towards a higher vulnerability group while leaving others to support a lower range of acuity.

One final consideration is that this decision is more than one of policy, it also involves a values judgement. Does the Coalition want to serve only those who are chronically homeless or does the Coalition also want to provide interventions to those who may not need permanent supportive housing? Arguments could be made for both sides. If the Coalition decides to prioritize all of its housing resources for chronically homeless, they should be transparent with individuals seeking assistance and tell them when there is no intervention available to them through the Coalition.

### Conclusion

Given the state of our PSH options, it would be hard to make this transition at this time. If CEA and the board wish to explore this model further, staff suggests that RRH funding be reconsidered. Current funding levels would not support the model. The Coalition would have to increase funding or significantly reduce the number of individuals served. Additionally, more PSH options would need to be in place. Staff does not support this model for families as they require more than 1 bedroom. There is not enough tenant-based PSH to be able to successfully bridge families to PSH.

### Recommendation

Since the required changes to PSH and RRH interventions would take time, staff recommends directing the Assessment and Prioritization Redesign working group to develop a prioritization process for lower acuity individuals until there is a transition plan, funding and a diverse housing stock that could support the model. If the Coalition is interested in exploring this option now, staff recommends creating a working group to begin identifying action steps needed to make this model work and soliciting a proposal for an agency to pilot this approach.



## Feedback from Providers

Staff has received feedback below from RRH providers and the Assessment and Prioritization redesign working group.

### COTS

We are in favor of opening up RRH for people and households with greater vulnerabilities and low prospect of increasing their income, but only if additional items are addressed.

- Highest Priority - Either the number of households served would need to be materially lower (to allow providers to actually cover 24 months of coverage for highly-vulnerable households) OR the amount supporting RRH in the County would need to be materially increased to account for the increased cost of serving these households. If the same number of households is expected, then the direct financial assistance, and staffing expenses would both need to increase.
  - This would need to be communicated to providers ahead of time, not during the same cycle in which we are applying. We will have many households enrolled with support offered in overlapping cycles. Planning for these higher expenses would be ultra helpful in developing strong programs to support this change, including analyzing whether providers need additional staff, and whether there would be extra “overlap” funding between cycles to account for households already enrolled.
  - Providers should have a clear understanding of the expectation from the County if we go this direction. Otherwise, competitive applications may apply for too many households without a clear understanding of what these households will cost to support (i.e., some stronger guidance in this area.)
- Other high priorities to consider:
  - Would move-on vouchers be available?
  - Would HomeFirst be open to providing on-site training for providers to best understand (and have a hands-on demonstration of) the process to transfer from RRH to PSH?
  - Is Sonoma County looking for opportunities for tenant-based PSH instead of project-based PSH so households can remain housed wherever they land in RRH? I’d imagine many would not want to move into one of the open PSH projects once comfortable in their RRH placement.
  - Is the County considering offering a Countywide Landlord Recruitment Program to assist providers in locating housing—most highly-vulnerable households are not being referred with identified housing-in-hand.

Should RRH prioritization change to refer higher needs households occur before a shift in resources occurs, it will incredibly difficult (near impossible) for providers to successfully run these programs—especially for programs like ours which locate housing in lieu of master-leasing RRH units. RRH is already under-funded in



the County, and making this change without a reallocation of resources would be detrimental to our community.

#### Assessment and Prioritization redesign

The assessment and prioritization redesign working group discussed the pros and cons of shifting to this model. The conversation is summarized below.

1. **Challenges and Misalignment in Service Models:** There is a consensus that there are challenges in aligning RRH with higher vulnerability individuals due to service model limitations. Some highlighted that supportive services funding has not kept pace with rising service costs, creating a misalignment between the needs of high-vulnerability clients and available resources.

Some raised concerns that moving from tenant-based to project-based interventions could be challenging and unappealing to RRH participants. It was noted that given the PSH stock in the community, it would be very difficult to serve families with this model as there is very little PSH that can fit families that need more than one room.

2. **Potential Benefits of Shifting Referrals:** It was suggested that some individuals might not need continuous rental subsidies and could succeed with support for their medical needs through other services. Targeting individuals with lower levels of vulnerability within the PSH range might be a viable option without necessarily placing the most vulnerable at the top of the list.
3. **Concerns About System Capacity and Effectiveness:** It was noted shifting to this model would reduce the number of people who can be served, potentially increasing the number of individuals unable to receive interventions OR it would require a lot more funding. It was noted that while this approach could be beneficial, it might require piloting to assess feasibility.
4. **Support for a Pilot and Need for Adjustments:** There was support for the idea of piloting the approach, but participants stressed that any changes would need to be accompanied by increased funding for RRH providers to cover the higher service costs associated with more vulnerable clients. For the system to completely shift to this model, there would need to be more diversity in PSH stock to include more tenant-based interventions.

Overall, the group recognized some potential benefits but highlighted significant challenges of shifting RRH referrals to higher vulnerability individuals. There was a strong emphasis on the need for careful planning, adjustments in funding and PSH stock, and thorough evaluation of the model's impact.



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

**Item:** 5. Coordinated Entry performance evaluation

**Date:** September 4, 2024

**Staff Contact:** Hunter Scott [Hscott@homefirsatscc.org](mailto:Hscott@homefirsatscc.org)

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Agenda Item Overview

Each quarter HomeFirst conducts a performance evaluation survey. HomeFirst will be sharing the evaluation in the meeting.

Recommendation

None. Information only