MARICOPA ASSOCIATION of GOVERNMENTS
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June 22, 2016

TO: Members of the MAG Continuum of Care Board

FROM: Kevin Hartke, Councilmember, City of Chandler, Co-Chair
Darlene Newsom, UMOM New Day Centers, Co-Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 1:30 p.m.
Monday, June 27, 2016
MAG- 2nd floor Ironwood Room
302 N. 1st Avenue
Phoenix, AZ 85003
(Parking is available from the garage below the building. Bring your parking ticket to the meeting for validation.)

The next MAG Continuum of Care Board (CoC Board) meeting will be held at the time and place noted above. Members of the CoC Board may attend either in person or by phone. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: ftp://ftp.azmag.gov/ContinuumOfCareRegionalCommitteeonHomelessness
This location is publicly accessible and does not require a password.

Please park in the garage underneath the building. Bring your ticket to the meeting, parking will be validated. For those using transit, the Regional Public Transportation Authority will provide transit tickets for your trip. For those using bicycles, please lock your bicycle in the bike rack in the garage.

In 1996, the Regional Council approved a simple majority quorum for all MAG advisory committees. If the Continuum of Care Board does not meet the quorum requirement, members who have arrived at the meeting will be instructed a legal meeting cannot occur and subsequently be dismissed. Your attendance at the meeting is strongly encouraged.

Pursuant to Title II of the Americans with Disabilities Act (ADA), MAG does not discriminate on the basis of disability in admissions to or participation in its public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the MAG office. Requests should be made as early as possible to allow time to arrange the accommodation.

If you have any questions, please call the MAG office.

MAG CONTINUUM OF CARE (CoC) BOARD
TENTATIVE AGENDA
June 27, 2016

	COMMITTEE ACTION REQUESTED
1. Call to Order	
2. Call to the Audience An opportunity will be provided to members of the public to address the Continuum of Care (CoC) Board on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless CoC Board requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.	2. Information.
3. Approval of Consent Agenda Prior to action on the consent agenda, members of the audience will be provided an opportunity to comment on consent items that are being presented for action. Following the comment period, Board members may request that an item be removed from the consent agenda. Consent items are marked with an asterisk (*).	3. Approval of the Consent Agenda.

ITEMS PROPOSED FOR CONSENT*

*3A. Approval of the May 23, 2016 CoC Board Meeting Minutes The draft minutes for the May 23, 2016 meeting are posted with the meeting materials.	3A. Approve the CoC Board meeting minutes of May 23, 2016.

*3B. Rapid Re-housing Financial Assistance Standards

The HEARTH Act requires that the CoC adopt financial assistance standards for Rapid Re-housing projects funded through the ESG and CoC funds. Representatives from the Arizona Department of Economic Security, the cities that receive ESG funding, and the providers met to agree to common financial standards. The standards were reviewed by the PHWG and the CoC Committee and were recommended for adoption. Draft standards were distributed with the meeting materials.

3B. Approve the Rapid Re-Housing Financial Assistance Standards.

ITEMS PROPOSED TO BE HEARD

4. Continuum of Care Updates

MAG staff will update the Board on priorities and upcoming issues.

4. Information and discussion.

5. Board Membership Process Approval and Terms of Office:

The Governance Charter stipulates that the CoC Board be comprised of seven to thirteen members. With the recent resignation of Tami Linkletter and Nick Margiotta, the Board currently has ten members. In addition, two members of the Board have terms that will expire in August.

A subgroup of the Board met to recommend changes to the CoC Governance Charter around Board membership and to propose a process to choose new members.

Materials distributed with the meeting materials include: 1) a timeline for the process; 2) The CoC Governance Charter proposed changes; and, 3) a proposed application.

5. Information, discussion, and possible action to adopt a membership process and approve terms of office.

6. Tier 2 Funding Update

CoC staff will update the Board on the status of the individuals and families impacted by the Tier 2 funding decision as well as the appeal filed on behalf of the Continuum. Funding has been pledged by the Arizona Department of Housing to assist those families that have not yet been served by other resources. In order to access these funds, the Board must approve a request to Arizona Department of Housing. A draft request letter was circulated with the meeting materials.

6. Information, discussion and possible action to 1) support a CoC request to the Arizona Department of Housing for funding, and 2) adopt a short-term coordinated entry preference for individuals and families impacted by the loss of funding to the Transitional Housing projects.

7. Zero 2016 Renewed Commitment and Request for Technical Assistance

Community Solutions is the Technical Assistance provider for the Continuum for the 25 Cities and the Zero 2016 initiatives. Community Solutions is seeking commitments from communities through 2017. The national initiatives are combined to work towards ending veteran and chronic homelessness. Locally, the leadership of the 25 Cities initiative and the Zero 2016 initiative are recommending that the CoC renew its commitment and combine efforts. A document entitled "Criteria for Participation through 2017" was distributed with the meeting materials.

7. Information, discussion, and possible action to renew the community's commitment to Zero 2016 and request Technical Assistance from Community Solutions through December 31, 2017.

8. Coordinated Entry Policies and Procedures

The U.S. Department of Housing and Urban Development regulations for operating a Continuum of Care (24 CFR 578) stipulate that the CoC "establish a centralized or coordinated assessment system". In addition, the CoC must have written policies and procedures to determine and prioritize which eligible individuals and families receive housing assistance. The Family Housing Hub and the Welcome Center have drafted policies and procedures which were presented to the Coordinated Entry Oversight Work Group and the Committee. The Committee and CEOWG are recommending that the two documents be adopted by the CoC Board. Draft policies and procedures were distributed with the meeting materials.

8. Information, discussion, and possible action to adopt the two Coordinated Entry policies and procedures.

9. Strategic Planning Discussion

The 2016 NOFA registration gives the community insight into HUD's priorities for the upcoming competition. Charlene Flaherty from the Corporation for Supportive Housing will highlight work done by the City of Houston which was the top scoring community in the 2015 NOFA competition.

9. Information, discussion, and possible action.

10. Request for Future Agenda Items

Topics or issues of interest that the MAG Continuum of Care Board would like to have considered for discussion at a future meeting will be requested.

10. Information and discussion.

11. Comments from the Board

An opportunity will be provided for Continuum of Care (CoC) Board members to present a brief summary of current events. CoC Board members are not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.

11. Information only.

Adjournment.

MINUTES OF THE
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)
CONTINUUM OF CARE BOARD
May 23, 2016
MAG Office Building, Ironwood Room

MEMBERS ATTENDING

Brad Bridwell, Cantwell Anderson-Cloudbreak
Moises Gallegos, City of Phoenix
Marisue Garganta, Dignity Health
Scott Hall, Community Bridges Inc.
Kevin Hartke, City of Chandler, Councilmember, Chair
Theresa James, City of Tempe
*Bruce Liggett, Maricopa County
*Nick Margiotta, Phoenix Police Department
Darlene Newsom, United Methodist Outreach Ministries (UMOM) New Day Center
#Amy Schwabenlender, Valley of the Sun United Way (VSUW)
Diana Yazzie-Devine, Native American Connections

*Neither present nor represented by proxy.
#Attended by telephone conference call.
+Attended by video conference.

OTHERS PRESENT

#Riann Balch, City of Phoenix
Renee Ayres-Benavidez, City of Glendale
Jenese Bojorquez, HAMC
Tricia Cano, CIR
Ken Curry, Southwest Behavioral
Jenny Day, Basic Mission
Lisa Eddings-Wilburn, Terros Safe Haven
Charlene Flaherty, CSH
Tom Hutchinson, A New Leaf
Becky Jackson, Homeward Bound
Amy Jacobson, Maricopa County Human Services Department (MCHSD)
Margaret Kilman, MCHSD
#Michelle Jamison, U.S. VETS
Natalie Lewis, City of Mesa
Mattie Lord, UMOM
Gilbert Lopez, City of Glendale
Nancy Marion, House of Refuge
Liz Morales, City of Mesa
David Olivares, Chicanos por Las Causa (CPLC)
Joan Serviss, Arizona Coalition to End Homelessness (ACEH)
Nicky Stevens, Save The Family
Charles Sullivan, ABC Housing
Jacki Taylor, Save the Family
Ted Taylor, Family Promise
Craig Tribken, CASS
John Wall, Arizona Housing Inc. (AHI)
Kim VanNimwegen, VSUW
Kenneth McKinley, Tumbleweed
Celina Brun, MAG
Brande Mead, MAG
Anne Scott, MAG

1. Call to Order and Introductions
   Kevin Hartke, Co-chair of the Continuum of Care (CoC) Board, called the meeting to order at 1:34 p.m. Introductions of the Board and audience proceeded.

2. Call to the Audience
   Audience members were given an opportunity to address the Committee on items that were not on the agenda that are within the jurisdiction of MAG, or non-action agenda items that are on the agenda for discussion or information only. There were no comments from the audience.

3. Approval of Consent Agenda
   Addressing the first order of business, Co-chair Hartke asked if the Board reviewed the consent agenda. Co-chair Hartke inquired if Board members had any comments regarding the consent agenda. There were no comments. Co-chair Hartke opened the floor to the public for comments on the consent agenda. There were no comments. Co-chair Hartke entertained a motion to approve the consent agenda as presented. Marisue Garganta, Dignity Health motioned to approve the consent agenda. Theresa James, City of Tempe, seconded the motion to approve the consent agenda. There were no comments. The motion passed unanimously.

4. Tier 2 Funding Announcement Update- Anne Scott, MAG, provided an update with the points listed below.
   - To recap, we talked about the Tier 2 funding last week to address the individuals and families that will be losing their housing. We see the issue as three distinct levels. Level I, is there anything we can do to fight it. Level II is what we do immediately to address the displacement of the individuals and families being affected. Level III is how we prepare for the next NOFA.
   - On the level I area, co-chairs Hartke and Darlene Newsom, UMOM, signed a letter to HUD from the Board requesting funding to assist with winding down the TH projects that were defunded and ensuring that individuals and families will not be displaced as a result the Tier 2 funding decision. The letter also emphasized the community's concern with the HUD funding process. Providers were expected to financially float their contracts, so the practical impact of the funding decision resulted in retroactive funding cuts. The Board's letter to HUD requested that funding be provided to those agencies whose contracts have already expired in addition to the transitional funding to aid the community through the process as the community tries to address the individuals and families impacted.
   - As a recap on the contracts
     - One contract expired January 31, 2016.
     - Three contracts expired March 31, 2016
     - Four contracts will expire at the end of June 2016
   - On the level II-is what to do with the families and individuals served by those program. MAG met with all of the affected providers with the exception of Sojourner Center.
   - Met on May 17, 2016 with HUD TA and providers that were defunded to walk through the process.

- While all programs will be impacted, some have engaged in a high level of planning, problem-solving, and strategizing on how to respond.
- U.S. Vets has reached out to the VA. They may lose 4 beds, but they will not be evicting anyone. Currently, they have 70 beds.
- Area Agency on Aging, the SS project, has already assigned their population to other case managers and will be able to manage the funding reduction by increasing client caseloads.
- Southwest Behavioral Health's program, Homeless Haven, will be able to manage their population through other funding sources and will not be evicting the 15 clients in their program. Homeless Haven will be taking two additional families impacted by another program.
- A New Leaf is working with the City of Glendale and other community partners and believes that they will be able to accommodate the 11 families in their program.
- We have four programs that are of concern.
  - Native American Connections, Homebase, has 25 beds for youth. NAC is working with the impacted youth to transition them out of the program or place them in the other youth program in the CoC. They have 5 or 6 youth that may need some first month's rent and/or deposit assistance in order to be placed in independent housing.
  - House of Refuge currently has 54 families impacted. Some of the families have been in the project for approaching two years and are low acuity. We may be able to transition them quickly out of the project. Others are higher acuity and may have recently been placed into the program. The Family Housing Hub will be going to House of Refuge on Wednesday to assess the remaining families so that we may determine the best options for them.
  - Labor's Community Service Agency, had 35 families, but they have been successful in placing all but 12 of them. We have requested a by-name list of those remaining with the most recent VI-SPDAT score so that we can help with problem-solving around the remaining families.
  - Sojourner Center has 34 units and 124 beds. We have no information from Sojourner Center on plans for those individuals or families.
- We have Requested a by-name-list of all persons still in need of housing and will work on that list.
- We have met with community funders to identify sources of funding to help with the immediate needs of housing families. We have identified significant resources within the community. City of Mesa is committing ESG funding to help with Rapid Rehousing. There is also a proposal before City Council to commit general funds to assist. These funds will be restricted to Mesa residents only.
- The Housing Authority of Maricopa County is committing housing vouchers to this population but is open to other priority populations.

  The Arizona Department of Housing is willing to commit resources to the issue once we can develop a proposal on the number of families and individuals impacted. We will be seeking guidance from the Board on that.
- The Board needs to consider the following
  - How do we consider the needs
  - How to we incentivize problem solving and transitioning of clients

  - How to we prioritize the clients for CoC program funds
  - How to we preserve transparency and seek maximum input from our affected communities while still maintaining sound procurement practices
- Level III-what does this mean for the NOFA-we will be discussing this in agenda item 6.

Ms. James: inquired if other cities have been contacted regarding general funds.

Ms. Scott: the City of Phoenix and Glendale have been contacted by providers in those areas.

Brande Mead, MAG: noted that a memo went out to all Cities and Towns, alerting them of the funding announcement and consideration for the impact on the community.

Co-chair Hartke: inquired if the memo included thoughtful suggestions or just an alert.

Ms. Mead: the memo was sent immediately after the funding announcement with the message to carefully consider the community impact of the funding decisions and that the community is working very hard to address the issue.

Co-chair Newsom: HUD should not be off the hook. There are many letters circulating in the community.

Diana Yazzie-Devine, NAC: noted that HUD did respond to her questions and said HUD does not have authority to refund projects that spent their funds after the grant expiration date, furthermore guidance has provided to the HUD field offices regarding possible transition.

Co-chair Hartke: opened the floor for comments.

Ms. Garganta: requested a copy of the letter being sent to HUD because she would like to send it to the District eight at the Health and Human Services from CMS. They are looking at housing as a medical issue and health issue. She would be happy to share the letter with the representative at District nine.

Amy Schwabenlender, VSUW: inquired if Board members could get a copy of the memo that was sent to all the Cities and Towns.

Ms. Mead: noted that the memo and the letter being presented at Regional Council can be sent out to everyone.

Ms. Schwabenlender: noted that the Board should be copied on whatever gets sent out on behalf of the lead agency.

Moe Gallegos, City of Phoenix: sought clarification on the 5-6 youth needing funding and offered potential funding assistance.

Co-chair Hartke: opened the floor to the audience.

Liz Morales, City of Mesa: put in a request to HUD for tenant protection vouchers however technically and statutorily they are not eligible. She noted that the congressional delegation will be putting in a request.

Co-chair Hartke: sought clarification on Ms. Scott's recommendations. Inquired how the Board should distinguished incentivized funding for client needs and how does that work with the impacted organizations. He then suspected that general funds would go towards the client-not just the organization.

Ms. Garganta: guesses that a combination of both would be needed, but recognizes that funding is restricted in some areas. Suggested determining the needs and figuring out what is the new normal and not just a band aid. She also reiterated that in order to serve the people you need the administration and operating funds to do so. She then recommended thinking about funding sources and coming up with a thoughtful plan.

Co-chair Hartke: the short term is finding some parachutes so that the people in need land safely, and then look at long term solutions.

Ms. Scott: some of the funding sources really want to look at client needs. Some of the funding is really restricted towards Rapid Rehousing. She has not heard of any short-term operating funds. We would be seeking guidance from the Board if the Board wants to prioritize helping the agencies continue to operate so the client has a place to live. She then sought guidance from the Board on what funding agency would be appropriate for seeing this through.

Co-chair Newsom: a little confused. Suggested being committed in the short term for families to be housed until long term solutions are found.

Scott Hall, Community Bridges Inc.: inquired if the community will begin looking at bridging? Noted that HUD is responsible for the issue presented, however the Board and community should help the stop gap.

Ms. Yazzie-Devine: speaking as DeDe for HomeBase, we should not just be talking about families-but youth as well. She has been charged by the NAC Board to ensure that HomeBase does not disappear. She inquired if there are community resources to ensure that HomeBase can stay active. She noted that Rapid-Rehousing dollars will not work for dormitory style living.

Ms. Garganta: supported Ms. Yazzie-Devine points on homeless youth. Youth do not have the stability of older adults. Youth are a special population that requires a different understanding and approach.

Co-chair Hartke: so how do we proceed?

Mr. Gallegos: so it seems like there are resources. He does not suggest procurement because it is not an easy process.

Co-chair Newsom: will have a better idea of needs later this week when the Family Housing Hub goes out to House of Refuge.

Ms. Yazzie-Devine: HomeBase plans to stay open at least through the summer. There is a transition plan and date for each of the youth.

Co-chair Hartke: inquired if there are other agencies that have a transition plan like the youth.

Ms. Scott: there is no information on the plans for Sojourner Center.

Co-chair Newsom: inquired why Sojourner Center has not provided information or a plan.

Ms. Scott: they declined the invitation to meet, however they did attend the Transitional Housing HUD TA informational session and have yet to reschedule with MAG staff. With LCSA, they have 12 families. A By-Name-List was requested from them by Friday however they have been trying to rehouse their families. She further discussed the assessment of Transitional Housing.

Mr. Hall: recognized that most of the information that is needed we are still waiting for.

Ms. Scott: funders are saying that if we provide a proposal, funding can be provided, so she is seeking guidance from the Board to determine the proposals.

Ms. Schwabenlender: the conversation seems repetitive. She then suggested that MAG staff get the analysis team to begin meeting. She noted that VSUW does not have emergency funding, however with a data driven proposal identify client need by intervention VSUW may be able to provide resources.

Co-chair Hartke: agreed with Ms. Schwabenlender's statement adding that it has been a week since the last conversation and the Board does not have the data it needs.

Ms. Morales: Mesa's ESG funds can be done through existing contracts. She support a regional approach to funding sources and suggested that the Board support the ideas presented so that the community can begin moving forward as data is collected.

Mr. Gallegos: inquired if the strategy group is schedule to meet.

Co-chair Newsom: was under the assumption that the strategy group was going to be looking at the long term strategies. She then sought input from the Board members on what the purpose of that group was for.

Co-chair Hartke: noted that someone or some group needs to rate a sense of prioritization.

Discussion on what the strategy group should be responsible for continued.

Ms. Scott: a follow-up meeting was scheduled. A room is scheduled from 10-11:30 a.m. for the larger group to seek input on Wednesday, May 25, 2016.

Co-chair Newsom: unsure if all the information will be ready by then.

Ms. Garganta: important to go back to Sojourner Center because it's an important population. She then suggested reaching out to the faith-based community.

Nancy Marion, House of Refuge: she did reach out the members of the faith-based community and they have been very responsive. She added that all of her residents were provided non-renewal leases that end in July with the help of the faith-based organizations.

Co-chair Hartke: suggested finding a sense of prioritization.

Ms. Yazzie-Devine: will work with the community supporters to transition the youth most appropriately. How are we going to house youth and provide services? The current process will run through August. She noted her concern about how the community is going to approach youth beds.

Co-chair Newsom: suggested waiting until the community gets more information and having the group reconvene next week after more information is collected.

Ms. Scott: suggested organizing a recurring Friday meeting for the strategy group.

Ms. Mead: the strategy group will be meeting on a weekly recurring basis and the funders group that Ms. Scott is pulling together, so updates can be provided from both groups at the next Board meeting. There is also a HUD debriefing on May 25, 2016 where only two people can call in however we have reserved a meeting room for the public to listen in to the debriefing.

Co-chair Hartke: seems the strategy going forward is to find the best solution for families and youth.

Mr. Gallegos: agreed. Hopefully in a week, information will be clearer. He then inquired about how many families were at Sojourner Center.

Ms. Scott: its 34 units with 124 beds.

Ms. James: requested to be informed about what the strategy group is discussing.

Co-chair Hartke: keeping the lines of communication transparent and up to date is important

There were no further comments.

5. Tier 2 TH Process through Coordinated Entry-Ms. Scott provided the updates below.
   - The TH providers impacted by the Tier 2 funding decision met on May 17, 2016 with HUD TA. They met for two hours in the morning and then met again for one and a half hours in the afternoon to discuss how to encompass TH into the Continuum with a specific recommendation on the contracts that have not been renewed. As part of the process the affected agencies wanted to make some recommendations around coordinated entry.
     - Preserve maximum flexibility and working quickly to resolve the crisis for their clients.
     - They ask that the Board wave the CE requirements and allowing the agencies to work with fellow providers to transfer their clients.
     - The providers also wanted to prioritize their clients for existing resources.
   - The Coordinated Entry Oversight Work Group (CEOWG) met on May 19, 2016.
   - The recommendations were presented to CEOWG and there was much discussion.
   - At the end of the meeting CEOWG recommended the points listed below:
     - Assess the clients that are currently in the projects to determine acuity and appropriate interventions which will begin this week.
     - That we allow limited side doors for those with beds that are not listed within CE to allow agencies to quickly house their clients. This would cover faith-based providers, domestic violence providers, and agencies like Homeward Bound who have some project in CE and other projects not listed with the Family Housing Hub. We would just allow the side doors for those not listed with the Family Housing Hub.
     - We would pursue crisis funds help with placement of clients in Rapid Rehousing for those clients that are unable to transition to another program.
     - We adopt a community wide prioritization for the clients remaining.
     - We did not reach consensus on how broad that prioritization should be.
     - The agencies affected by the funding cuts would like a blanket prioritization list of clients served by the programs that would include all housing resources: remaining Transitional Housing programs, Rapid Rehousing programs, Permanent Supportive Housing, or Emergency Shelter depending on the need.
     - Their concern is that the clients have already experienced trauma and that we should make sure that the clients will not be traumatized again.
     - There was a spirited discussion on prioritizing the clients that will be losing their housing over persons on the street still on a waiting list to be housed.
     - There are 165 families on a waiting list for Emergency Shelter and there is concern over putting those families at a lower priority to house the families that are about to become homeless again.
   - Things for the Board to consider.
     - How to we ensure that the needs of the individuals and families that have been impacted by the HUD funding decision are met?
     - Prioritization is key in our community however there are real concerns about the fact that these clients were served and we could have a return to homelessness from this particular population.
     - On the other hand, initial reports show that many of the clients are low acuity.
     - Not all of the clients came into all of the programs from homelessness.

  - How do we justify providing limited resources to low acuity clients.
  - Specifically around Emergency Shelter, if we can find no other housing options, do we want to prioritize the impacted clients ahead of those that have been waiting for Emergency Shelter placement through the Family Housing Hub?
- Co-Chair Hartke: opened the floor to the Board for comments.
- Ms. Yazzie-Devine: unsure about the status of the families at the Family Housing Hub, she noted that all the youth at HomeBase are homeless and high acuity. The discussion on Transitional Housing has been going on for years. She does not believe the community prepared well as a CoC to alert those programs that had put their funding on the line and were operating in deficits to continue to house families. There should be some community ownership. Feels a sense of commitment to the providers affected.
- Mr. Hall: strongly suggests attempting all avenues to avoid traumatizing youth and families again. Youth especially should not go through trauma again because it is actually worse than the initial trauma.
- Co-chair Newsom: hopes that with the funders meeting and the strategy group meeting, that the community can find resources to ensure that all clients affected will be rehoused.
- Mr. Hall: sought clarification on what exactly the concern was at the CEOWG meeting.
- Ms. Scott: the ability to make side deals to quickly house those clients, and the ability to place the families still left without resources at the top of the CE list for immediate resources, ultimately pushing people that have been on the list further down in prioritization.
- Co-chair Hartke: there will be a community response. The question is what we are going to do if Agency A closes their doors and there is x number of people, can we prioritize those even with working to make sure we have funds to make sure they are provided for. He also noted that "blending" may be on the table.

Discussion continued

Ms. Mead: we are seeking input from the Board on side door deals between providers to come up with options to house the families and youth about to be homeless. Furthermore, if families that are currently housed must go back through the Family Housing Hub because there isn't a housing option that's identified for them, can or should they be prioritized above the families that have already been on the waitlist for Emergency Shelter.

Co-chair Newsom: there are already side doors in the community, so it is a non-issue because once the families can find housing; those units need to be taken off line.

Mattie Lord, UMOM: noted that there are select side door resources in the process of becoming available and she finds it immoral and unethical that the community would not be able to find placements for the families that have been waiting in unsafe circumstances for Emergency Shelter before the families that are already housed but soon in need of housing. She would find it atrocious if the families affected by the funding cuts were prioritized above the families that are sleeping on the streets as they wait for shelter.

Mr. Gallegos: it is premature to make any decisions on prioritization and the community needs more information before making such a large decision.

Mr. Hall: supports Mr. Gallegos statement.

Nancy Marion, House of Refuge: noted that as she spoke, notices for *non-renewal of leases* were being sent to her affected tenants with a 60 day notice instead of 30 day notice due to the private support of close resources; however the reality is unless funding/housing is found, in 60 days, the tenants will end up homeless again.

Ms. Taylor: reiterated Ms. Scott's earlier statement that some of the families on the verge of homelessness are not chronic, so their homelessness should be resolved quickly.

Co-chair Hartke: we want to encourage every organization to help the clients affected, leave to other housing. We also want to encourage side door usage as much as possible when appropriate without seeing a cart blanche prioritization and continue to do research. He then opened the floor for comments.

Michelle Jameson, U.S. Vets: HUD is financially responsible and should have provided some sort of funding for programs to rehouse their clients appropriately.

Co-chair Hartke: it is important that we apply leverage wherever we can, whether it be a moral or political solution. People are working diligently

6. <u>2016 Notice of Funding Availability Process</u>- Ms. Mead presented the updates for the 2016 NOFA. Her updates are listed below.
    - She went through the registration notice.
    - 1999-MAG became the lead applicant.
    - HUD will say that communities should not have been surprised because HUD has communicated its priorities for many years, and Transitional Housing is not HUD's priority.
    - Directly from the Registration Notice
    - Must have a Housing First approach
    - Must look at populations served by the different programs receiving funding.
    - Must consider programs outcomes like the *average length of stay*, the *percent of exits from programs to Permanent Housing.*
    - Need to review the cost-effectiveness of our current programs
    - HUD has seven priorities that are outlined in the Registration Notice
    - Systematic response to homelessness
        - Measure system performance
        - Create and effective Coordinated Entry process
        - Promote participant choice
        - Plan as a system
        - Make delivery as a system more open, inclusive and transparent
    - Strategically allocate resources
        - HUD is saying to use cost-performance and outcome data to do that
        - CoC's should improve the utilization of resources to end homelessness.

    - CoC's should begin looking outside of HUD for homeless assistance funding.
- Steps to consider as a community
    - Comprehensively reviewing our projects for quality assurance and cost effectiveness.
    - Maximize mainstream resources as they are available.
    - Review Transitional Housing projects for quality assurance, cost-effectiveness and eligibility criteria
- Ending Chronic homelessness
    - Targeting persons with highest need and longest histories of homelessness for Permanent Supportive Housing.
    - Increase Permanent Supportive Housing units dedicated to serving the chronic population.
    - Community approach to outreach
- Ending family homeless
    - Encouraging CoC's to use reallocation to produce new Rapid Rehousing and to use ESG and other funding sources to expand Rapid Rehousing assistance.
- Ending youth homelessness
    - Understand the unique needs of youth experiencing homelessness and reach out to stakeholders to identify and promote the unique needs of youth.
- Ending veteran homelessness
    - Reach out to the VA, USICH on strategies to end veteran homelessness.
- Using a housing first approach
    - Use data
    - Engage with landlords and property owners
    - Remove barriers to entry
    - Adopting client-centered service methods.

Ms. Mead: the intention today is to share HUD's priorities and get guidance from the Board on next steps.

Ms. Scott: discussed some preliminary data from the 2016 Homeless Count as listed below:

- Total persons homeless: 5,702
- Persons in families: 2,082
- Unaccompanied youth: 370
- Veterans: 450
- Chronic: 709

- Total unsheltered persons: 1,646
- Persons in families: 6
- Unaccompanied youth: 110
- Veterans: 131
- Chronic: 113

Ms. Scott: The CoC Housing Inventory based on the CoC applications and number of units and households served. We have gone from 26 to 23 percent of the units serving households with children. Right we have approximately 2,500 persons on the chronic By-Name-List. Of the 2,500 clients, 900 are believed to be active. There are also 350 Veterans on the Veterans By-Name-List. We are working to shorten the list of 2,500 people to capture just those that are active. Furthermore, a group is being put together to get a more detailed gaps analysis for the strategic plan.

Co-chair Hartke: opened the floor for comments.

Co-chair Newsom: requested a copy of the PowerPoint presented.

Mr. Hall: sought clarity on the data presented.

Discussion continued on the analysis of the data presented.

Mr. Hall: inquired if methodologies for the 2016 Homeless Count were improved for better data collection.

Ms. Scott: additional methods were considered and taken, however then changes did not have a large impact on the results. We did work harder with our coordinators and youth providers for more participation and coverage.

Mr. Gallegos: inquired by what *populations served* meant.

Ms. Scott: it means that HUD wants to ensure that you are using the appropriate housing resources for the appropriate population.

Co-chair Hartke: opened the floor for more comments.

Ms. Garganta: this gives us a roadmap. Strongly encourage to use HUD TA as much as possible.

Discussion continued.

Mr. Hall: strongly recommends data driven decisions.

Ms. Yazzie-Devine: noted what Brad said at the previous meeting and recommended that when TA is requested, they are really tuned into the issues.

Ms. Scott: noted that we will be required to tier again this year.

Co-chair Newsom: inquired about the percentage that will be place in Tier 2.

Ms. Mead: we will not know that until the NOFA is released. HUD TA that came last week provided some clear feedback for what HUD is looking for.

Ms. Schwabenlender: what Ms. Mead said, means that the Regional Strategic Plan to End Homeless is now critical.

Co-chair Hartke: agreed and noted that the CoC is slowly changing and recommends that the community get onboard and improve the system while dancing with HUD.

Ms. Garganta: always thinking about sustainability, she suggested proposing tax laws that would tax certain purchases and that could fund housing.

Co-chair Hartke Opened the floor for more comments. He then inquired if there was a recommendation from the Board.

Co-chair Newsom: still wants to know the score and feels strongly that monitoring needs to happen.

The Board came to the consensus to hold off until they get the CoC NOFA score and more information.

Discussion continued.

There were no further comments.

7. Request for Future Agenda Items
   It was concluded that the items discussed in this meeting would be revisited at the next meeting.

8. Comments from the CoC Board
   The Section 8 waitlist has been postponed until August 8, 2016.

   Adjourn
   The meeting was adjourned by Co-chair Hartke at 3:27 pm. The next Board meeting is scheduled for June 27, 2016.

Maricopa Association of Governments Regional Continuum of Care

Financial Assistance Standards for Rapid Re-housing Funded Through U.S. Department of Housing Continuum of Care (CoC) and Emergency Solutions Grants (ESG) Funds

The Maricopa Association of Governments Regional Continuum of Care understands the important role that rapid re-housing (RRH) plays in the region's efforts to end homelessness. RRH provides personalized interventions for individuals and families to quickly exit homelessness. Assistance may be provided for housing identification, move-in costs, rental assistance, case management and/or supportive services depending on the client's needs. The community recognizes that is important to meet individuals and families "where they are" and limit assistance to only what is necessary to end his/her/their homelessness. Assistance must be tailored to the particular needs of each client to ensure that the community provides "just enough" assistance and the right assistance to ensure the client's success. Nevertheless, community standards are important so that RRH remains an effective intervention that is administered in a consistent manner throughout the community. Therefore, the Maricopa Association of Governments Regional Continuum of Care has adopted RRH Financial Assistance Standards.

As determined by the client and case manager, at any point while receiving assistance through the RRH project, if the client is able to pay 100% of contract rent, rental assistance may cease.

I. Rental assistance during the first three months

Providers will determine for each client the number of months the assistance is needed—there is no such thing as an "automatic" approval for three months of assistance—some clients may receive no rental assistance, one month's rental assistance, or three months rental assistance.

For those with zero income, 100% rental assistance allowed.

For those with income that exceeds or is equal to the minimum Social Security Income, clients are expected to pay 30% of income or 33% of contract rent, whichever is greater, towards rent. Exceptions may be made for wage garnishments. In addition, court-ordered voluntary child support payments, criminal fines, or any payments that would result in garnishment if not paid by the client may be exempted from the percentage of income required for rent. Documentation is required to show that payment is necessary. Documentation is also required that the payment was made by the client.

II. Rental assistance during the next four to six months

Providers will determine for each client the number of months the assistance is needed. Reconfirmation will be done monthly to ensure assistance is still needed.

If rent was paid during the first three months (as outlined in Section I), the expected client payment towards contract rent will be 67% of contract rent. If client did not pay a portion of the rent during the first three months, 100% rental assistance may be allowed for the first month (month four of RRH

assistance). Evaluation of the need of further assistance is required monthly. Rental assistance of 100% assistance is allowed with appropriate documentation of need from the caseworker, however, it is expected that clients are gaining income and instances of zero income will be rare.

III. Rental assistance for months seven to twelve

All clients are expected to have income at seven months. In rare circumstances, exceptions may be made. At seven months, clients are expected to pay 67% of contract rent. Exceptions may be made for those clients that have recently gained income, however, in that case, it would be expected that client will pay at least 33% of contract rent.

By month ten, if the client has not moved towards paying full contract rent, evaluation should be made for other appropriate housing.

IV. Other financial assistance

Programs may provide non-refundable fees and deposits, refundable security deposits, and utility deposits for program participants. Depending on the funding source, some programs may provide utility assistance payments and application fees.

V. Exceptions

It is recognized that circumstances will differ for each client and unexpected events can occur during the course of assistance. Exceptions can be made at any level of assistance for extraordinary circumstances if it will increase the likelihood of a successful housing outcome.

DRAFT

Timeline for Board Membership Selection Process

6/25/2016—Board approves process

6/26-7/13/2016—CoC staff solicits Membership Review Committee Members from CoC Committee, CEOWG, and PSDQ

6/29/2016—CoC staff sends solicitation for membership and seeks applications

7/15/2016—Letters of Interest/application due

7/18/2016—Board approves Membership Workgroup

Early August—Membership Workgroup meets

8/22/2016—Board approves new members

9/26/2016—first meeting with new Board

Maricopa Association of Governments (MAG)
Continuum of Care Regional Committee on Homelessness
Governance Charter and Operating Policies
Approved by the Continuum of Care Board September 28, 2015
Revised _____

Background
The MAG Continuum of Care Regional Committee on Homelessness has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

Purpose of Charter
This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the MAG Continuum of Care (CoC).

Goals
The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The CoC-funded programs include ~~is composed of~~ transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

Duties of the Continuum of Care
The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
3. Plan for the Continuum of Care.

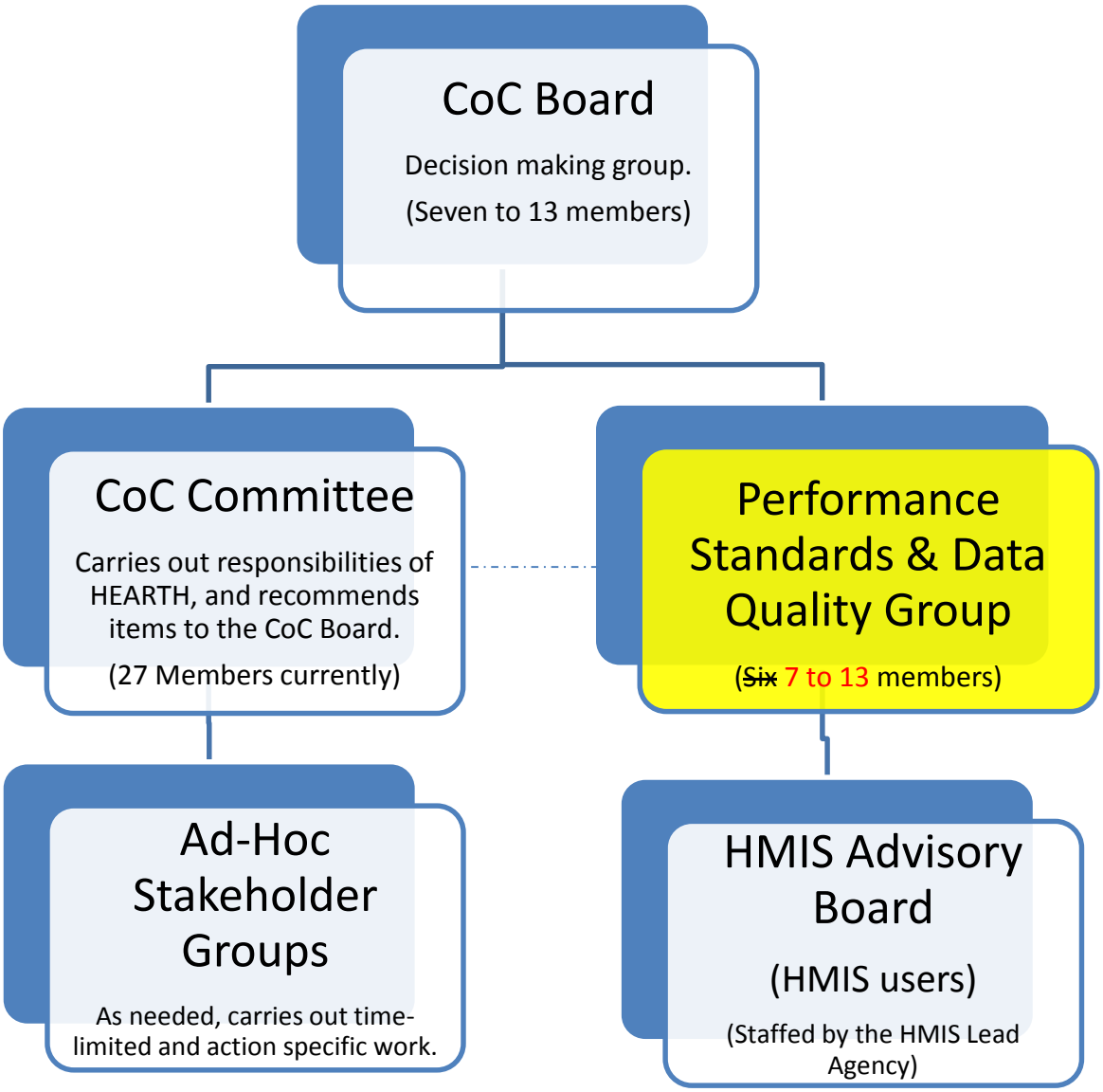
The HEARTH Act Interim Rule also stipulates that, "The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum's overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application."

Operations: **Activities governed by the Continuum of Care Board and carried out by Ad Hoc Working Groups as needed**	**HMIS:** **Activities governed by the Continuum of Care Board and carried out by the HMIS Lead Agency**	**Planning:** **Activities completed by the Continuum of Care Regional Committee on Homelessness and Ad Hoc Working groups as needed**
• Hold meetings. • Annual invitation to new members. • Adopt and follow a written process. • Appoint Committee, Subcommittee and Working Groups as needed. • Adopt and follow a Governance Charter. • Establish and monitor performance targets and take action on poor performers. • Monitor performance and outcomes of ESG and CoC programs and report to HUD. • Establish and operate a Coordinated Assessment system. • Establish standards for CoC funding, assist and consult with ESG recipients.	• Designate HMIS. • Review, revise, and approve privacy, security, and data quality plans. • Ensure participation of recipients and sub-recipients in HMIS. • Ensure HMIS is in compliance with HUD regulations.	• Coordinate and operate housing and services system. • Conduct PIT Homeless Count. • Gaps of needs and services. • Provide information for consolidated plans. • Consult with ESG recipients on allocating ESG funding and performance of programs.

CoC Governance Structure

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule and available in the "Responsibilities of the Continuum of Care" section.

The Continuum of Care Regional Committee on Homelessness approved the following CoC governance structure on March 18, 2013. The charter and governance structure will be reviewed every other year and updated as necessary.



*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership).

Relationship of the Collaborative Applicant to the Continuum of Care

As the collaborative applicant, the Maricopa Association of Governments will staff the Continuum of Care and related committees and stakeholder groups. The collaborative applicant will receive funding from HUD and other sources as needed to fulfill the responsibilities of staffing the CoC.

In order to fulfill federally designated responsibilities, the collaborative applicant will sign an agreement with HUD and will fulfill the responsibilities outlined in the agreement, including but not limited to the following:

- Monitor and report progress of the project to the CoC and HUD.
- To ensure, to the maximum extent practicable, the inclusion of individuals and families experiencing homelessness in the project.
- To take the educational needs of homeless children into account when families are placed in housing.
- To use the centralized or coordinated assessment system established by the CoC.
- To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth by HUD.

In order to staff the CoC, the collaborative applicant will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the region.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Monitor HUD funded programs.
- Coordinate year round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

In order to develop and maintain meaningful partnerships that support the work of the CoC, the collaborative applicant will facilitate partnerships with the following groups and others as needed:

- Support work in the community to end homelessness among veterans through the Veteran's Working Group.
- Collaborate with Emergency Solutions Grant recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the region.
- Support the work of the Valley of the Sun United Way toward its initiative to end homelessness. This includes but is not limited to the Ending Homelessness Advisory Council and the Funders Collaborative. ~~the Partnership to End Chronic Homelessness, and the Street Outreach Collaborative.~~

Continuum of Care Board

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee.

<u>Membership</u>

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. There are three elements within membership including definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

Membership Structure

The first element is defining the membership categories and the number of seats for each category. There will be a minimum of seven seats on the board and a maximum of 13 members. Membership of the CoC Board will follow the agency within the category below, rather than the individual.

Category	Number of Seats (Maximum)
Formerly Homeless Representative	1
ESG Recipient's Agency Representative	1
~~Continuum of Care Chair~~	~~1~~
Policy/Advocacy Representative	~~3~~ 4
CoC Funded Provider Representative	3
Funder	2
Community Seat	2

Definition of CoC Board Categories:

- Formerly Homeless Representative: An individual who was at one point homeless.
- Emergency Solutions Grants (ESG) Program Recipient's Agency Representative: HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.
- ~~Continuum of Care Chair: The current Chair of the Continuum of Care Committee serves on the CoC Committee and Board.~~
- Policy/Advocacy Representative: Individual(s) who represent local government, county or state agency, AHCCCS, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.
- CoC-Funded Provider Representative: An agency that operates a Continuum of Care Program funded homeless assistance program.
- Funder: A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.
- Community Seat: Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

The three CoC funded provider seats on the Board will represent one or more of the following homeless subpopulations:

a) Single individuals
b) Families with children
c) Veterans
d) Persons who are chronically homeless
e) Persons with HIV/AIDS
f) Unaccompanied youth
g) Persons with behavioral health issues
h) Persons who are victims of domestic violence

Membership Selection

The second element is recruitment and selection of the members for each CoC Board seat. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region.

When ~~the board is first being formed~~ a vacancy(s) occurs, a Membership Workgroup will be formed to recommend new members **if** the Board decides to recruit new members. If the current membership consists of seven or more members, the Board may decide not to add members. If the Board decides to add members, the Membership Workgroup may include up to two members of the Board, two members of the Committee, two members of PSDQ, and two members of the CEOWG. An invitation will be extended by the collaborative applicant to the CoC Committee and stakeholders requesting potential members to submit letters of interest. The collaborative applicant will prepare a list of people who submitted letters of interest with the category(ies) they represent. The collaborative applicant will provide the list with the letters to the Membership Workgroup. The Membership Workgroup will include up to seven current Board members ~~people including the Chair and Vice Chair of the CoC, the Planning Subcommittee Chair before the subcommittee is phased out, and up to four other people as identified by the CoC Committee~~. The Membership Workgroup will review the list and letters and make recommendations to the CoC ~~Committee for the~~ Board for membership. The CoC ~~Committee~~ Board will review recommendations, as well as the list and letters, and vote ~~on five to thirteen people to become members of~~ to fill vacancies on the Board. Members cannot vote for themselves. The CoC ~~Committee~~ Board will base the decision on ensuring diverse representation on the Board in compliance with the HEARTH Act Interim Rule and local priorities.

Once the first Board has been established, staggered term limits will apply with 33 percent of the board rotating off every year. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. Members may choose to extend their terms for one additional term, but must rotate off the Board for at least one year following the second term before seeking to rejoin the Board.

~~The initial vote of the Committee to identify the first members of the Board will include the length of the first staggered terms.~~ Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain ~~subpopulation.~~category.

~~Once the Board is in place, the collaborative applicant will staff the process to select new members as current members rotate off the Board. This will include an annual invitation to the CoC Committee and stakeholders to submit letters of interest to the Board to fill any vacancies or to address any new areas identified as priorities for membership. The Board will review the letters and a list including the names of people submitting letters with the category(ies) they represent. The Board will vote on new members to fill the categories.~~

Ongoing Analysis of Membership

To address the third element of membership, the CoC Board will review its membership every year in accordance with HUD regulations and to make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care.

Leadership

The ~~current~~ ~~Chair and~~ ~~Vice~~ Co-Chairs of the Continuum of Care ~~Committee~~ Board are selected by Board Members. When the term of ~~the former~~ either Co-Chair ~~of the Continuum~~ is finished, the collaborative applicant will invite letters of interest from the Board to serve as the ~~second~~ Co-Chair. The CoC Board will review letters of interest and vote to fill the vacancy. ~~When the term of the former Vice Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as Co-Chair.~~

One of the Co-Chairs will be an elected official from a town, city, County, or Native American Community within Maricopa County. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within the same geography. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

Both Chairs will serve staggered two year terms with the Co-Chairs rotating off at the end of their term.

Planned Meetings of Continuum of Care Board and Agendas

The Continuum of Care Board is expected to meet at least bi-monthly with potential meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. The collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Co-Chairs and posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Participation

CoC Board members are expected to attend CoC Board meetings. After four consecutive absences, the CoC Board shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to

serve on the CoC Board and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant.

Code of Conduct

A CoC Board member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item. (I would suggest that each Board member sign a conflict of interest statement annually.)

Continuum of Care Regional Committee on Homelessness

The role of the Continuum of Care Committee is to make recommendations to the CoC Board for approval. The Committee will prioritize the following work within the Continuum of Care:

1. Continuously improve program and system quality.
2. Promote education and training opportunities.
3. Inform community planning efforts and decision-making.
4. Foster communication and collaboration.

Membership

Membership will include representation for all the categories required by HUD and identified below. One member may represent more than one category. The intent of the membership structure is to be inclusive and representative of the diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

Membership Structure

Per HUD regulations, the following categories will be represented on the Continuum of Care Regional Committee on Homelessness:

Category	Number of Seats (Minimum)
Nonprofit homeless assistance providers	1
Victim service providers	1
Faith-based organizations	1
Governments	1
Businesses	1
Advocates	1
Public housing agencies	1
School districts	1
Social service providers	1
Mental health agencies	1
Hospitals	1
Universities	1
Affordable housing developers	1
Law enforcement	1
Organizations that serve veterans	1
Homeless and/or formerly homeless individuals	1

Initial Membership Selection

Initially, the collaborative applicant will invite members of the current CoC Committee and stakeholders to submit letters of interest for membership on the new CoC Committee. The collaborative applicant will prepare a list of the names and categories represented and provide this with the letters to the Membership Working Group. The Membership Workgroup will recommend to the CoC Committee for action an appropriate composition of members to represent all the categories listed. The CoC Committee will approve the membership for the new CoC Committee. HUD CoC Program-funded agencies may, but are not required to, have an on-going seat on the Continuum of care Committee. This seat is not subject to term limits. Community and/or non-HUD CoC Program-funded agencies are subject to term limits described below.

Ongoing Membership Selection

For members representing HUD CoC program-funded agencies, the agency Executive Director/Chief Executive Officer will designate the representative and may change representatives as necessary. The ED/CEO will forward the résumé of the designated representative to the collaborative applicant. Letters will be sent from the collaborative applicant to the agency ED/CEO annually, in January, soliciting a response from the ED/CEO to either maintain their current representative or appoint a new one. If the HUD CoC-program funded agency representative does not attend meetings in accordance with the policy described in the *"Maintaining CoC Committee Membership"* section below or leaves the agency they represent, the Chair or collaborative applicant will inquire with the ED/CEO about designating a new representative, without awaiting the new recruitment period.

For members representing the community and/or non-HUD CoC Program-funded agencies, there will be three year staggered term limits. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. Initial selection for the two year, three year, and four year terms will be determined by lottery at a CoC Committee meeting. If a community member seat is vacated during the year, it will remain empty until the next recruitment period. Biannually, January and July, the collaborative applicant will solicit letters of interest and résumés from prospective members representing stakeholders. Notification of vacancies for community members will be solicited through the MAG website, the CoC email distribution list, the Arizona Coalition to End Homelessness website, and announcements at COC Committee and COC Board meetings. Interested parties shall submit their résumé to the collaborative applicant. Once the résumé is received, the collaborative applicant will provide an application requesting information about the applicant's interest in the Committee, experience in areas related to homelessness, and willingness to participate in the work of the Committee. Applications and résumés will be reviewed by the CoC Committee Membership Work Group and recommendations will be made to the CoC Committee. The CoC Committee will vote to approve applicants for membership.

CoC Committee Membership Review Work Group

In order to address ongoing recruitment and membership need, a Membership Review Work Group is established and shall be comprised of a subset of volunteer members of the CoC Committee. Members will serve a one-year term. The CoC Committee Membership Review Work Group will review résumés and applications and recommend candidates for membership on the CoC Committee. At least one member of the Membership Review Work Group, along with the collaborative applicant, will provide an orientation to new CoC Committee members and written materials outlining the CoC structure and its components.

Participation

CoC Committee members are expected to attend CoC Committee meetings. After four consecutive absences, the CoC Committee shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Committee and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant. A member may send a representative to act as her/his designated proxy. If the member is represented by a proxy, the member is considered "present" for that meeting.

CoC Committee members are required to serve on at least one ad-hoc committee, sub-committee, and/or work group. The committee/work group may be either be a committee/work group staffed by the collaborative applicant or an established CoC committee/work groups staffed by another representative **and** among the committee/work groups acknowledged and of interest to the CoC Committee. Meeting sign in sheets will be collected and a matrix of attendance established and reviewed by the CoC Committee.

Leadership

A Chair and Vice Chair representing different categories will serve two year terms. At the end of the second year, the Vice Chair will ascend to the Chair position. The collaborative applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill the Vice Chair position, as well as the Chair position if the Vice Chair does not ascend. The collaborative applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Vice Chair, and Chair if needed, to give to the Board. The Board will take action on filling the Vice Chair position, and the Chair position if needed. Strong consideration will be given to those candidates who have demonstrated ongoing, active engagement in the Continuum of Care.

Planned Meetings of CoC Committee and Agendas

The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Chair and Vice Chair and will

be posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Code of Conduct
A CoC Committee member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

Ad Hoc Stakeholder Groups
The Continuum of Care may establish Ad Hoc Stakeholder Groups or working groups as the committee deems necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups may include, but are not limited to:

- Veteran's Working Group
- Coordinated Assessment Work Group
- Coordinated Assessment Planning
- Permanent Housing Work Group
- HEART Planning/HEART Training/HEART Data
- ESG Collaborators
- Ranking and Review Performance Evaluation
- Point-in-Time Count Planning
- Gaps Analysis
- Street Outreach

Meeting Minutes
Proceedings of the CoC Board meetings and the CoC Committee meetings are documented concisely in minutes and posted on the collaborative applicant's website at www.azmag.gov.

Quorum
The CoC Board and the CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board and the CoC Committee shall constitute a quorum for the purpose of taking action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

Review of Charter
The CoC Board will review this charter annually to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.

Annual Continuum of Care Program Application
The collaborative applicant will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to the U.S. Department of Housing and Urban Development. The CoC Board will establish priorities for funding projects.

Homeless Management Information System (HMIS)
The Continuum of Care is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, consistent with the requirements in the HEARTH Act. The HMIS Lead is the eligible applicant designated by the Continuum of Care to carry out the day to day operations of the HMIS.

HMIS Background
The Continuum of Care designated Community Information and Referral (CI&R) as the lead agency for the HMIS in 2002. CI&R will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Annually, the Continuum of Care will conduct an HMIS survey to assess the effectiveness of the HMIS and provide the results of that survey to the Continuum of Care Board.

The HMIS governing documents, policies, and procedures required by the HEARTH Act will be developed by the HMIS lead agency and approved by the CoC Board in accordance with the HEARTH Act. The groups needed to facilitate HMIS may include but are not limited to the following a HMIS Advisory Group.

Point-in-Time Count
Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The CoC Board will approve the results of the annual PIT count. The CoC Committee will lead coordination efforts to conduct the count with approval by the Board.

Other HUD Mandated Activities
Per HUD regulations, the Continuum of Care will undertake processes to monitor other activities mandated by HUD.

Feedback on Consolidated Plans
The CoC Board is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the CoC Board, the collaborative applicant will gather the consolidated plans and evaluate the plans based on criteria developed by the CoC Board. The collaborative applicant will report on the outcome of the evaluation for action by the CoC Board. The CoC Board action and feedback will be provided by the collaborative applicant to the responsible unit of local government. This review will occur on an annual basis.

Coordination and Integration with Emergency Solutions Grant (ESG) Recipients
The CoC Board will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an assessment of the most effective strategies to allocate funding, report on progress made, and evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

- The CoC Board will evaluate the region's needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
- The collaborative applicant will convene the local ESG recipients and State recipient to determine how the needs identified by the CoC Board are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the collaborative applicant, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the CoC Board.
- The CoC Board will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region's needs.
- This process will repeat on an annual basis.

Standards for Administering Assistance

The collaborative applicant will assist the CoC Committee to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be reviewed by the Committee with recommendations to be developed for review and action by the Board.

Coordinated Assessment

In April of 2012, the CoC began a planning process to create a regional Coordinated Assessment System. A Coordinated Assessment Working Group; made up of homeless services providers, funders, and municipalities; was created and charged with making recommendations to the CoC. The goal of the Coordinated Assessment System is to end homelessness quickly and effectively through a housing first approach. The system will be easy to navigate and will include multiple points of access throughout the region.

In August, 2012, the Working Group developed the following guiding principles upon which to build the coordinated approach:

- The assessment and referral process should be client-centric.
- The system must be easy for clients to navigate.
- Establish have multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize "hardest to serve" clients first.
- Focus on ending the client's homelessness as quickly as possible.
- Balance provider choice in making enrollment decisions with the system's need to serve all clients.
- Initial Assessments should be as simple as possible.
- Establish accountability amongst assessment workers and providers.
- Make a system that is sustainable.
- Leverage and support existing partnerships and strong partnership.
- Streamline any parallel processes.

- Offer choices which promote self-sufficiency.
- Deliver services that are well coordinated between all staff and agencies.
- Support provider staff with appropriate referrals.
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
- Use a Housing First approach.
- Use real-time data to make quick referrals.

In August 2013, the CoC approved the integration of the Service Prioritization Decision Assessment Tool (SPDAT) and the Family SPDAT as the region's common assessment tool. Use of the SPDAT and Family SPDAT will streamline the referral process and prioritize individuals and families with the highest level of needs. Coordinated Assessment will be implemented in phases. The first phase, beginning in November 2013, will include one access point for singles and one access point for families within the city of Phoenix. The second phase, beginning in July 2014, will include additional access points for singles and families in the east and west valley as determined by the CoC. The CoC will comply with the HEARTH Act in all aspects of Coordinated Assessment implementation.

HEARTH Act Compliance

The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance.

Q1: What is your full name?

Q2: What is your preferred email address?

Q3: What is your preferred phone number?

Q4: Please list your current or most recent title.

Q5: Please indicate your current or most recent employer.

Q6: Please check all that apply.

I represent a local business, as reflected in my resume (community seat).

I represent a CoC-funded non-profit agency, as reflected in my resume.

I represent a government or non-profit agency that serves people experiencing homelessness, as reflected in my resume (community seat).

I represent a government agency that receives ESG funding, as reflected in my resume.

I represent a faith-based organization (community seat).

I am policy/advocacy representative for people experiencing homelessness.

I represent an agency that provides funding for providers of homeless services.

I have experienced homelessness.

Q7: Please explain your interest in or experience with homelessness or housing. (Limit 1000 characters.)

Q8: Please explain your interest in or experience with the local Continuum of Care. (Limit 1000 characters.)

Q9: Given your interest/experience, what would you hope to be able to contribute as an official member of the CoC Board? (Limit 1000 characters.)

Q10: To provide continuity of discussion and ensure that the community is represented by a broad number of interests, members of the Board are expected to attend every CoC Board meeting. If a Board member misses four consecutive meetings, the CoC Board shall consider the seat vacated. Do you agree to the attendance policy and intend to participate fully by attending CoC Board meetings?

Criteria for Participation through 2017

Zero: 2016

Zero: 2016 is designed to help an elite group of communities do whatever it takes to end veteran and chronic homelessness -- and the progress we've made to date has been incredible. Over the first 18 months of the initiative, **you have housed more than 52,000 people**. 16 communities now have a quality By-Name List of veterans experiencing homelessness. Four communities have reached functional zero for veteran homelessness, and many more are just months away.

The huge progress we have made together shows that we need to keep going and finish what we started. In this spirit, **we've made the decision to extend the initiative through the end of 2017.** We will use 2017 to tackle some of the biggest challenges that still stand in the way, and we hope you'll continue with us on this incredible journey.

Please take some time to review the updated participation criteria with other leaders in your community to ensure you understand what it means to extend your involvement with the movement through the end of 2017. Let your coach know your decision by Friday, June 17, and don't hesitate to let us know if you have questions or concerns! We hope you'll join us in finishing the job.

Updated Participation Criteria

1. Our community commits to ending veteran homelessness and chronic homelessness by **December 31, 2017**.

2. We commit to using a common definition and measurements for what it means to reach functional zero on veterans and on chronic homelessness:
    - **Ending veteran homelessness:** At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness in a community will be no greater than the average monthly housing placement rate for veterans experiencing homelessness in that community.
    - **Ending chronic homelessness:** All individuals known to be experiencing chronic homelessness (including veterans) have obtained permanent housing with appropriate services (e.g., permanent supportive housing). Or, if not all, the number of individuals that continue to experience chronic homelessness does not exceed 0.1% of the total number of individuals reported in the most recent Point-in-Time count, or 3 persons, whichever is greater. The benchmark must be met and maintained for a period of no less than 90 days to ensure that the system is working well enough to prevent individuals from falling into chronic homelessness. More details can be found within the Criteria and Benchmarks for Achieving the Goal of Ending Chronic Homelessness.

3. We have established, or will work to establish, a quality By-Name List capable of tracking these five key metrics for homeless veterans and chronically homeless individuals:
    - Number of Actively Homeless
    - Housing Placements
    - Moved to Inactive
    - Newly Identified
    - Returned from Inactive

4. We are able and willing to consistently report from our By-Name List. We understand that, in order to participate in Zero: 2016, we must report on a monthly basis and that if we do not submit a report for two consecutive months, we will have opted ourselves out of the effort.
    - In advance of having a By-Name List capable of tracking inflow and outflow, we will report monthly housing placements while we work to improve our data.

5. We agree to have our self-reported aggregate (i.e., not client-level) By-Name List data shared publicly (e.g., on the Zero: 2016 webpage).

6. The following leaders in our community are committed to these participation criteria:
    - Public Housing Authorities
    - Continuum of Care Lead
    - HMIS Administrator or By-Name List Manager
    - Veterans Administration Medical Center Director or Designee
    - Veterans Administration Network Homeless Coordinator
    - Leaders of key local initiatives (10 year plans, Mayor's Challenge, etc.)
    - Health/Behavioral Health Public Agencies

7. We will bring joy and our unique genius to this national effort and demonstrate that it is possible to end veteran and chronic homelessness.

8. We are excited to contribute actively to the movement's national peer support network, to ensure we can rapidly spread ideas and solutions to other communities.

9. We commit to working with Community Solutions and implementation partner, CSH, throughout the end of 2017.

FOR QUESTIONS AND MORE INFORMATION:

If you have questions, please contact your **Zero: 2016 coach**, along with anyone else on the team, including **Beth Sandor, Director of Zero: 2016** at **bsandor@cmtysolutions.org.**

Maricopa County Regional Single Adult Coordinated Entry System Policies and Procedures

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1. OVERVIEW

1.01 Background

Coordinated Entry is Maricopa County's regional system for triaging, assessing, and referring individuals and families to appropriate need-based housing interventions. The HEARTH Act of 2009 established a framework for Coordinated Entry that has been applied locally. Although Coordinated Entry is a requirement to receive certain federal funding (e.g. Emergency Solutions Grant), it more importantly, ensures that people access the resources that they need to end their homelessness.

1.02 Guiding Principles

In August 2012, the coordinated entry workgroup developed the following guiding principles.

Coordinated Entry

- System is sustainable
- Existing partnerships are supported and leveraged
- Parallel processes are streamlined
- Services are individualized in accordance with the potentials and needs of each client and family
- Data is entered and shared in real-time

Outreach and Engagement

- Client-centric assessment and referral process
- Easily navigable system for clients
- Multiple entry points

Assessment

- Simple initial assessments
- Accountability among service providers and assessment staff
- Availability of a broad, flexible array of effective services and supports for clients and their families that address their multiple needs

Housing Placement

- Prioritized enrollment based on client need with an emphasis on acuity
- Focus on ending homelessness quickly

- Need to serve all clients balanced with provider choice in enrollment decisions
- Choices promote self-sufficiency
- Services are well-coordinated between agencies and staff
- Appropriate referrals
- Housing-First approach

1.03 Document's Purpose

This document contains the policies and procedures that govern the implementation, governance, and evaluation of Single Adult Coordinated Entry in Maricopa County. The Coordinated Entry Oversight Work Group is charged with approving any changes to these policies and procedures.

1.04 Glossary

Access Site. The physical location or outreach team where individuals entering or experiencing homelessness are identified, triaged and assessed for appropriate housing interventions. It may be a stationary site or mobile (such as an outreach team). Currently, there is only one site and it is operated by the Lodestar Day Resource Center and housed at the Welcome Center at the Human Services Campus.

Assessment Tool. The community-selected tool used for determination of client need, prioritization, and case management. The Assessment Tool comprises the VI-SPDAT and the SPDAT.

Case Conferencing Forum. A weekly meeting held by the Primary Operator Agency. Participation in the forum is required for all agencies providing navigation services.

Single Adult Coordinated Entry. The community system by which individuals experiencing homeless are uniformly triaged and assessed for appropriate housing interventions.

Coordinated Entry Oversight Work Group (CEOWG). The body appointed by the Continuum of Care to oversee Coordinated Entry in Maricopa County.

HEART Group. Advisory group made up of providers with an interest in the operation of Coordinated Entry.

Housing Match Program. Connects homeless individuals with a navigator and housing placement depending on service needs and community determined service prioritization standards. Operated and managed by the Primary Operator Agency.

Maricopa Association of Governments (MAG). The entity that is the collaborative applicant for Continuum of Care funds and administers the Maricopa County Regional Continuum of Care.

Maricopa County Continuum of Care (CoC). The appointed body of providers, elected officials, and others overseeing the implementation of Coordinated Entry in Maricopa County.

Navigation Provider. Agency that provides navigation services, including document-readiness assistance, to individuals as a component of Coordinated Entry.

Participating Provider Agency. Agencies that have been on-boarded to participate in Coordinated Entry by providing assessment, navigation, or housing services.

Permanent Supportive Housing. Permanent housing with an indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability.

Primary Operator Agency. The agency coordinating the implementation and administration of Coordinated Entry in Maricopa County, including operating the Access Site and the Housing Match Program.

Rapid Re-Housing. Housing search assistance, coupled with short- or medium-term rental payment assistance and housing case management to assist individuals in rapidly returning to housing.

2. GOVERNANCE

2.01 The Coordinated Entry Oversight Work Group

The Maricopa County Continuum of Care has appointed the Coordinated Entry Oversight Work Group (CEOWG) to serve as the Governance Committee for Coordinated Entry. CEOWG will meet at least monthly, and more often as necessary.

2.01.01 Committee Composition

The Governance Committee shall include the following:

As Voting Members:

- Funder Representative
- Provider Representative
- Continuum of Care Board Member
- Performance Standards & Data Quality Committee Member
- Non-Provider Person

As Non-Voting Members:

- One Representative from each Operating Organization

2.01.02 Committee Responsibilities

The Governance Committee is responsible for:

- Monitoring and evaluating Coordinated Entry performance measures
- Reviewing these policies and procedures
- Recommending process improvements
- Addressing grievances

2.01.03 Committee Chair

The Governance Committee Chair is responsible for:

- Setting each meeting's agenda
- Serving as the main point of contact for agencies seeking more information about Coordinated Entry
- Ensuring that minutes are taken at each meeting

The Governance Committee will vote for a chair amongst themselves once per year. The Chair will serve a one-year term.

2.01.04 Committee Member Responsibilities

Governance Committee Members must attend 75 percent of Committee meetings to maintain his or her seat on the Committee. The Committee chair must attend 90 percent of meetings. Failure to do so may result in removal from the Committee by a vote of the majority of remaining Committee Members.

2.01.05 Term Lengths and Limits

Governance Committee Members may serve for two years. After two years, a Committee Member's term may be extended twice, for one year each. No Committee Member shall serve more than four years. Any extension must be requested by the individual Committee Member and approved by the Continuum of Care.

2.01.06 Conflicts of Interests

A Governance Committee Member must abstain from voting on any grievance or complaint if the grievance or complaint concerns the agency by whom the Governance Committee Member is employed.

2.02 Voting Procedure

All decisions will be made by a majority vote of Committee Members. Any decision to change the Coordinated Entry process, or the governance structure for Coordinated Entry must be approved by the Continuum of Care.

2.03 Administrative Dispute Resolution

2.03.01 Generally

To ensure that each participating provider agency as well as the Coordinated Entry coordinating entity is fulfilling its obligations in accordance with the policies and procedures described in this document, the following grievance process will be used. This process is designed to create accountability amongst the provider agencies and to individuals experiencing homelessness.

2.03.02 Operator Procedure

As the primary operator of the coordinated entry for single adults experiencing homelessness, the Lodestar Day Resource Center (LDRC) may identify an agency violation or deficiency in following Coordinated Entry policies.

2.03.02.01 Filing a Grievance

To file a notice of violation or deficiency (complaint), the following procedure must be used:

1. The Primary Operator Agency will notify the participating provider agency of the issue(s) and attempt to work out a solution.
2. If no solution is found, the Primary Operator Agency will prepare a written statement describing the deficiency, all prior attempts at resolution, and a proposed solution going forward.
3. The written statement will be provided to the participating provider agency, which may prepare a written response. Any written response must also be provided to the Primary Operator Agency.
4. The Primary Operator Agency will provide the written statement, and written response if any, to the CEOWG representative for review.

5. If appropriate after the CEOWG representative's review, the CEOWG will allow the Primary Operator Agency and the participating provider agency an opportunity to explain the deficiency and recommend solutions.
6. The CEOWG will then vote on a resolution to the deficiency. The CEOWG's decision is binding on both the Primary Operator Agency and the participating provider agency. The CEOWG's decision will be recorded in writing and be provided that written document to both the Governance Committee and the participating provider agency.
7. If either party still is not satisfied with the resolution of the grievance by the CEOWG, a formal appeal may be submitted to the Continuum of Care board via their identified procedure.

2.03.03 Failure to Comply with Governance Committee's Resolution.

If an agency fails to comply with the Governance Committee's decision, that agency may be suspended from participation in Coordinated Entry. In the event that an agency fails to comply, the follow procedure will be followed:

1. The Primary Operator Agency will prepare a written statement describing the CEOWG's original remedy and a description of the participating provider agency's noncompliance with that resolution.
2. The written statement will be provided to the participating provider agency and the CEOWG with a recommendation to suspend the provider's participation.
3. The CEOWG will review the recommendation. If the CEOWG finds the continued violation and recommendation justified, the CEOWG will have the ability to suspend participation and a corrective action plan to remedy the violation or deficiency. The suspension will be recorded and written notice of the terms of suspension and corrective plan will be provided to the provider and the Primary Operator Agency.

2.03.04 Habitual Noncompliance with Coordinated Entry Policies and Procedures

In extreme situations involving continued violations or deficiencies in performing Coordinated Entry obligations, the CEOWG will have the ability to remove an agency from Coordinated Entry with the following procedure:

1. The CEOWG will work with the Primary Operator Agency to prepare a written termination document describing each instance of noncompliance and all attempts at resolution.

2. The CEOWG will allow the participating provider agency the opportunity to advocate against termination during the meeting in which the CEOWG makes its decision.
3. The CEOWG's decision to terminate a program is final for at least 6 months. The terminated participating provider agency may petition the CEOWG for reinstatement after three months. Its petition for reinstatement must offer solutions for corrections of noncompliance described in the written termination document.
4. If the CEOWG approves the petition for re-instatement, a terminated participating provider agency may begin the full on-boarding process again.

2.03.05 Provider Procedure for Grievances Concerning Another Provider or Operator

A participating provider agency may file a complaint with the Primary Operator Agency if the grievance concerns the Primary Operator Agency as Coordinated Entry operator or another participating provider agency. The following procedure will be used:

1. The participating provider agency shall provide a written summary of the complaint and desired resolution to the Primary Operator Agency.
2. The Primary Operator Agency will then notify the participating provider agency that a grievance was filed against it, and offer it an opportunity to file a written response or it will provide a written response to complaints against the operator.
3. The Primary Operator Agency will then attempt to mediate a resolution.
4. If no mutually agreeable resolution is reached, the Primary Operator Agency will make a final decision to resolve the grievance if it is between two partner agencies.
5. If either the original complaining agency or the agency upon whom the complaint is levied is dissatisfied with the resolution, it can request that the Primary Operator Agency file a grievance against the agency with the CEOWG as described above. The decision reached by that process is binding.

3. PARTICIPATING PROVIDER AGENCY ONBOARDING PROCEDURE

3.01 On-Boarding Process

All Participating Provider Agencies are on-boarded in accordance with the following process:

1. Make a request to onboard to the Primary Operator Agency
    a. At the time of request, the Coordinated Entry Policies and Procedures, and the Coordinated Entry Onboarding Packet will be provided to the interested agency. Both documents must be reviewed prior to submitting a registration form.
2. Submit the completed on-boarding packet to the Primary Operator Agency

3. The Primary Operator Agency will make a recommendation to the HEART Group as to whether the interested agency should be approved as a Participating Provider Agency.
4. The HEART Group will make a final decision concerning the interested agency at its next regularly scheduled meeting.
5. The Primary Operator Agency will contact the Participating Provider Agency for a meeting to develop next steps and a timeline for completing the onboarding process.

3.02 Requirements for All Participating Provider Agencies

All Participating Provider Agencies are required to:

- Submit onboarding packet
- Participate in the community data share agreement
- Participate in relevant training to develop staff skills
- Communicate program, staffing, and other relevant updates to the HEART committee and the Primary Operator Agency regarding type and number of units or resources being committed
- Participate in the monthly HEART meeting
- Utilize CEOWG-approved data system
- Accept prioritized referrals from the HMP based on community defined prioritization standards

3.03 Specific Requirements for Access Site

All Access Sites are required to do the following:

- Apply a diversion protocol to screen out individuals who can be prevented from entering the homeless system
- Triage for immediate needs including shelter, food, medical intervention, and/or crisis response
- Obtain client's Release of Information, and creates or updates data system profile, including universal data elements (UDEs).
- Refer out those who are more appropriate for other systems (e.g., connect a family to the Family Housing Hub, and veterans to appropriate veteran interventions)
- Conducts VI-SPDATs on all individuals accessing the Access Site that have never had a VI-SPDAT
- Provides a referral for any individual scoring within the prioritized range (PSH or RRH) on the VI-SPDAT to a Housing Match Program for referral to navigation and housing services

- Provide all individuals accessing the Access Site with comprehensive information concerning services available to the individual for both short- and long- term needs, including shelters, medical care, job search assistance, mental health and substance abuse programs, and more.
- Assist in locating and finding clients engaged in navigation or housing process. (Ex: looking up housing notes, flagging clients in HMIS, etc.)

3.04 Specific Requirements for Navigation Providers

Navigation Providers offer outreach and navigation services to clients who are on the Housing Priority List. They have the following additional responsibilities:

- Receive client referrals into services, and accept at least 85% of referrals based upon community standards and agency's service model. Navigators will be assigned to specific clients.
- Assist in finding clients for housing process
- Provide a written explanation to the Housing Match Program when a referral is rejected
- Assist clients with obtaining documents needed for housing eligibility and applications
- Complete Housing Match Initiation form in data system
- Participate in a warm hand-off into housing
- Communicate with Primary Operator Agency regarding client updates
- Participate in the weekly Case Conferencing Forum
- Provide eligibility criteria for programs at the time of on-boarding and commit to accepting referrals for 30 days after any change in eligibility criteria is made
- Assign one agency contact to coordinate and monitor data system usage, including the assignment of clients to navigators

3.05 Specific Requirements for Housing Providers

Housing Providers offer housing to clients that are on the Housing Priority List. They have the following additional responsibilities:

- Receive client referrals from the Housing Match Program, and accept at least 85% of referrals based on community priorities.
- Communicate with Housing Match Program regarding housing programs, eligibility, etc.
- Dedicate appropriate housing inventory to the Housing Match Program
- Update housing program information eligibility and vacancies in data system
- Assign a single point of contact (per agency or program) to coordinate and monitor data system usage

4. COORDINATED ENTRY PROCEDURES

4.01 Assessment

The Access Site triages each individual presenting as homeless to determine his or her immediate needs (shelter, food, medical attention and/or crisis response), and conducts a Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) to connect individuals to the appropriate housing intervention, if necessary. The VI-SPDAT is a prescreen tool, utilized to identify the presence of barriers and to determine whether a full SPDAT assessment is warranted. The SPDAT is then used as a case management tool and prioritization tool for housing interventions in our community.

Access Sites utilize the VI-SPDAT to screen any single individual experiencing homelessness. Individuals who do not identify themselves as homeless do not receive an assessment through this process.

The assessment takes approximately 10 minutes to administer. Any staff conducting assessments is required to complete the required training prior to conducting assessments. Training is offered through the Arizona Coalition to End Homelessness, and an OrgCode-approved trainer must conduct the training.

Information collected during the assessment is used to refer individuals to appropriate housing interventions, where they receive full SPDATs, connect to resources and services available in the community, and address potential housing barriers. All assessments conducted at Access Sites will be shared with Participating Provider Agencies of Coordinated Entry, as listed in the Release of Information (ROI), and entered into the approved data system.

4.02 Matching

The purpose of Housing Matching is to connect homeless individuals to the most appropriate housing service or program (including appropriate supportive services based on need and community-identified priorities) as quickly as possible. The Primary Operator Agency will operate and administer the Housing Matching program.

The Housing Match Program creates and maintains a single By Name List (BNL)housing list that includes all assessed individuals awaiting housing placement. The list is first prioritized by acuity—those with the highest acuity are placed first on the list. The list is further prioritized by CEOWG-approved criteria. For example, after acuity, the list may be prioritized by length of homelessness.

The Housing Match Program then seeks to match individuals with both navigation services, and housing placement, based on the individual's needs and the individual's stated preferences. The Housing Match Program then connects eligible individuals with housing and navigation providers.

To be maximally effective, the Housing Match Program maintains a real-time inventory of available housing stock and seeks to maintain unit occupancy. The Housing Match Program manages a data system from which reports are prepared to track community-determined outcomes and indicators.

The Housing Match Program assigns individuals to available navigation services in accordance with the table below.

Acuity	**VI-SPDAT Score**
High	8-17
Moderate	4-7
Low	0-3

The Housing Match Program assigns individuals to available housing programs in accordance with the table below.

Acuity	**SPDAT Score**	**Intervention**
High	35-60	Permanent Supportive Housing (PSH) with long-term support
Moderate	20-34	Rapid Re-Housing (RRH) with 3-6 months support
Low	0-19	General Assistance

4.03 Referrals

The Access Site provides referrals to Participating Provider Agencies offering navigation services to expedite the housing placement. Individuals are connected to navigation services in accordance with the following procedure.

- Access Site conducts VI-SPDAT
- If the individual scores in the PSH or RRH range, client meets with Housing Match Program within one business day
- Housing Match Program refers client to appropriate Navigation Provider

- Navigation Provider meets with client within one business day to confirm eligibility for services and schedule an intake appointment (if appropriate)
- If client is ineligible for that Navigation Provider's services, the referral is rejected and a written explanation is provided to the Housing Match Program. The client is then matched with an alternative navigation provider.

Participating Provider Agencies may only decline referrals if the referred client does not meet the program's eligibility criteria as stated in the Participating Provider Agencies' on-boarding packet, or amendments to those materials

If any of these cases, the Participating Provider Agency must provide a written explanation to the Housing Match Program for declining the referral. The individual will then be referred to another program

If the client declines the referral, the Housing Match Program will make additional attempts to provide the client with a satisfactory referral. If a client repeatedly declines referrals, the individual will be discussed at the Case Conference Forum to determine the next appropriate steps. S/he will maintain her/his place on the priority list, despite repeatedly declining housing referrals and may continue to receive navigation support.

4.04 Navigation

Navigation Providers are responsible for assisting their assigned clients in obtaining the necessary documentation to obtain housing. This may include, but is not limited to, birth certificates, state identification cards, and proof of income.

In addition, Navigation Providers are responsible for providing their assigned clients with day-to-day support while they wait for their housing placement. This may include crisis navigation, locating appropriate temporary shelter, or other types of support.

Navigation Providers are required to engage in their best efforts to maintain contact with their assigned clients.

4.05 Case Conferencing

On a weekly basis, the Primary Operator Agency holds case conferencing meetings. The goals of case conferencing include:

- Review the priority list and refer into Navigation services according to the Coordinated Entry prioritization scale

- Facilitate the transfer of clients from one navigator to service to another, as needed (note: a client cannot be removed from a caseload until the situation is discussed at the Case Conferencing Forum, and a referral is made to another navigator)
- Discuss progress in gathering documentation and working with clients that are waiting to be matched to housing
- Prevent the duplication of navigator services
- Appeals or reviews of VI-SPDAT or other scoring or special needs considerations

Navigator Providers are required to participate in case conferencing. Case conferencing participants are required to receive referrals and commit to outreaching the clients to whom they are assigned. Navigators should expect to spend at least 2 weeks attempting to find and connect with clients assigned to them through the Case Conferencing Forum. If the client needs a full SPDAT, the Navigator will conduct the assessment.

4.06 Housing Placement

After a client has obtained all documentation needed for a housing application, he or she is matched to housing. The Navigator Provider initiates the housing placement process by informing the Housing Match Program that a client has obtained the needed documentation. The Navigator Provider also provides the Housing Match Program with the client's preferences concerning their housing. The Housing Match Program provides the client with a choice of housing options for which he or she is eligible. The Housing Match Program and the Navigator Provider work together to assist the client in making a decision and applying to the housing program.

4.07 Data Collection

The Coordinated Entry system, under guidance from the CEOWG and the HEART Committee, is responsible for maintaining data processes and standards. Information captured and shared throughout the system is used to measure the effectiveness of the system and progress towards achieving community-Identified goals. The data process is initiated at Access Sites, where individuals are assessed and triaged into services. Each client signs a Release of Information, which allows his or her information to be stored within the data system. Information collected by Access Sites includes demographic information and VI-SPDATs. The following indicators will be monitored and reported on:

- # of clients assessed per day, week, month, year
- Average time per assessment

- Average wait-time for assessment
- # diversions
- # shelter placements
- #/% connected to the Housing Match Department

Once information is collected at the Access Sites, it is managed by the Housing Match program, which is operated by the Primary Operator Agency. The Housing Match program uses the data to make referrals into navigation and housing services. The housing priority list is managed by the Housing Match program and indicates how many clients fall within the priority categories of Rapid Rehousing and Permanent Supportive Housing. Data quality, including data accuracy and duplicate entries, are managed and resolved by the Housing Match program. In addition, the Housing Match program generates community wide reports to track housing placements and service connections. The indicators that are used to monitor the Housing Match program are:

- # housing referrals per week, month, year
- # navigator referrals per week, month, year
- #/% priority population clients connected to housing

The Navigation provider is responsible for updating client data over the course of the individual's engagement with services. This includes entering SPDAT information, updating demographic information, entering housing match initiation information, and updating contact information for Navigators. The following indicators are monitored.

- # clients engaged with navigation services
- Length of time (LOT) that client is engaged per agency
- LOT to housing placement
- #/% clients retained for navigation services
- #/% of clients that are document ready for housing programs

Housing Providers are responsible for updating data related to vacant units, approved/denied matches, and housing placement information. The indicators that will be collected on housing outcomes include:

- # housing placements per week, month, year
- # approved/denied referrals
- Length of Time from referral to housed
- Housing Application processing time

All Coordinated Entry Participating Provider Agencies must sign a Data Share Agreement that allows information to be exchanged among participants. The agreement specifies all Participating Providers and indicates that additional providers may be added to the agreement later.

Individuals who are engaged with the Coordinated Entry system have a right to know which information is being collected, where it is stored, who has access to it and what it is used for. Therefore, each client signs a Release of Information (ROI), which addresses these points. The ROI lists each individual agency in the data share agreement and also acknowledges that new agencies may be added at a later time. A complete list of participating agencies will be maintained and updated at the Access Sites. The client may opt out of signing the ROI and this does not necessarily exclude him or her from housing or other services. If he or she refuses to sign, information will be excluded or locked from the data system. An individual will not be denied service if they decline to sign the ROI. A client may decide to revoke the ROI at any point in the process. To do so, he or she must contact the Primary Operator Agency.

4.08 Grievance

All participating provider agencies must have a grievance policy in place. A copy of the grievance policy should be provided to clients at the time of their visit. The policy included here is intended to cover client grievances related specifically to coordinated entry related policies, decisions, services or activities. This policy does not address grievances involving a Participating Provider Agency's internal policies, services or activities. In the event a grievance is received regarding an agency's internal policies, services or activities, the grievance will be referred to the appropriate agency for resolution under the agency's grievance policy. Each participating provider agency must make a good faith effort to resolve a client grievance as best they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about agency conditions, how the client was treated by agency staff, and violations of confidentiality agreements. If the client feels the complaint was not adequately addressed, the client should then follow the agency's internal grievance procedure. If the client follows the agency's grievance process and still believes the complaint was not adequately addressed, then the client should be referred to the Primary Operator Agency for assistance in filing a grievance in accordance with the procedure discussed below.

Participating provider agencies should first seek to resolve client grievances through that agency's internal client grievance procedure. If a client is unsatisfied at the conclusion of that

procedure, the client may file a formal grievance with the Primary Operator Agency. The following procedure will be used:

- The participating provider agency shall provide the client with the formal grievance form.
- Within 24 hours of the client completes the form, the participating provider agency shall provide the form and any additional documentation, including a written statement, to the Primary Operator Agency.
- The Primary Operator Agency will attempt to mediate a solution within 48 hours of receiving the client grievance.
- If no mutually agreeable resolution is reached, the Primary Operator Agency will make a final decision to resolve the grievance.
- If the agency or the client is dissatisfied with the resolution, either can request review by the Governance Committee. The Governance Committee's review is final.

5. APPENDICES

A. Project Background

B. Initial Project Timeline

C. Participating Provider Agency Service Contract

D. Full Assessment Procedure Script

E. Coordinated Entry Metrics

F. Client Grievance Form

FAMILY HOUSNG HUB: OPERATIONS MANUAL

Approved by the CoC 8/2014 and 6/2015

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1. Guiding Principles

In August 2012, the Coordinated Assessment Workgroup developed these guiding principles:

- The assessment and referral process should be client-centric
- The system must be easy for clients to navigate
- Establish multiple points of access
- Prioritize enrollment based on client need
- Prioritize "hardest to serve" clients first
- Focus on ending the client's homelessness as quickly as possible
- Balance provider choice in making enrollment decisions with the system's need to serve all clients
- Initial Assessments should be as simple as possible
- Establish accountability amongst assessment workers and providers
- Make a system that is sustainable
- Leverage and support existing partnerships and strong partnership
- Streamline any parallel processes
- Offer choices which promote self-sufficiency
- Deliver services that are well coordinated between all staff and agencies
- Support provider staff with appropriate referrals
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family
- Use a Housing First approach
- Use real-time data to make quick referrals

2. VI-SPDAT/SPDAT Issues and Use

Scoring Ranges	ES only	RRH	RRH orTH	PSH
Family VI-SPDAT Prescreen v2.0	0-3	4-6	7-8	9+
F-SPDAT Assessment	0-26	27-39	40-53	54-80

A. Scoring Ranges by Intervention

Due to resource allocations the Family VI-SPDAT scoring ranges will be used as a guideline for veteran-specific resources. Veteran-specific Permanent Supportive Housing (PSH) will be reserved for the highest acuity families. Grant-Per-Diem Transitional Housing (TH) and Supportive Services for Veteran Families Rapid Re-Housing (RRH) will be used flexibly to serve low to moderate acuity families.

Families scoring for PSH may need access to lesser interventions (ES, TH, RRH) until an appropriate PSH unit is available. The lesser intervention will be considered "bridge housing."

B. Prioritizing Interventions by Scoring Range

Emergency Shelter will be prioritized for families facing significant safety risks where they are temporarily sleeping.

Rapid Rehousing will be prioritized first by acuity; families must score between 4 and 8 on the Family VI-SPDAT at the Family Housing Hub. Families scoring 7-8 will be provided a choice of intervention – Rapid Rehousing or Transitional Housing. Those scoring 4-6 and those scoring 7-8 and choosing Rapid Rehousing will be placed on a Service Priority List in order of assessment date with the most recent at the bottom. Families at the top of the list will have been waiting the longest, and have the greatest risk of "timing out" of their temporary shelter arrangement.

Transitional Housing will be prioritized first by acuity; families must score between 7 and 8 on the Family VI-SPDAT at the Family Housing Hub. Families within that range will be placed on a Service Priority List in order of assessment date with the most recent at the bottom. Families at the top of the list will have been waiting the longest, and have the greatest risk of "timing out" of their temporary shelter arrangement.

Permanent Supportive Housing will be prioritized first by acuity; families must score at least a 9 on the Family VI-SPDAT or a 54 on the full F-SPDAT assessment at the Family Housing Hub. Families will be placed on a Service Priority List rank ordered by acuity score with the highest acuity families at the top of the list. When two families have the same high acuity score, the family who has been waiting the longest will be the next served.

C. Administering the Full Assessment

For families scoring within the range for PSH on the Family VI-SPDAT, the Service Priority Specialist of the Family Housing Hub will administer the full FSPDAT assessment in order to determine eligibility for PSH.

In all other cases, the full FSDPAT assessment will be administered by the receiving programs upon entry and used as a case management tool.

D. Maintaining Consistency and Integrity of Assessments

A minimum of 5 Trainers will be designated as the Maricopa County F-SPDAT Training Team. These individuals are direct service professionals who administer the tools themselves and attend Org Code's Train the Trainers full-day workshop. As needed, the community will procure services with Org Code Consulting to repeat the Train the Trainers full-day workshop.

The Maricopa County F-SPDAT Training Team offers half day trainings monthly to build capacity among direct service staff to administer the F-SPDAT assessment tools. They use the same presentations, case studies, and training materials. All community F-SPDAT trainers meet monthly in order to maximize coordination and communication.

It is required that all case management and Family Housing Hub staff will attend one of the formal F-SPDAT trainings prior to using the full FSPDAT assessment tool.

Once operational the Family Housing Hub Service Priority Specialists will administer all of the Family VI-SPDATs for Maricopa County. Family VI-SPDAT scores will be used to make high stakes decisions, so intra-scorer reliability will be considered a top priority. The Service Priority Specialist group will include approximately 8 in the central region and 8 in the East and West valleys. The Service Priority Specialists will meet on a monthly basis to consensus score, attend trainings on topics such as motivational interviewing and trauma-informed care, communicate challenges, and come to consensus on solutions. Meeting weekly will be critical when establishing each Family Housing Hub location.

3. Housing Match and Placement Criteria (Eligibility)

A. Thoughtful Choice for Participants

Families are expected to accept the first emergency shelter unit made available to them as long as it meets their most basic needs, such as being ADA compliant or large enough to accommodate the family.

If a family is only eligible for one program within the intervention, the community is only able to offer one choice. All services are voluntary.

If a family is eligible for multiple programs, the options will be explained to them at the Family Housing Hub. Reasonable considerations will include the location of the School of Origin for the child(ren), location of employment, location of natural supports such as family or church, access to transportation options, child care availability, access to health care, anticipated expenses, etc.

B. Thoughtful Choice for Providers

Whenever possible, the FHH partners will work with funders to remove barriers to services through unique eligibility requirements. Programs are expected to be as flexible as possible regarding program criteria and eliminate barriers to participation. Differences in eligibility criteria are permissible when they are directly tied to funder expectations.

Provider programs will have the option to decline services to 15% of the eligible families referred to them by the Family Housing Hub.

C. From Application to Referral

Once the FHH Service Priority Specialist has determined a family qualifies for a particular intervention and meets the eligibility criteria, the Family Housing Hub will send a 1-page referral form to the selected program for acceptance/denial. The referral form will include basic information including names and dates of birth, family size, special needs, income level, partial SSNs for the adults, and qualifying Family VI-SPDAT score.

If the family is accepted, but there are no units immediately available, they will be placed on a Service Priority List with an indication that they have been accepted by the specific provider. When a unit is available, the electronic HMIS file will be opened to the receiving agency.

The FHH does not require an inventory management system. Partners notify the FHH of vacancies immediately and referrals are made through those notifications.

D. Acceptance/Denial Rate for Participants

When possible we will attempt to accommodate family size and geographic preferences for work and school.

For emergency shelter, once determined that a family is eligible and able to enter any program for which they qualify, declining shelter will remove them from the SPL for 30 days. If they wish to be placed back on the SPL, they will need to return to the FHH.

If a client declines Rapid Rehousing services they will be removed from the SPL. If they wish to reapply they must return to the FHH. RRH is similar regardless of service provider; clients will have a choice in

where they live but not in the agency providing the service. Clients reconsidering Rapid Rehousing that are eligible will be placed on the bottom of the list.

For transitional programs, families are notified at the time of assessment of the information regarding program amenities, location, costs, and wait lists. Families are asked to select one program and are placed on the SPL. If a family declines the program they are signed up for, they will be removed from the SPL. Clients reconsidering TH will need to go back to the FHH and be placed at the bottom of the list.

A family on a transitional housing list may choose to be placed on a list for a different TH provider by going to the FHH and notifying the SPS. Any changes must be approved by the SPS's Coordinator.

Families declining Permanent Supportive Housing will be removed from the SPL. Families reconsidering PSH will need to return to the FHH and be placed on the list in order of acuity score on the full FSPDAT.

In all cases, the Family Housing Hub staff must provide clear and complete informed consent so families are fully aware of all options and consequences.

According to recommendations from OrgCode, a Family-VISPDAT will only be completed every 6 months or in the circumstance of a major life changing event, i.e. death of a family member. If a new score is determined, families that declined previous interventions will be placed on the SPL for a new intervention with a new assessment date.

Families will be told at time of assessment that they will be removed from lists if declining services. If the FHH learns of a family declining services and the family is in emergency shelter, the FHH will notify the emergency shelter prior to removing them from the list.

E. Acceptance/Denial Rate for Providers

Once the FHH Service Priority Specialist has determined a family qualifies for a particular intervention and meets the eligibility criteria, it is expected that the receiving program will accept 85% of the referrals.

Up to 15% for whom they decline services will be redirected by the FHH Service Priority Specialist to an alternate program.

F. Additional Prioritization beyond Acuity

Safety risks prior to shelter entry and length of time waiting for appropriate intervention. These have been addressed in the previous bullet.

In addition to the designated scoring range (7-8), Transitional Housing might be used as "bridge" housing for families scoring for PSH and for whom there are no units readily available.

G. Progressive Engagement

We are implementing a modified progressive engagement strategy. The Family VI-SPDAT score determined by the staff at the FHH will determine the initial intervention for the family. In the event that the intervention is not successful and the still homeless family returns to the FHH with a full assessment score from an F-SPDAT trained provider agency that substantiates the need for a higher

level of service, the family will be routed through the established procedures for accessing that intervention.

- When a family (1) scores for emergency shelter and reaches the end of their shelter stay, (2) has no alternative housing options and (3) the full FSPDAT demonstrates the need for a higher level of service, the family may be placed on the SPL for the higher level of service. If the full FSPDAT score remains within the range for emergency shelter, the family may be placed on the SPL for a subsequent emergency shelter stay.

- When a family (1) scores for RRH, (2) obtains housing, (3) is not successful in sustaining it within a reasonable timeline, and (4) the case manager has completed a full FSPDAT demonstrating the need for a higher level of service, the family will be placed on the SPL for that intervention.

- When a family (1) scores for TH, (2) participates in a TH program for at least 6 months, (3) has no alternative housing options, and (4) the case manager has completed a full FSPDAT indicating the need for a higher level of service, the family will be placed on the SPL for PSH.

4. Geography and Integration with Other Service Systems

A. East and West Valley Access Points

Based on the data collected since August 2014, there is not enough substantiated need to open full service sites in the East and West valley. For the remainder of the first year of operation (through August 2015), we will send Family Housing Hub staff to East and West valley locations to conduct weekly assessments. All forms, procedures, data systems, and homeless resources used at any of the sites will be identical. The only variance for the East and West valley locations will be the days and hours of operations and local non-homeless resource information, which may be customized based on geographic location.

B. Contracted Obligation to Participate

Current contracts for homeless services with the City of Phoenix, HUD Continuum of Care, VSUW, and DES require participation in the coordinated assessment system.
HUD CoC: To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;

VSUW: VSUW requires that agencies utilize the Homeless Information Management System, participate in the Coordinated Access and Assessment System and follow the policies, procedures and measurements as facilitated by the Continuum of Care.

DES: 4.2 Participate in the Coordinated Assessment System, when available, for the Continuum of Care in which the Contractor participates.

For the FY2014 NOFA process, the CoC defined participation as:
What it means to participate in the Regional Coordinated Assessment System:

- 100% of the project referrals will come from the regional coordinated assessment system. (i.e., housing list managed by the UMOM Family Housing Hub, or the housing placement list managed by the Campus Welcome Center) per the timeline established by the UMOM Family Housing Hub and/or the Campus Welcome Center.
- The project will notify the appropriate access point when there is a vacant unit.
- The project will make programmatic adjustments to accommodate individuals and/or families in the scoring range for the intervention.
- The project will provide transparency with the CoC and the CoC-approved Coordinated Assessment access points, particularly if the agency has plans to open or close programs, change capacity, or shift resources from one intervention to another.
- The project will use the full SPDAT and/or F-SPDAT as a case management tool.
- The project will Implement the CoC approved Standards of Excellence.
- Attending meetings of the Standing Strong for Families and/or HEART group.

C. Integration with CRRC

Veteran specific FHH staff will work directly with CRRC to receive referrals of veteran households who need homeless resources. In addition, veteran specific staff will work directly with the CRRC to determine VA eligibility of all veterans.

D. Special Populations

The FHH will provide screening and assessment for youth ages 18-24 with minor children and will integrate resources specific to youth with minor children. When the Transition-Aged Youth VI-SPDAT is available it will be used to assess this population.

The FHH will provide screening and assessment for ABC housing for SMI households with minor children beginning in March 2015. The FHH will also work with other family providers that offer SMI specific resources. SMI households will be prioritized for those resources.

The FHH will provide screening and assessment for pregnant women with substance use issues and work with community-based providers to ensure referrals are made expeditiously.

Standing Strong for Families recommends that the CoC Board consider making accommodations for behavioral health providers.

The FHH will provide screening and assessment for individuals and families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, who are seeking shelter or services from non-victim service providers. The Family Housing Hub will coordinate with Centralized Screening for those needing immediate domestic violence services. The Family Housing Hub will adhere to the terms of the CoC-approved policy for addressing the Needs of victims/survivors with minor children seeking shelter or services from non-victim service providers.

Options for coordination with the domestic violence coordinated entry system, HUD Multifamily Housing Program, HUD Section 8 program, Low Income Housing Tax Credit projects, and Mercy Maricopa Integrated Care (MMIC) will be explored in 2015.

5. Service Standards/Placement Follow Through

A. Community Standards for Involuntary Exits

No more than 15% of the families referred to and accepted by a receiving program should return to the Family Housing Hub for alternate placement within 60 days of the original program entry.

B. Transfers from one Intervention to another

Navigation will primarily take place in the emergency shelter. Emergency shelter case managers will work with the FHH to determine what is needed for the household to enter housing and will assist the family with identifying a plan. Veterans will be navigated in conjunction with the SSVF case managers and CRRC.

C. Full Assessment as a Case Management Tool

To date, this has not been included in the contracts by the funders. We believe use of the evidence-based FSPDAT as a case management tool, consistently applied among service providers within the system would improve the overall performance of the system. It is a more comprehensive assessment tool than the Arizona Self-Sufficiency Matrix. The FSPDAT helps focus services on exits to permanent housing. The more effective the service providers are at ending homelessness, the fewer families who will repeatedly need to access homeless services.
The full assessment scores are also important to the progressive engagement strategy. In the event that the initial intervention does not end the family's homelessness, a full F-SPDAT score is an important tool in determining the most appropriate next steps for assigning an intervention.

6. System Infrastructure

A. Outcome Measures

The community will begin to collect baseline data once all of the programs are participating in coordinated assessment through the Family Housing Hub. We anticipate beginning this data collection process by June of 2015.

As the technology becomes available through HMIS and decisions are recommended by the Performance Standards and Data Quality working group and approved by the CoC Board, the following HEARTH outcomes will be measured, reported, and used to document progress:

a. Reduction in length of time homeless
b. Reduction in recidivism (subsequent return to homelessness)
c. Increase in access/coverage (thoroughness in reaching persons who are homeless)
d. Overall reduction in number of persons who experience homelessness
e. Increases in job and income growth for persons who are homeless
f. Reduction in number of people experiencing homelessness for the first time

B. Technology Solutions

HMIS will be used to track homeless families seeking services at the Family Housing Hub and the services they access through the homeless services system.
HMIS is being used for the following purposes:

a. Entry/exits for Family Housing Hub
b. Collection of Universal Data Elements
c. Storage of critical documents
d. File sharing with receiving agencies
e. Tracking of Family VI SPDAT scores *(when available in HMIS)*

The Family Housing Hub and its participating agencies will actively engage in community conversations regarding the utilization of HMIS software for coordinated entry functions.

The Family Housing Hub will use a supplemental Access database for coordinated entry functions until an alternate effective, permanent, and superior solution is identified and determined to be feasible.

An Access database has been developed for the following purposes:

f. Collecting program eligibility information
g. Matching of family to program
h. Tracking of Service Priority Lists for each housing and shelter intervention
i. Documenting family journey from shelter to housing intervention

C. Data Sharing Agreements

Release of information will be initiated at the FHH.

First level of information will be basic eligibility and demographic information on shared SPL for emergency shelter or one page referral for TH, RRH, and PSH.

Second level of information will be shared once client is confirmed for program entry. This information may include: Family VISPDAT (of FSPDAT for PSH), vital docs for all family members, income

verification/ certification, HMIS entry/ exit information, and information regarding any SPL that household may be on including any info necessary to assist client in obtaining permanent housing.

Third level of information will be shared once family is in program (primarily emergency shelter) to provide ongoing info regarding wait list status and information related to assisting client in obtaining permanent housing.

The Family Housing Hub member agencies participate in a data sharing affinity group, approved by the appropriate entities within the Continuum of Care.

D. Memorandum of Understanding

MOUs with each agency should be in place customized based on the nature of relationship. MOUs should be reviewed and renewed annually

E. Oversight

The members of the Family Housing Hub Partnership, Standing Strong For Families, and the CoC Committee will be meaningfully involved in making recommendations and informing the various decision-making processes to ensure continuous improvement of the system.

Both the Coordinated Entry Oversight Work Group and the CoC Board will provide formal oversight of the Family Housing Hub.

F. Funding

In 2015, a process for reallocation was used to prioritize federal HUD CoC funding for the Family Housing Hub. Matching funds will be requested from the Valley of the Sun United Way and other private foundations. The Family Housing Hub and its participating agencies will actively seek sustainable funding from local city, county, and state governments.

G. Decision-Making

All of the programmatic decisions within this document have been initiated with the Standing Strong For Families partners and agreed to by consensus. Decisions have been formally approved by the Continuum of Care Committee and subsequently the Continuum of Care Board.

This Family Housing Hub Operations Manual is intended to be a working document. It is anticipated that it will be amended and improved in order to be responsive to the needs of families experiencing homelessness within the community with existing and available resources. Substantive changes will be routed through Standing Strong For Families and the local Continuum of Care.

APPENDICES

FAMILY HOUSING HUB COMPLAINT AND CONFLICT RESOLUTION PROCEDURE

To ensure that Coordinated Entry operators and participating agencies are fulfilling their obligations in accordance with the agreed upon policies and procedures, the following process has been established.

Participating Agency Procedure

A participating provider agency may identify an agency violation or deficiency of UMOM/The Family Housing Hub in following Coordinated Entry policies and procedures.

Filing a Complaint To file a notice of violation or deficiency, the following procedure shall be used:

1. The participating agency will notify UMOM/The Family Housing Hub of the issue(s) and attempt to work out a solution.
2. In good faith, the participating agency and UMOM/The Family Housing Hub will implement a minimum of three interventions or potential solutions. All efforts will be documented.
3. If none of the attempted solutions are successful, the participating agency will notify UMOM/The Family Housing Hub of their intent to seek conflict resolution with the CEOWG.
4. Both UMOM/The Family Housing Hub and the participating agency have the option of preparing a brief written statement describing the conflict, a list of the prior attempts at resolution, and a clear expectation of what is being requested of CEOWG. Written materials will be provided to the Chair of CEOWG.
5. If UMOM/The Family Housing Hub has not submitted any materials within 72 hours of receiving materials from the participating agency, the Chair of CEOWG will contact UMOM/The Family Housing Hub to remind them of the complaint and process, solicit a written statement, and seek to understand their point of view.
6. The CEOWG Chair will schedule a review of the complaint and documentation on the agenda of the next CEOWG meeting. If appropriate after the CEOWG Chair's review, UMOM/Family Housing Hub and the participating agency will have an opportunity to explain the conflict and recommend solutions in front of the CEOWG members in person at the meeting.
7. The CEOWG will review all of the materials, thoroughly discuss possible solutions, and make a decision regarding next steps. The CEOWG's decision will binding for both UMOM/The Family Housing Hub and the participating agency. The CEOWG's decision will be recorded in the meeting notes and a written summary will be provided to UMOM/Family Housing Hub, the participating provider, and to the Co-Chairs of the CoC Board.
8. If either party still is not satisfied with the decision by the CEOWG, a formal appeal may be submitted to the Continuum of Care board via their identified procedure.

Operator Procedure

As the operator of the coordinated entry for families experiencing homelessness, UMOM/The Family Housing Hub may identify an agency violation or deficiency in following Coordinated Entry policies and procedures.

Filing a Complaint To file a notice of violation or deficiency, the following procedure shall be used:

1. UMOM/The Family Housing Hub will notify the participating agency of the issue(s) and attempt to work out a solution.
2. In good faith, UMOM/The Family Housing Hub and the participating agency will implement a minimum of three interventions or potential solutions. All efforts will be documented.
3. If none of the attempted solutions are successful, UMOM/The Family Housing Hub will notify the participating agency of their intent to seek conflict resolution with the CEOWG.
4. Both UMOM/The Family Housing Hub and the participating agency have the option of preparing a brief written statement describing the conflict, a list of the prior attempts at resolution, and a clear expectation of what is being requested of CEOWG. Written materials will be provided to the Chair of CEOWG.
5. If the participating agency has not submitted any materials within 72 hours of receiving materials from UMOM/The Family Housing Hub, the Chair of CEOWG will contact the participating agency to remind them of the complaint and process, solicit a written statement, and seek to understand their point of view.
6. The CEOWG Chair will schedule a review of the complaint and documentation on the agenda of the next CEOWG meeting. If appropriate after the CEOWG Chair's review, UMOM/Family Housing Hub and the participating agency will have an opportunity to explain the conflict and recommend solutions in front of the CEOWG members in person at the meeting.
7. The CEOWG will review all of the materials, thoroughly discuss possible solutions, and make a decision regarding next steps. The CEOWG's decision will be binding for both UMOM/The Family Housing Hub and the participating agency. The CEOWG's decision will be recorded in the meeting notes and a written summary will be provided to UMOM/Family Housing Hub, the participating provider, and to the Co-Chairs of the CoC Board.
8. If either party still is not satisfied with the decision by the CEOWG, a formal appeal may be submitted to the Continuum of Care board via their identified procedure.

COORDINATED ENTRY POLICY: ADDRESSING THE NEEDS OF VICTIMS/SURVIVORS WITH MINOR CHILDREN SEEKING SHELTER OR SERVICES FROM NON-VICTIM SERVICE PROVIDERS

The term "victim of domestic violence" means all individuals and families who qualify under paragraph (4) of HUD's definition of homeless. This means any individual or family who:

(1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; **and**
(2) Has no other residence; **and**
(3) Lacks the resources or support networks to obtain other permanent housing.

§ 578.7 Responsibilities of the Continuum of Care.

- (a) Operate the Continuum of Care. The Continuum of Care must:
  - (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

Per current HUD contracts, contractors are required:

- To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;

Proposed Policy for the Maricopa County CoC Family Housing Hub:

- Family Housing Hub Service Priority Specialist staff will be formally trained in trauma-informed care, the basic principles of domestic violence, safety planning, and confidentiality. From HUD guidance of November 2015,
  - *All coordinated entry staff should be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point(s), whether a physical or virtual location. CoCs should also partner with their local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking.*

- When any family presents at the Family Housing Hub, questions about safety are a top priority. If the initial screening questions indicate the primary presenting issue is safety-related due to fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, the Service Priority Specialist will work with the victim/survivor to

access DV emergency shelter through the Centralized Screening phone line. From HUD guidance November 2015,

- *If a household is determined to be at risk of harm when an assessment is being conducted, then the coordinated entry staff should refer the household to a victim service provider using referral criteria established for that community based on system design, program capacity, resource limitations, and placement and geography considerations. The coordinated entry process should also have a procedure to safely refer the household to the identified victim service provider, preferably with a warm hand-off including a phone call, transportation, or other transition to the victim service provider. Communities should consult with their local victim service providers or state coalitions against domestic violence to develop models for building a quality assessment process, including screening questions around domestic and sexual violence. Finally, coordinated entry staff should have up-to-date information on domestic violence shelters and general homeless shelters and housing options that are best equipped to serve households experiencing domestic violence based on their location, program model, and linkages to other supportive services*.

- HMIS records are only created with signed informed consent by the Head of Household in each family. Families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking have the option of having their HMIS record locked so that it is not visible to HMIS users other than the Family Housing Hub. Victims/survivors also have a right to decline the creation of an HMIS record in the event that it jeopardizes their safety. According to HUD guidance,

  - *All households, regardless of their DV status, have the right to refuse to disclose their information in HMIS and may refuse to allow the CoC to share their information among providers within the CoC. In fact, all service providers are prohibited from denying assistance to program applicants and program participants if they refuse to permit the provider to enter their information in to HMIS or refuse to allow their information to be shared with other providers. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services. In those instances, the information must still be collected by the recipient to determine whether the individual or family is eligible, but it must not be entered into HMIS if the program participant objects to having information entered into the HMIS. For instance, if a provider needs to verify the presence of a disability in the process of determining eligibility for PSH, the information itself must be collected but not recorded in HMIS. In other words, it should be retained in a separate paper file or closed database.*

- Some homeless-funded programs coordinated through the Family Housing Hub have established a formal preference for victims/survivors. In these programs, with all other eligibility factors being equal, a victim/survivor household will be prioritized over a non-victim homeless family.