

January 26, 2017

TO: Members of the Maricopa Regional Continuum of Care Board

FROM: Kevin Hartke, Councilmember, City of Chandler, Co-Chair
Amy Schwabenlender, Valley of the Sun United Way, Co-Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 1:30 p.m.

Monday, January 30, 2017

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 Maricopa Regional 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.

MARICOPA REGIONAL CONTINUUM OF CARE (CoC) BOARD
TENTATIVE AGENDA
January 30, 2017

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.

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 (*).

2. Information.

3. Approval of the Consent Agenda.

ITEMS PROPOSED FOR CONSENT*

*3A. Approval of the November 28, 2016 CoC Board Meeting Minutes

The draft minutes for the November 28, 2016 meeting are posted with the meeting materials.

3A. Approve the CoC Board meeting minutes of November 28, 2016.

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*3B. Proposed Technical Change to the Rapid Re-Housing Financial Assistance Standards

The Rapid Re-Housing (RRH) Workgroup is proposing a technical change to the RRH Financial Standards. The language was agreed to by the RRH Workgroup, the Permanent Housing Workgroup and the CoC Committee but inadvertently left off of the Board-approved policy document. A draft of the technical change was distributed with the meeting materials.

3B. Approve a technical change to the Rapid Re-Housing Financial Assistance Standards.

ITEMS PROPOSED TO BE HEARD

4. Board Co-Chair Update on Roles and Responsibilities of the CoC

The Board Co-Chairs will update the community on the Board's work on reviewing CoC roles and responsibilities.

4, Information and discussion.

5. PSDQ Request for AHCCCS Meeting

The Performance Standards and Data Quality Group requests the CoC Board engage the leadership of the Arizona Healthcare Cost Containment System (AHCCCS) in a discussion on establishing AHCCCS as the central point of contact for requests for AHCCCS-related client information from HMIS.

5. Information, discussion and possible action to recommend engagement with AHCCCS leadership on AHCCCS-related HMIS information.

6. Scorecard Review

The Board adopted a policy by which they will review CoC scores twice each year (January and June). CoC staff will review the scorecards submitted by CoC-funded agencies for the January cycle.

6. Information, discussion, and possible action to recommend next steps.

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| <p>7. <u>Presentation on the Welcome Center Coordinated Entry System</u></p> <p>A coordinated entry provider group has been meeting to suggest changes to the Welcome Center Coordinated Entry System. Welcome Center staff will present the changes for Board consideration.</p> | <p>7. Information, discussion, and possible action to allow implementation of the system revision.</p> |
| <p>8. <u>Heat Relief Network</u></p> <p>CoC staff have coordinated the Heat Relief Network since 2005 when there was a concentration of fatalities among homeless and housed individuals due to an extreme event. Current studies show that 80% of heat-related deaths are associated with homebound adults. CoC staff will make a recommendation regarding the future of the Heat Relief Network.</p> | <p>8. Information, discussion and possible action to make a recommendation on the Heat Relief Network.</p> |
| <p>9. <u>Veteran By-Name List Process</u></p> <p>Representatives from the Continuum of Care and counterparts from the local Veterans Administration (VA) achieved the first level required for certification of ending Veteran Homelessness in December. The first level is "Achieving a Quality Veteran By-Name List".</p> <p>Staff from the Welcome Center, City of Phoenix, and the VA will present on what is involved in creating a Quality By-Name List.</p> | <p>9. Information and discussion.</p> |
| <p>10. <u>CoC Staff Report</u></p> <p>MAG staff will update the Board on upcoming issues of interest to the Maricopa Regional Continuum of Care.</p> | <p>10. Information and discussion.</p> |
| <p>11. <u>Request for Future Agenda Items</u></p> <p>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.</p> | <p>11. Information and discussion.</p> |
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12. 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.

Adjournment.

12. Information only.

Adjournment

MINUTES OF THE
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)
CONTINUUM OF CARE BOARD

November 28, 2016

MAG Office Building, Ironwood Room

MEMBERS ATTENDING

Allie Bones, Arizona Coalition to End Sexual and Domestic Violence	Bruce Liggett, Maricopa County
Brad Bridwell, Cantwell Anderson-Cloudbreak	Beverlee Kroll, Department of Child Safety
Moises Gallegos, City of Phoenix	*Darlene Newsom, UMOM
Marisue Garganta, Dignity Health	Dawn Noggle, Maricopa County Correctional Health Services
Scott Hall, City of Phoenix	Amy Schwabenlender, Valley of the Sun United Way (VSUW)
*Kevin Hartke, City of Chandler, Councilmember, Co-Chair	Diana Yazzie-Devine, Native American Connections (NAC)

*Not present.

#Attended by telephone conference call.

+ Attended by videoconference

OTHERS PRESENT

Riann Balch, City of Phoenix	Kyle Mickel, Lutheran Social Services
Jennifer Dangremond, NAC	Rachel Milne, Maricopa County
Jenny Day, Basic Mission	Catherine Rea, CIR
Kelli Donley Williams, AHCCCS	Laura Skotnicki, Save the Family
Veronica Graff, Downtown Devil	Ursula Strehphans, CASS
Alicia Kenney, House of Refuge	Charles Sullivan, ABC
Margaret Kilman, Maricopa County	Michelle Thomas, CIR
Mattie Lord, UMOM	Craig Tripkin, CASS/AHI
Laura Magruder, Maggie's Place	John Wall, AHI
Jo Ellen McNamara, United Health Care	
	Anne Scott, MAG
	Kinari Patel, MAG
	Maria Piña, MAG

1. Welcome and Introductions

Amy Schwabenlender, Valley of the Sun United Way (VSUW), Co-Chair, called the meeting to order at p.m. Introductions ensued.

2. Call to the Audience

Audience members were given an opportunity to address the Committee on items not on the agenda for discussion or information only. There were no comments from the audience.

3. Approval of Consent Agenda

Co-Chair Schwabenlender indicated that item 3C would be pulled from the consent agenda, as a correction needs to be made on the governance charter. She entertained a motion to approve the consent agenda. Marisue Garganta, Dignity Health motioned to approve. Bruce Liggett, Maricopa County seconded the motion.

Co-Chair Schwabenlender invited Anne Scott, MAG, to discuss the governance charter recommendations. Ms. Scott indicated that the Board assessed membership during the October strategic meeting, and made some changes to the membership process. She stated that the Board expressed interest in choosing their own members, as they felt the initial process in involving members of the community and members of the committee was relevant in the formation of the Board. Ms. Scott informed that the Board has been in existence for a little over a year, and that the Board would like to take more ownership of the membership process.

Ms. Scott indicated that there are two changes in the governance charter:

- 1.) To adopt the Continuum of Care organization chart, which was adopted as part of the 2016 Homeless Plan to ensure both are consistent, as they previously differed, and
- 2.) To make minor changes to the membership structure, adding in victim service providers, school districts, mental health agencies, affordable housing developers, law enforcement, organizations serving veterans, and local child welfare representatives. These changes bring the Continuum in compliance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

Ms. Scott noted that another change involved changing the membership workgroup to include members of the Board, leaving open the option to include members of the community if the Board so chooses. She indicated that the Board expressed wanting to have more direct input on the membership selection process. The Board also discussed having interviews as part of the selection process, which was added to the governance charter.

Ms. Scott pointed out that the initial staggering of terms, which was relevant for the initial formation of the Board, was removed. She noted that the Board decided that all terms would be for three-year terms. She indicated that an error was made in today's proposal, which was that members are elected for a term of one year. It should read three years.

Ms. Scott clarified that the HEART group has been temporarily disbanded, as it is unclear whether they have defined what their group is, or how they will meet within the Continuum of Care. She noted that the providers are meeting around Coordinated Entry (CE) for the singles system, and for

now it is just a holding place. She further indicated that these groups were sanctioned by the Board, and noted that if the Board wished to add a healthcare group, it would be added too.

Diana Yazzie-Devine, Native American Connections, motioned to approve the changes. Ms. Garganta seconded the motion. The motion passed unanimously.

4. CoC Committee and Workgroup Review

Mattie Lord, UMOM, expressed that rather than providing an update, she would like to request clarity on behalf of the CoC Committee. She indicated that the Committee inherited responsibilities from various entities, such as the governance charter, the Technical Assistance (TA) provider, and Performance Standards Data Quality (PSDQ). Ms. Lord noted that the Committee worked all the responsibilities into a document, brought them before the Board for approval, and subsequently found that the work it was attempting to do was in conflict with the Board's perception of Committee's role and vision. She expressed that the Committee recently held a strategic planning exercise, as it had never had one, and she presented the Board with a draft on the nature of work that the group would like to do.

She noted that the Committee's purpose is to leverage relationships and expertise to advance the community's goals in preventing and ending homelessness in the region, and further expressed the following points:

- The Committee would like to establish a membership review committee on an annual basis; actively recruit new candidates twice a year; approve its own slate of members twice a year; elect its own leadership every two years; and to set one or two unifying goals that are specific to the Committee.
- The Committee would like to be a liaison to the community by building relationships to parallel systems of care; educate community partners outside the CoC; disseminate information and data findings, and provide formal mechanisms for communication within the working groups.
- The Committee would like the opportunity to give meaningful content and feedback to the Regional Plan to End Homelessness. She expressed that while it seemed logical that the Committee be involved, it was largely skipped in the last round, and the Committee desires to help carry out the action of the Plan.
- The Committee would like to embrace collective impact by influencing, guiding, and informing the scope of the working groups.
- The Committee would like to collaborate on funding issues when it is lacking or lost.
- The Committee would like inventory community resources and use data to predict which resources are needed to end homelessness.
- The Committee would like to provide constructive programmatic feedback to Coordinated Entry Oversight Workgroup (CEOWG), PSDQ, and the Board whenever there are plans, policies and operations manuals in play. She noted that there are often implications that the programmatic staff knows about that the workgroups aren't aware of, leading to the need for clarification of language, definitions, and common terms across the Continuum.
- The Committee would like to take the responsibility in deciding which programmatic area should be measured on a systems-level data dashboard, to review and discuss the systems level data dashboard when it's created, and to identify areas of success and need.

- The Committee would like to contribute meaningful content and feedback to the Performance Improvement Process (PIP), as well as to the processes, tools, and reports that monitor the CoC-funded projects.
- The Committee would like to review the community adopted standards of excellence and make recommendations regarding the annual updates and adjustments, to make recommendations around the formal use of standards of excellence, and to serve as a resource to the program performance evaluator with the CoC.
- The Committee would like to be a resource when completing the annual collaborative application to the Department of Housing and Urban Development (HUD). The Committee would like to provide support to the CoC-funded projects; to draft any policies that are required as part of the application; prioritize time sensitive actions, and to review and revise elements to be measured on the scorecard.

Ms. Garganta expressed that Ms. Lord's document should complement what the Board needs to be doing, and that the Board and Committee should be working together. Ms. Lord indicated that without clear direction from the Board, it is increasingly difficult for her to create an agenda, and she fears that attendance will wane.

Ms. Scott informed that the Continuum is currently in its planning grant, which was signed on October 1, 2016. Funding covers one additional staff person, as well as an intern position, with a large portion preserved for a consultant. While MAG has met internally to decide how to staff workgroups and committees, the Board has recommended hiring a consultant to manage special projects without devoting MAG staff long term. The upcoming planning grant, which may be awarded in Spring, 2017, will take effect in Fall, 2017.

Ms. Yazzie-Devine proposed including all the roles and function of the Board, the Committee, MAG staff, PDSQ, and Coordinated Entry (CE) to Ms. Lord's document to clarify who's responsible for what.

Ms. Lord advocated for a timeline, and requested clarification from the Board on the Committee's role to allow members to opt in or out in time for January's recruitment process, as well as to create a recruitment strategy.

Ms. Yazzie-Devine suggested a December meeting to convene with other groups to specifically discuss their roles and responsibilities.

Next, Kelli Donley Williams, AHCCCS, echoed Ms. Lord's sentiments, and indicated that not all CEOWG members were clear on their role. She requested clarification on how CEOWG should interact with other workgroups, as work often overlaps and doesn't always agree. She suggested that the chairs of the workgroups be present during the December meeting with the Board. She stated that CEOWG believes it's a resource for the Family Housing Hub and the Welcome Center, and added that the group is able to handle disputes. She continued that the workgroup has spent a lot of time on the "integration" or "side door" policy, wherein the Continuum agrees that a provider does not have to follow CE for a period of time. She pointed out that the CEOWG has a tentative timeline, and noted that CEOWG now reports to the Board, according to the organizational chart that has been approved. She inquired whether CEOWG could provide only one update per month, instead of updating both the Committee and the Board.

Ms. Scott clarified that both the Welcome Center and Family Housing Hub have an internal grievance policy. Those who have a grievance with CES are directed to exhaust those policies, and to follow up with CEOWG if no agreement can be reached. The CEOWG chair would try to resolve the dispute, and if unsuccessful, it would go before the Committee. Ms. Scott indicated that grievances have not escalated beyond the internal grievance policies.

Ms. Donley Williams expressed that the updated website would be helpful in mitigating the communication overlaps by having a central location for policies. She indicated that the grievance policy has mostly lived within the workgroup. She expressed it would be helpful if the Board held a strategic session with her participation to help lay out pieces. She pointed out that she doesn't always "get" the nuance of the workgroup, as she's fairly new to the group.

In the next update, Charles Sullivan, Arizona Behavioral Health Corporation (ABC), and Jennifer Dangremond, Native American Connections, indicated that the PSDQ workgroup was in support of CEOWG and the Committee coming together with the Board to come up with roles and responsibilities for each respective workgroup.

He expressed that in the past year, PSDQ has done lots of work with data sharing, the privacy policy, the security privacy policy, and the workgroup has reviewed proposals from Community Information Referral (CIR) and Homeless Management Information System (HMIS) concerning the budget and user fees, as well as other policies regarding adding new users, new agencies, releases of large sets of data for research, and how system-wide performance measures work for the community. Other smaller tasks are worked on, and while roles and responsibilities stay the same, tasks have changed.

Ms. Dangremond indicated that the workgroup looked at operationalizing the Memo of Understanding (MOU) with HMIS. She indicated that the policies and procedures were initially an HMIS-specific document, but she and Mr. Sullivan updated them as data systems have expanded into the Family Hub and CES. She expressed that PSDQ would like clarifications on what to do with the systems-wide performance measures, the scorecard, and the development of dashboards – specifically who would do the dashboard and update it.

She noted that PSDQ was paying attention to the rollout of ServicePoint 6.0 with HMIS; how data systems used with the Housing Hub and CES link with HMIS and how that's informing the data where it needs to be; how PSDQ needs to support the monitoring plan; how PSDQ can facilitate or improve the greater integration of access in communicating with HMIS; the role that PSDQ would play in gaps analysis; how the items on Technical Assistance (TA) HMIS plan review get accomplished, and how that coordinates with the Committee and other workgroups.

Ms. Scott clarified that the Continuum has been approved by HUD TA to bring all of the policies and procedures into one document, which may end up being several documents, to include the HMIS

policies and procedures and another broader CoC document, which will become one manual to use for guidance, amendment and policy updates. She noted that the TA was awarded July 1, 2016, and that all documents have been pulled together for Piper Ehlen, the TA provider, to pull all the elements together.

She expressed that one of the challenge is knowing which documents have been adopted by the Board when documents are continually being updating and pulled from the common Dropbox file sharing system.

Ms. Yazzie-Devine expressed wanting to know when a Committee is presenting unfunded mandates or if additional responsibilities are being required as part of their workgroup. She indicated that asking providers to do additional work without compensation would be a burden to them.

Chair Schwabenlender reiterated the request to plan a strategic planning session in December to look at agenda item #4, #5, and possibly #6. All were in agreement.

6. Program Performance Evaluation/Monitoring Plan

Kinari Patel, MAG, expressed that a high-level timeline had been created to figure out what her role would be, and what that work would entail. She referred to the document, which indicated out milestones for her work, the subtasks for each milestone, the relevant stakeholders, all the months planned out for 2017, and each month blocked out for each task.

She expressed that the Board wanted a review of the scorecard twice a year, and indicated that the first step would be to do a first round scorecard analysis. The providers would submit the scorecard, which would be analyzed by MAG staff for PIP projects and presented to the Board. Each of the subtasks include the relevant stakeholders. Ms. Patel added that community input is being sought for each of these steps.

She indicated that the next step would be creating evaluation tools with input from the HUD TA. She noted that she was reviewing samples sent from Ms. Ehlen, and that feedback from the community would be solicited on tools to be created. The recommendation would be presented to the Board for adoption. This process would cover most of January.

Moving into February, any PIP plans would be developed and finalized, presented to the Board, and monitoring would begin, either onsite or working with providers that need assistance so they are not in a compromising position when formal review by HUD takes place. This process would take place between February and March.

Ms. Patel added that a second round of monitoring would be done, with providers submitting their scorecards. This round of monitoring would look at “high performers” to analyze for best practices. Scorecards would be randomly sampled, which would be presented to the Board. This information would be summarized at the end of the year, with the intent of learning from it. Ms. Patel indicated that the Board hoped to have a strategic planning session before the end of the year to review accomplishments achieved throughout the year. She clarified that these are MAG’s reviews, and

that HUD, as grantee, would have their own monitoring and compliance process. She indicated that this is a pilot program, and will be a baseline for learning.

Ms. Scott added that the ranking and review panel only looks at score on scorecards, and that while information comes out in the PIP process, it is independent of the evaluation process. She continued that the ranking and review process may coincide with the June cycle, with the Notification of Funding Availability (NOFA) announcement in Spring, 2017 having an earlier cycle.

She reminded the group that the Board had adopted a twice-a-year review process, and that MAG had decided it made more sense to put together this process. In terms of where projects are with PIP plans, it would inform the ranking and review from the interviews with the providers, but it has to be separate so as to keep on track and look at overall performance throughout the year. She expressed that the HEARTH Act requires the CoC to consult with Emergency Shelter Grant (ESG) with monitoring and evaluation.

7. Update on Coordinated Entry Contract

Ms. Scott indicated that the CE contract was awarded as part of the 2015 NOFA, and in August, received word that the contract was ready for the review and technical submission. UMOM has been working with the Human Services Campus to put together that technical submission, and have submitted documentation to HUD. The CoC now awaits the award of the contract from HUD, and is optimistic that the contract will be signed before the end of the year. She indicated that the Board was concerned, and had expressed wanting an update, since the contract needs to be signed by December 31, 2016, or funding will be swept and taken from the annual renewal demand. Ms. Scott clarified that the contract start date must start before the end of the year, but that it can start as late as January 1st, and since it has been submitted for renewal, it must expire in 2017 in order to be eligible for funding.

Moe Gallegos, City of Phoenix, requested that as a future agenda, the Board revisit how funding will look like, and how it will be used so that everyone understands where the CoC is heading. Ms. Scott indicated that UMOM and the Welcome Center are more in a position to provide more detail at the January meeting. She further clarified that the Continuum is responsible for creating and identifying a CES. The Continuum is tasked with looking at the overall performance for all the projects, and all these are shared resources in the community, and the Board's role is to decide on the best use for those funds. The Continuum seeks guidance from the TA providers, as the Continuum is not the grantee or a unified funding agency.

Ms. Lord pointed out that while the CoC program is funding 75 percent of the money used to operate the Family Housing Hub, UMOM is privately fundraising the other 25 percent. Additionally, the CoC program only funds less than half the units that are coordinated through the Family Housing Hub. She reiterated that it's very complicated to figure out what role the Board has when applying to a project that is much bigger than the resources over which it is oversight.

8. CoC Staff Report

Ms. Scott expressed that the Youth Demonstration Application must be submitted by Wednesday, November 30, but that the target date to submit was the following morning, Tuesday, November 29. The application is to be selected as one of ten youth homeless demonstration communities, four of

which must be rural. The anticipated award date is early 2017, and if awarded, it will be a formula grant, with a minimum of one million dollars, up to 15 million dollars, depending on the selected communities. If selected, the Continuum must develop and implement a coordinated and comprehensive plan to end youth homelessness, and once awarded, the Continuum may apply for 30 percent for the funded amount immediately, and the remaining 70 percent after approval from HUD. New partnerships have been forged, with 20 stakeholder agreements from organizations committed to the program, and seven letters of support pledging either in-kind or a cash match for the program.

Ms. Scott continued the update by stating that the Point In Time (PIT) count has been scheduled for the morning of January 24, 2017 from 5:30 a.m. to noon to measure homelessness for the night of January 23. One meeting has been held with PIT coordinators from around the valley in November, with another meeting in scheduled for mid-December for those unable to make the first meeting, as well as another meeting in mid-December for youth providers, youth outreach teams, community outreach teams, and veteran outreach teams to capture the youth and veteran homeless numbers. She indicated that there is a separate process for veterans, so that as surveys are completed, veterans are connected with outreach workers on the spot, as the Veterans Administration (VA) has enough resources to offer that instantaneous support. Ms. Scott indicated that this is a baseline year for HUD for youth homelessness, and there is a concerted effort to find youth. She pointed out that the Continuum worked with a provider last year to pilot a program to count additional youth, and the Continuum will be building on that.

Ms. Scott expressed that the funding for the planning dollars were received, which is how MAG was able to hire Ms. Patel. If awarded, in the upcoming grant, the Continuum will be going from \$265,000 to \$737,000 in planning funds. An additional staff position was built into the budget, with about \$300,000 in consulting funds. The Continuum will be working with the Board to spend the consulting dollars, but it will be folding that into the MAG process, which includes issuing an Request For Proposal (RFP) and have an evaluation panel. She expressed that MAG is happy to work with the Board to have members serve on the evaluation panel.

Ms. Scott reminded the Board that during the Tier II that was announced in May, eight projects lost funding and 651 units were not funded by HUD – some retroactively. It took lots of planning to connect individuals and families with housing outcome to ensure no one experienced homelessness because of the Tier II funding decision. She expressed the need to do some planning with the Board this year to think about the Tier II projects that are at risk of not receiving funding and to find a way to reach out to those providers, and to help with various community resources.

Additionally, she pointed out that in the ranking process, the Board decided not to continue funding the Safe Haven program, which has 25 beds at the Human Services Campus. The contract will end March 31, 2017, and the Continuum needs to plan with those beds and individuals. She expressed that MAG would reach out to Terros for clarification on dates and dollars spent.

Mr. Sullivan recommended inviting Terros to the next meeting as they've been working diligently to explore other options to continue funding for Safe Haven, now that they're not bound by HUD's requirements.

Co-Chair Schwabenlender requested inviting Terros representative for an update, as she expressed it was unclear that there's ongoing funding for programs.

Ms. Scott continued her update by indicating that the next Board meeting is January 30, 2017. She expressed that the meeting was delayed a week so as to avoid a conflict with the PIT count, as there was a scheduling conflict last year. Outlook invitations for the 2017 Board meeting will be sent shortly by MAG.

Lastly, Ms. Scott indicated that Homelink was scheduled to end by December 31, 2017, but it is extending its use as normal. There is no set date on when it will end, but the new product will be compatible, with an export function that will allow users to draw data from it.

Dawn Noggle, Maricopa County Correctional Health Services, offered to provide information that is provided to people leaving incarcerated settings, as well as the contact information for the grant manager for HMIS.

9. Request for Future Agenda Items

- Mr. Liggett suggested it might be a good idea to compile comments first for the December Board strategic meeting in an attempt to do some pre-work. He also suggested that the Board discuss its role in increasing its presence in the community, to share its expertise, and to share its view on certain opinions.
- Ms. Garganta thanked various members of the community, the Board, and MAG staff for the phenomenal job of raising awareness during a presentation to the Grantmakers Forum. She also invited all to attend Maricopa County's free presentation on December 7 regarding mortality and morbidity on homeless individuals. She expressed it could be a future agenda item.
- Mr. Gallegos indicated that the City of Phoenix would have Ms. Lord and Darlene Newsom, UMOM, join during the Subcommittee, chaired by Vice Mayor Gallego on the Family Housing Hub and the data, and what that indicates. He invited two or three others to attend.
- Ms. Yazzie-Devin invited all to attend the groundbreaking event for Camelback Pointe on January 18.
- Scott Hall, City of Phoenix, requested an update on the veteran By Name List (BNL).
- Co-Chair Schwabenlender shared information on Project Connect scheduled for December 15 at Monte Vista Church. She indicated that the Avondale event in November served 230 people experiencing homelessness.

10. Comments from the Board

There were no comments from the Board.

Adjourn

There being no further business, Co-Chair Schwabenlender adjourned the meeting at 3:30 p.m. The next meeting will occur on January 30, 2017.

Maricopa 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 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 it 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 33% 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.

Regional Coordinated Entry of
Maricopa County,
Single Adult Housing Hub
Operations Manual

All of the programmatic decisions within this document have been initiated with the Provider Collaborative partners and agreed to by consensus

This 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 the Provider Collaborative and the local Continuum of Care.

1. Introduction

The Regional Coordinated Entry of Maricopa County (RCEMC) is the regional system established by the Maricopa Regional Continuum of Care (MRCOC) to ensure that persons experiencing homelessness within Maricopa County will be given similar information and support to access and maintain permanent housing. Specifically, the RCEMC for Single Adults is a system for triaging, diverting, assessing, and referring individuals to appropriate need-based housing interventions. While federal guidelines (HEARTH Act interim rule, ESG) mandate participation with a coordinated entry system (CES) in order to receive funds, the local continuum has adopted CES as an essential component to ending homelessness.

This document contains the policies and procedures that govern the implementation of coordinated entry for single adults in Maricopa County. These written standards have been developed in conjunction with Continuum of Care (CoC) recipients with input from local funders and service providers in response to the CES pilot project initiated at the Human Service Campus with funds provided by the Valley of the Sun United Way in 2014. The standards for the pilot project were established similarly by a provider/funder advisory group (HEART).

The system presented in this manual establishes two key revisions to the pilot project: 1) multiple points of entry and regional coverage, and 2) elimination of specific provider roles and on-boarding.

The standards established in this manual will include procedures for

- access to coordinated entry
- diversion as a community strategy to prevent entry to the homeless services system
- administration of a common assessment tool (VI-SPDAT) with concentrated efforts on activities to ensure fidelity across the system
- determining and prioritizing individuals for appropriate housing assistance/intervention
- suggested role of emergency shelter
- coordination of community outreach and engagement

2. 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 the client to navigate.
- Establish multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize the “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.

3. System Design

The RCEMC for single adults has been thoughtfully designed based on the guiding principles adopted in 2012. Entry to the system is diverse to allow ease of access for all individuals experiencing homelessness. Individuals access the system either through outreach, calling a central line, or walking in to an entry point such as the Welcome Center or a participating shelter. The system establishes coordination of engagement efforts in conjunction with community outreach and use and access to shelter as a means to end homelessness. The Lodestar Day Resource Center/Human Services Campus serves as the Lead Operating Agency (LOA) for the RCEMC for single adults.

A visualization of the system design is included as **Appendix A**.

4. System Access, Triage, and Diversion

Entry Points serve as the mechanism by which individuals experiencing homelessness in Maricopa County may access services to end their homelessness. The RCEMC has established three means of entry: 1) contact with an outreach team, 2) calling an access hotline managed by the LOA, or 3) walking in to a physical entry point.

Entry Points to the system must, at a minimum, offer the following services:

1. Intake and Data Collection: Entry Point staff must follow CoC approved protocol for confirming homelessness, status in the regional HMIS, and collection and entry of minimal system intake data.
2. Triage: Entry Point staff will assess the immediate safety and needs of individuals and provide referral to appropriate resources such as DV or medical services.
3. Diversion: For individuals experiencing homelessness and seeking shelter, program staff must employ a standardized strategy to identify alternative support systems and available assistance that would prevent the need to enter into the homeless services system. A formal diversion script is included as **Appendix B**.
4. Assessment: For individuals who aren't able to be diverted from services, the Entry Point must provide assessment (VI-SPDAT) services according to the guidelines outlined in section 5 of this manual. An assessment script is included as **Appendix C**.
5. Basic Document Collection: Entry point staff will collect and upload to HMIS, when available and minimally, photo ID. If unavailable, entry point staff must provide referral to ID acquisition resources such as The Homeless ID project. Other documentation such as proof of disability, SMI status, income or birth certificate should be collected and uploaded if available.

Phone access services will include Intake and Data Collection and Triage Service with referral to an Entry Point (outreach or other entry point) for Diversion, Assessment, and Document Collection.

5. Assessment and Use of VI-SPDAT and SPDAT

Entry Points will utilize the VI-SPDAT to determine acuity for prioritization for services.

a. Integrity of Assessments and Fidelity Activities

All staffs administering the VI-SPDAT and SPDAT must complete an approved community VI-SPDAT/SPDAT training session provided by an Org Code certified trainer. Entry Points will maintain certification records for staff providing assessment services.

Each collection point must have at least one OrgCode trained trainer who is responsible for training new staff and attending regular community trainer meetings. In addition, collection points must maintain a limited number of assessors that minimally meets the volume of new individuals for that collection point.

The LOA will conduct mandatory monthly trainer meetings. Meetings will be used to review variances in scoring and establish consistent community wide scoring. Likewise, entry points must document internal fidelity activities that consist of weekly assessor meetings to review variances and establish consistent scoring.

b. Scoring Ranges by Intervention

The VI-SPDAT score shall determine the initial intervention, save for those individuals scoring in the range indicating a confirming SPDAT. A VI-SPDAT reassessment is indicated at 6 months or in the event of a significant life change.

Intervention	VI-SPDAT Score
Shelter	0-3
RRH/TH/TBRA HOME	4-7
PSH, pending confirmation	8-10
PSH	11+

c. Administering the Full SPDAT

Individuals scoring in the borderline range of 8-10 will be asked to participate in a full SPDAT assessment to confirm eligibility for PSH services. PSH eligibility is confirmed by a full SPDAT score of 35 or greater. All other scores indicate eligibility for RRH.

In other cases, the full SPDAT assessment is intended to be used as a case management tool and will not be used to reprioritize prior to move-in.

6. Service Prioritization and the By Name List

a. Role of Shelter

The community recognizes that there is a gap in data to support a necessity to prioritize shelter services. In November 2016, a collaborative of CoC service providers recommended that implementation of a revised system design which allows for multiple entry points will provide this data. That collaborative will convene after implementation and work with shelter to determine the need for shelter priority and recommend any policies for the system. In the interim, providers of shelter services participating in RCEMC shall provide one or all of the following services: 1) emergency shelter, 2) Entry Point services, 3) bridge housing, and/or 4) engagement.

In addition to walk-in, shelter access will be coordinated through phone triage system managed by the LOA. Initially, phone access will be made available during business gap hours (8pm-8am), but may be increased according to the analysis described above. As the manager of the phone system, the LOA is responsible for establishing a system to track real time shelter bed inventory through coordination with shelters, who will, to the best of their ability, provide an accurate inventory and accommodate referrals from the system.

Emergency shelter will be offered, when available, to those whose VI-SPDAT score is a 3 or less. Shelter, based on availability and terms of MOU with the RCEMC, may also be used as bridge housing for individuals awaiting RRH, PSH, or other housing intervention. Memorandums of Understanding are addressed in Section 11b of this manual.

b. Prioritization and the By Name List Production

At the August 29, 2016 meeting, the MRCOC Board adopted HUD's order of priority in Notice CPD-16-11 for MRCOC Program-funded Permanent Supportive Housing (<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable->

[homeless-persons-in-psh.pdf](#)). All CoC funded programs for PSH are required to only accept referrals through the process described in this document, and through a single prioritized list (by name list).

The RCEMC will prioritize services first by chronic status, followed by acuity score and length of homelessness. Those individuals with the longest experiences of homelessness will be prioritized for services which they are eligible. Should there be no discernible difference using this criteria, services will be prioritized for the individuals who has been on the list for the longest period.

The Housing Match Team and the Regional CES Manager at the LOA are responsible for producing and maintaining the By Name List (BNL) as follows:

1. Data from Homelink is extracted, formatted, and sorted using excel.
2. Additional data regarding services is extracted from HMIS, formatted, and sorted along with the Homelink data.
3. Aligned data is sorted to remove individuals who have a positive housing status or are pending placement.
4. Remaining profiles are sorted to reflect only individuals who have had contact with the system in the previous 90 days.
5. Those remaining profiles represent all active, homeless individuals currently in the regional system.
6. Veterans are sorted to allow for prioritization according to the same criteria below:
7. The list of active profiles is sorted and filtered according to the following priority levels:
 - a. Priority Level 1(PSH): Chronically Homeless Individuals with: Longest History of Homelessness and with the Most Severe Service Needs (length of homelessness, VI-SPDAT score of greater than 8 confirmed by a full SPDAT score ≥ 35 , chronic)
 - b. Priority Level 2 (RRH): Chronically Homeless Individuals with: The Longest History of Homelessness (Length of homelessness, VI-SPDAT score between 4 and 7 or a VI-SPDAT score of 8-10 with a SPDAT score < 35 , chronic)
 - c. Priority Level 3 (shelter): Chronically Homeless Individuals with: The Longest History of Homelessness (length of homelessness, VI-SPDAT score less than 4, chronic)
 - e. Non-Chronic: Prioritized by length of homelessness and acuity.
8. The final BNL detail, distributed to outreach and engagement providers, includes:
 - a. Client Name

- b. DOB
- c. HMIS ID
- d. Length of homeless experience
- e. VI-SPDAT or SPDAT Score
- f. Chronic Status

c. Consideration for Individuals choosing not to Participate in Data Share

Upon intake, individuals will be asked to participate in the RCEMC by having their information shared among participating providers for the purpose of coordinating access to eligible services and housing. Individuals may choose not to participate in sharing their personal information without compromising their ability to access services for which they are eligible. Community engagement strategy is such that entry point staff should consistently work to encourage participation and provide information about benefits of participation. For those individuals choosing not to participate, Entry Points will be responsible for recording services separately and reporting them to the LOA for prioritization on the BNL. Individuals not participating in HMIS will not have their information shared with the larger BNL share - the match team will work directly with the involved engagement team to facilitate housing match when housing is available.

7. Engagement Coordination, Outreach Coordination, and Case Conferencing

The demands of a coordinated system are shared among all participating providers. Participation as a provider in the RCEMC is a wholesale undertaking: all service providers have a responsibility to the system as a whole regardless of the specific service they provide. Engagement is an example of this theory in practice and a critical component for a functioning system. The lead agency serves as a hub to this effort and is responsible for providing forums for providers to coordinate care, troubleshoot, staff caseloads, and track individuals' system contacts.

The LOA is responsible for coordination of community engagement by facilitating referrals to outreach and engagement teams based on the community prioritization schema. Communication among providers, accurate and timely service encounter documentation, and coordinated outreach efforts are essential to ensure that individuals are assisted in ending their homelessness in as short a time as possible.

The lead agency will provide a staff of dedicated CES engagement personnel to the RCEMC system. LOA engagement staff will provide services to assist individuals on the BNL who score in the PSH range obtain documents necessary for housing. The LOA engagement staff will maintain a case load consistent with system inflow, not to exceed 30 individuals per worker, and participate in case conferences and engagement

coordination activities alongside other provider staff delivering engagement services (i.e. outreach and shelter staffs).

Every point of contact, regardless of service, serves as an engagement opportunity to assist in collecting and uploading housing required or eligibility documentation. All CES participating programs providing engagement services are responsible to their clients, providing day-to-day support while they are compiling eligibility and housing documentation.

The LOA will facilitate weekly case conferences in conjunction with coordinated outreach efforts managed by MRCOC. This weekly meeting will include, as standing agenda items, 1) coordination of geographic coverage, 2) review and staffing of BNL to prevent duplication of engagement efforts, 3) reports of individuals on the BNL who are document ready for housing match and status of warm transfer to housing services.

8. Housing Match and Placement

a. Housing Match Program

Eligible individuals will be connected to engagement services who will work with the individual to gather documentation so that they may be connected to housing resources as soon as they become available. The LOA employs a team of two Housing Match Specialists to facilitate matching individuals who have obtained minimally required documentation to programs for which they meet eligibility criteria. The match team is responsible for maintaining an accurate inventory of available housing and eligibility requirements for that housing (**Appendix D**). The housing match team is responsible for maintaining the BNL and providing it to community engagement teams.

The housing match team ensures that individuals are matched as rapidly as possible, using approved community database to track available housing resources. Housing Match Specialists provide the client with a choice of housing options for which he or she is eligible and facilitate warm hand-offs from engagement services to housing providers through a referral to the housing provider.

b. Placement

Once an individual agrees to participate in, qualifies for (VI-SPDAT score), and meets program eligibility criteria for an intervention, a referral is made to the housing provider. It is expected that the receiving program will accept 85% of referrals.

Those who have been declined services will be redirected by the match team to an alternate program for which they qualify.

9. Service Standards

a. Prioritized Engagement

The RCEMC design has been thoughtfully structured in the context of current available community resources with consideration given to the proportional scarcity of both RRH and PSH units to the number of individuals experiencing homelessness. The system design team, comprised of MRCOC funded service and housing providers, designed the system to prioritize intervention upon entry assessment.

The RCEMC is a prioritized engagement model as opposed to a progressive engagement model. According to the scoring rubric outlined in section 5b of this manual, individuals will be offered available intervention resources. Inherent to this model is the understanding among participating service, shelter and housing providers that the burden of engagement and success is placed on the provider community. All resources should support the objective of assisting an individual to access and maintain housing according to MRCOC adopted Standards of Excellence.

Service standards are such that receiving programs are expected, using all means available, to ensure successful retention in housing. However, in rare circumstances beyond the control of the intervention staff, an individual may not be successful in the primary intervention. In such cases, the provider agency must provide sufficient evidence that resources have been exhausted in an effort to facilitate housing retention.

For the purposes of this system, sufficient evidence must include, at a minimum:

1. Six months of service engagement in housing.
2. Demonstrated need for progressive engagement reflected in 3 full SPDAT assessments with scores that are either stable or increasing. SPDATs should be completed at move-in, 30 days, 90 days and based on community standards thereafter.
3. Evidence that eviction is imminent and unavoidable, and that re-housing through the current intervention is not a viable option. This may be substantiated through case notes and case manager attestation.

It is expected that the housing provider work with those individuals, connecting to shelter and emergency housing resources. When an intervention has failed an

individual based on the above criteria, that individual will be prioritized according to prioritization standards based on a revised VI-SPDAT score as indicated by the standards for reassessment in section 5 of this manual. For the purposes of prioritization, the individual maintains the length of time homeless present upon placement to the unsuccessful intervention.

Scarcity of PSH units in the region and prioritization upon entry have driven the decision of the system design team to postpone development of a policy to address the need for a progressive housing strategy to allow matriculation from RRH to PSH. This team has agreed to revisit this decision following implementation of services outlined in this manual. The lead agency will track the following data in order to inform this decision:

- Number and percentage of individuals participating in RRH, where the intervention has failed based on the above criteria.

Individuals may matriculate to alternative permanent supportive housing (i.e. facility based to scattered site) based on eligibility in accordance with the current BNL. A transfer must be initiated with the LOA housing match team. Transfers will be provided based on the priority established upon placement into the primary PSH program (i.e. VI score, length of homelessness) and upon housing availability. Until that time, the primary PSH program is expected to work with the individual to maintain housing and services. A warm hand-off is facilitated by the housing match team.

10. Integration with Other Service Systems

Formal participation is outlined within individual agency memorandums of understanding with the RCEMC. While those terms may vary dependent on the resources of the provider, minimum RCEMC participation will be included in all MOUs (see section 11b).

a. Integration with CRRC and Veteran Providers

The lead agency will work directly with the CRRC/VA to determine the veteran status of individuals on the BNL, integrate individuals accessing CRRC/VA services into a single BNL, and work with veteran providers to coordinate veteran specific outreach, engagement, and placement efforts congruent with those described in this manual.

b. Special Populations and Integration Authorization

RCEMC will meet most needs in the community. In addition, centralized screening adopted by domestic violence providers will ensure connection to

specific services for those fleeing domestic violence. Nevertheless, there may be limited circumstances and special populations for which MRCOC may authorize limited, short-term options for a subpopulation to receive referrals from outside the RCEMC. The policy will allow time for the RCEMC to address the specific needs of the project to determine how best to integrate the project into the RCEMC.

The MRCOC Integration Authorization is included as **Appendix E** of this manual.

11. System Infrastructure

a. Data Collection and Sharing

The LOA, under guidance from the MRCOC Committee and its work groups, 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 entry points where individuals are assessed and triaged into services. Information collected includes demographic information and acuity scores.

Individuals who are engaged with the CES 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 at the LOA and on the MAG website. 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 LOA. The ROIs are included here as **Appendix F**.

All participating provider agencies must sign all relevant data share agreements that allow information to be exchanged among participants. The agreement should specify all participating providers and indicate that additional providers may be added to the agreement later.

Once information is collected, it is managed by the the LOA housing match team. Data quality, including data accuracy and duplicate entries, are managed and resolved in coordination with the HMIS administrator. In addition, the housing match team generates community wide reports to track housing placements and service connections.

b. Memorandum of Understanding

Service specific MOUs with each agency should be in place customized based on the nature of relationship. MOUs should be reviewed and renewed annually. MOUs are to be negotiated between the LOA and participating agencies. A sample MOU is included as **Appendix G** of this manual.

c. Oversight

The members of the Provider Collaborative Partnership and the MRCOC 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 MRCOC Board will provide formal oversight of the RCEMC.

d. Grievance Procedure

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. 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. 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.

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 LOA. The following procedure will be used:

- The participating provider agency shall provide the client with the formal grievance form (**Appendix H**)
- 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 LOA.
- The LOA will attempt to mediate a solution within 48 hours of receiving the client grievance.
- If no mutually agreeable resolution is reached, the LOA will make a final decision to resolve the grievance.

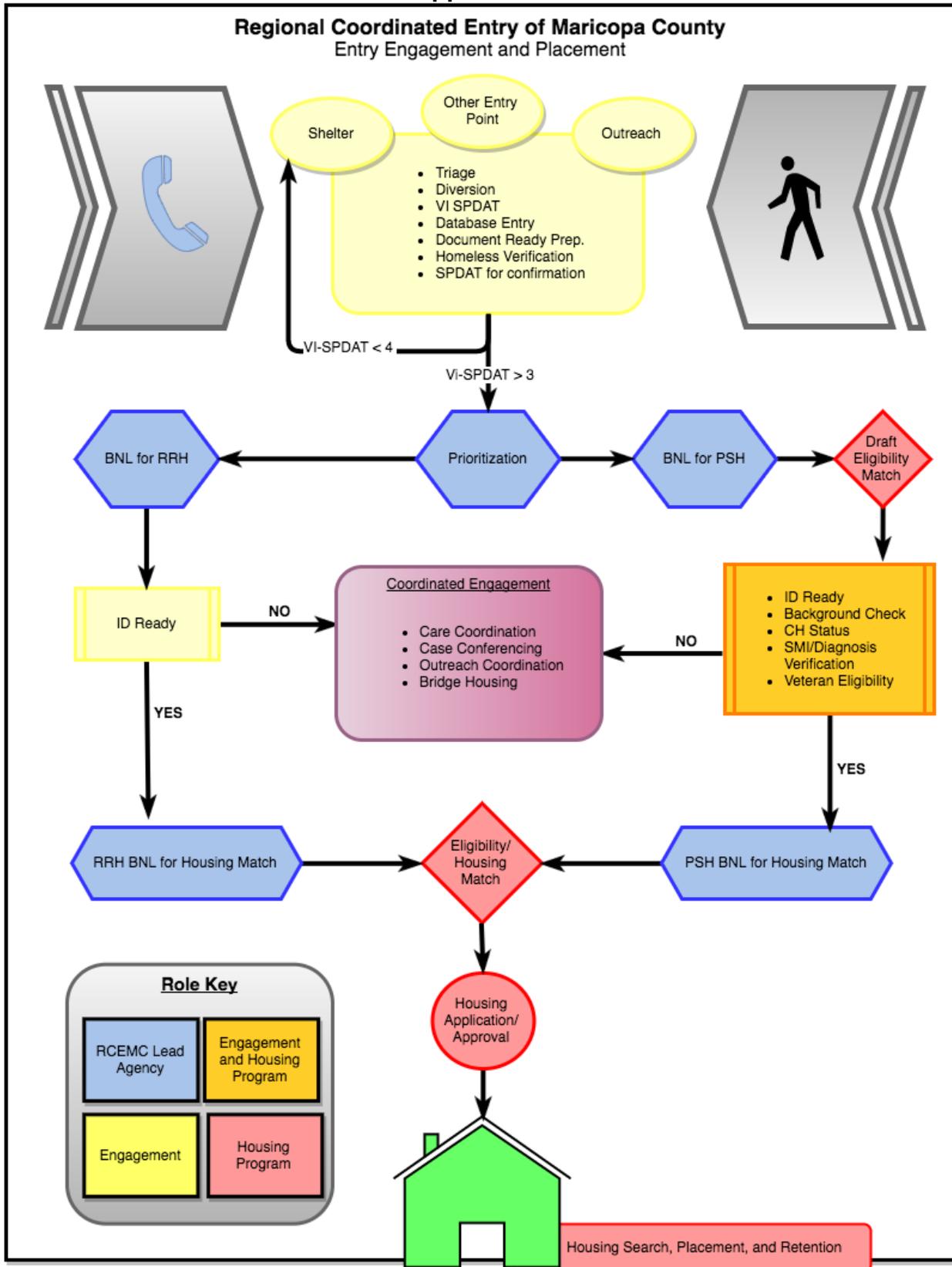
- If the agency or the client is dissatisfied with the resolution, either can request review by the Governance Committee. The Governance Committee's review is final.

Grievances against the RCEMC as a program may be made in accordance with the procedure included as **Appendix I** of this manual.

Appendices

- Appendix A System Visual - Regional Coordinated Entry of Maricopa County, Single Adult Entry, Engagement, and Placement**
- Appendix B Diversion Script**
- Appendix C Assessment Script**
- Appendix D Housing Program Eligibility Form**
- Appendix E Maricopa County Continuum of Care Integration Authorization**
- Appendix F Maricopa Regional Continuum of Care/Regional Coordinated Entry of Maricopa County Releases of Information (HMIS and Homelink))**
- Appendix G Regional Coordinated Entry of Maricopa County Provider Memorandum of Understanding**
- Appendix H RCEMC Client Grievance Form**
- Appendix I RCEMC Program Grievance Policy**

Appendix A



Appendix B

(Under Development)

(Under Development)

Appendix C

Appendix D

(Under Development)

Appendix E

Continuum of Care Policy for Coordinated Entry Integration Authorization

The Maricopa Regional Continuum of Care (CoC) is committed to an objective process for Coordinated Entry that prioritizes those seeking services according to vulnerability and service needs. The CoC has adopted the U.S. Department of Housing and Urban Development (HUD) Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless to guide us in the prioritization of housing placement for individuals and families experiencing homelessness.

The established Coordinated Entry System (CES), operated by the Family Housing Hub, the Welcome Center, and Tumbleweed Youth Services, will meet most needs in the community. In addition, centralized screening adopted by domestic violence providers will ensure connection to specific services for those fleeing domestic violence. Nevertheless, there may be limited circumstances and special populations for which the CoC may authorize limited, short-term options for a subpopulation to receive referrals from outside the CES. The policy will allow time for the CES to address the specific needs of the project to determine how best to integrate the project into the CES.

The Coordinated Entry Oversight Work Group may authorize a project to receive referrals from outside the CES according to the following Integration Authorization procedure:

- I. Consideration for request to receive outside referrals:
 - a) Is the Integration Authorization needed due to special programmatic or safety considerations related to the service needs of the group (i.e., Domestic Violence and safety protocols)?
 - b) Are there eligibility criteria external to the CoC or Coordinated Entry System that cannot be incorporated or managed with the primary CoC Coordinated Entry System (i.e., veteran eligibility, mental health evaluations or minimum diagnoses, medical evaluations or admission criteria)?
 - c) Does the proposed alternative process or population manage distinct external CoC resources or programs that complement the CoC but cannot be incorporated or managed into the CoC due to legal or other requirements (i.e., veterans VASH vouchers)?
 - d) Is the special consideration group willing to coordinate all resources around that population as well as referrals from the CES/Family Housing Hub, etc. to make it a one stop shop for all individuals within the target population?
 - e) Is the proposed subpopulation and process consistent with the CoC approved principles and standards?
- II. Integration Authorization may be granted if the following conditions are met:
 - a. Parallel systems must meet the standards for the HEARTH Act and other subsequent Coordinated Entry compliance standards (24 CFR Part 578):
 - i. cover the geographic area;

Adopted by the CoC Board 10/24/2016

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- ii. easily accessed by individuals and families seeking housing or services;
- iii. well-advertised; and,
- iv. will utilize a comprehensive and standardized assessment tool.

II. Short-term Authorization

It is expected that any Integration Authorization will be time limited to allow the CES the opportunity to establish processes to address the particular needs of the subpopulation. Short-term authorization will be granted for one year periods.

III. Prioritization for CES Referrals

Providers authorized to operate under an Integration Authorization must prioritize placements referred by the CoC established CES.

IV. Policies and Procedures

Providers must submit policies and procedures to the CEOWG outlining the process for coordinated entry to be used. Policies and procedures should include prioritization for CES referrals, a description of the subpopulation to be served, and a detailed description of the housing placement process.

V. Standardized Assessment

Providers authorized to operate under an Integration Authorization must use the standardized assessment adopted by the community or receive approval by the CEOWG to use an alternate assessment.

VI. Reporting

Providers authorized to operate under an Integration Authorization must input client information into HMIS, and must submit quarterly reports to the CEOWG on the number of clients assessed, VI-SPDAT scores at entry for clients entered during the quarter, positive housing placements from the project during the quarter, income growth and length of stay for each client.

VII. Review

The Coordinated Entry Oversight Work Group will review this policy annually.

(Under Development)

Appendix F

Appendix G

Regional Coordinated Entry for Maricopa County Partner Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into between XXX and HSC, Inc., Regional Coordinated Entry for Maricopa County (RCEMC) for the purpose of defining the roles and responsibilities of the parties. This MOU is effective XX.

Purpose

As required by the HEARTH Act, all HUD Continuum of Care Programs and Emergency Solutions Grant funded projects shall participate in the Coordinated Entry System adopted and approved by the Continuum of Care. By signing the accompanying Memorandum of Understanding, participating organizations formally agree to participate in Coordinated Entry and agree to abide by the RCEMC Program Manual (Manual) adopted by the Provider Collaborative (PC) and The Maricopa Continuum of Care.

Responsibilities of RCEMC

- The RCEMC will abide by all program procedures outlined in the Manual, consisting of the priority decisions in order to facilitate Coordinated Entry to homeless services for single adults in Maricopa County.
- The RCEMC will recruit, hire, and train staff for the purpose of Coordinated Entry.
- The RCEMC will provide referrals to partner agencies in accordance with the policies outlined in the Manual and according to the eligibility requirements unique to each program.
- The RCEMC will provide clients with information regarding housing options and support but will not provide numeric scores to individuals regarding assessments.
- The RCEMC will seek feedback from provider agencies and continuously make improvements to effectively serve clients. The nature of the relationship will be collaborative.
- The RCEMC will host partner meetings on a monthly basis to disperse information, gain feedback and communicate and updates or changes to partner agencies.
- The RCEMC will coordinate regular community meetings for inter-relater reliability as outlined in the Manual.
- The RCEMC will coordinate with the Arizona Coalition to End Homelessness to facilitate regional trainings for SPDAT and VI-SPDAT as outlined in the Manual.

Responsibilities of XX

- XX will abide by all program procedures outlined in the Manual consisting of the priority decisions determined by PC and approved by the CoC.
- XX agrees to fill XX vacancies through the Coordinated Entry System. Agencies agree not to fill vacancies through any other source. In the event that there is an extenuating circumstance, the agency agrees to notify the RCEMC and the Coordinated Entry Oversight Workgroup that they are filling a vacancy outside of Coordinated Entry.

Regional Coordinated Entry for Maricopa County
Partner Memorandum of Understanding

- XX may provide information regarding housing options as noted by the RCEMC but agrees not to provide numeric assessment scores to any households seeking resources through coordinated entry.
- XX will provide ongoing feedback and support to the RCEMC, the nature of the relationship will be collaborative.
- XX will provide the RCEMC with regular updates regarding eligibility requirements to ensure successful referrals.
- XX will participate in monthly partnership meetings for purposes of providing feedback, gaining information regarding updates and changes.

Termination

This contract may be terminated by either party by providing 60 days' written notice to both HSC and The CoC Board.

Entered and agreed to on behalf of XX and RCEMC by:

E.D.
Participating Agency
XX,
XX, Arizona 85XXX
Tel. (480) xxx-xxxx

E.D.
LOA
XX,
Phoenix, AZ 85xxx
Tel. 602-xxx-xxx

Signature: _____

Signature: _____

Date: _____

Date: _____

Appendix H

(Under Development)

Appendix I

(Under Development)



Special Attention of:

All Secretary's Representatives
All Regional Directors for CPD
All CPD Division Directors
Continuums of Care (CoC)
Recipients and Subrecipients of the
Continuum of Care (CoC) Program
Recipients and Subrecipients of the
Emergency Solutions Grants (ESG) Program

Notice: CPD-17-01

Issued: January 23, 2017

Expires: This Notice is effective until it is amended, superseded, or rescinded

Cross Reference: 24 CFR Part 578, 42 U.S.C. 11381, *et seq.*, 24 CFR Part 576, and 42 U.S.C. 11371, *et seq.*, Notice CPD-014-12, 42 U.S.C. 13925, *et seq.*

**Subject: Notice Establishing Additional Requirements for a Continuum of Care
Centralized or Coordinated Assessment System**

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I. Purpose

Under the authority of 24 CFR 578.7(a)(8), this Notice establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people experiencing homelessness.

The CoC and ESG Program interim rules use the terms “centralized or coordinated assessment” and “centralized or coordinated assessment system;” however, HUD and its Federal partners have begun to use the terms “coordinated entry” and “coordinated entry process.” “Centralized or coordinated assessment system” remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD’s other written materials, the Notice uses the term “coordinated entry” or “coordinated entry process.”

A. Background

In June 2010, the United States Interagency Council on Homelessness published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*,¹ in which HUD and its Federal partners set goals to end veteran and chronic homelessness by 2015,² and end family and youth homelessness and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the plan’s key objectives and strategies. Although a relatively new concept at the time, communities had already begun to develop and operate coordinated entry processes independently in response to the same conditions identified by the plan, many through the implementation of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) under Title XII of the American Recovery and Reinvestment Act of 2009.

HUD requires each CoC to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry” or “coordinated entry process”) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC’s coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Since the CoC Program interim rule was published in 2012, HUD has learned a great deal about what makes a coordinated entry process most effective and has determined that additional requirements are necessary. This Notice establishes those additional requirements.³

¹ Amended in 2012 and 2015. <https://www.usich.gov/opening-doors>

² The goal of ending chronic homelessness has been extended to 2017.

³ Authority established in 24 CFR 578.7(a)(8), “This system must comply with any requirements established by HUD by Notice.”

B. Applicability and Deadlines for Compliance

This Notice establishes additional requirements for coordinated entry, as authorized under 24 CFR 578.7(a)(8). Each CoC must establish or update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8) and this Notice by January 23, 2018. As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC's geographic area must also work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e).

Once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11). However, as provided in section 578.23(c)(9), a victim service provider may choose not to use the CoC's coordinated entry process, if victim service providers in the area use a coordinated entry process that meets HUD's requirements and the victim service provider uses that system instead.

Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), HUD will expect that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d). To be clear, however, section 576.400(d) allows but does not require victim services providers under ESG to use the CoC's coordinated entry process.

C. Key Terms

1. **Affirmative Marketing and Outreach.** The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

2. **“Coordinated Entry Process” and “Centralized or Coordinated Assessment System.”** The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:

“...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...”

For the purpose of this Notice, HUD considers the terms “Centralized or Coordinated Assessment System” and “Coordinated Entry Process” to be interchangeable.

3. **Access Points.** Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples:
 - a. a central location or locations within a geographic area where individuals and families present to receive homeless housing and services;
 - b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;
 - c. a “no wrong door” approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;
 - d. a specialized team of case workers that provides assessment services at provider locations within the CoC; or
 - e. a regional approach in which “hubs” are created within smaller geographic areas.
4. **Distinct elements of the assessment and referral processes.** The processes of *assessment, scoring, prioritization* and *determining eligibility* comprise four distinct elements of the coordinated entry process that connect coordinated entry participants to potential housing and services.
 - a. *Assessment.* In the context of the coordinated entry process, HUD uses the term “Assessment” to refer to the use of one or more standardized *assessment tool(s)* to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time. See the Additional Policy Considerations Section III.C. for more information on assessment processes and tools.
 - b. *Scoring.* In the context of the coordinated entry process, HUD uses the term “Scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process (see Section I.C.4.c), the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional

consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors. See the Additional Requirements Section II.B.3. for more information on the weighting of assessment scores.

- c. *Prioritization.* In the context of the coordinated entry process, HUD uses the term "Prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.
- d. *Determining eligibility.* In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the *assessment, scoring, and prioritization* processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

D. Non-Discrimination Requirements

The CoC must develop and operate a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

II. Requirements for a Coordinated Entry Process

A. The CoC Program interim rule establishes minimum requirements that all coordinated entry processes must meet.

Per the requirements at 24 CFR 578.7(a)(8) and the definition of a "centralized or coordinated assessment system" at 24 CFR 578.3, a CoC's coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to 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 specific providers.

This section also requires the coordinated entry process to comply with any additional requirements established by HUD through Notice. Section II.B. of this Notice establishes these additional requirements.

B. CoCs Must Incorporate Additional Requirements into Their Coordinated Entry Process

Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in this section:

1. **Full coverage.** Provisions at 24 CFR 578.3 require that a CoC's coordinated entry process cover the CoC's entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following:
 - a. the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and
 - b. how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different.
2. **Use of Standardized Access Points and Assessment Approaches.**
 - a. Unless otherwise provided in this Notice, the coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. The coordinated entry process may, but is not required to include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:
 - (1) adults without children;
 - (2) adults accompanied by children;
 - (3) unaccompanied youth;

- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness. See II.B.8 for more information.

Variations for these five populations are permissible but not required.

- b. The CoC may not establish a separate access point and assessment process for veterans; however, a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC and that the method is included in the CoC's Coordinated Entry policies and procedures and the written standards for the affected programs.
- c. A CoC or recipient of federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.
- d. If determined necessary, variations in access and assessment approaches for the five populations listed in paragraph (a) may be used to remove population-specific barriers to accessing the coordinated entry process and to account for the different needs, vulnerabilities, and risk factors of the five populations in assessment processes and prioritization. Examples of variations could include the following:
 - (1) A dedicated access point for unaccompanied youth that provides a safe and supportive youth environment and that is located in a space easily accessible to and commonly frequented by youth to increase the likelihood that unaccompanied youth will access the coordinated entry process;
 - (2) An assessment tool used with unaccompanied youth that includes youth-friendly language to elicit a comparable answer to a similar but different question asked of adults over the age of 24;
 - (3) Assessment scoring criteria that weight the risk of immediate harm higher for households with young children when prioritizing persons for housing and services than for households without minor children;
 - (4) Assessment locations and information systems for people fleeing domestic violence that may include separate but comparable processes and databases in order to provide safety, security, and confidentiality; or
 - (5) Assessment scoring criteria that weight a single event of homelessness higher for pregnant women or families with children from the ages of 0 to

5 when prioritizing persons for housing and services than for individuals or families with older children.

- e. Variations in assessment locations and processes shall only be considered necessary for the five populations listed in paragraph a, if the CoC reasonably determines that the variations would facilitate access to the coordinated entry process and improve the quality of information gathered through the assessment.
 - f. CoCs must ensure that households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Similarly, CoCs must ensure that households who are included in more than one of the five populations listed in paragraph a, e.g., a parenting unaccompanied youth who is fleeing domestic violence, can be served at all of the access points for which they qualify as a target population.
 - g. CoCs' written policies and procedures for coordinated entry must:
 - (1) Describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2. of this Notice. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.
 - (2) The CoC must have written policies concerning data collected through the assessment as described in Section II.B.12 "Privacy Protections." Additionally, data from the assessment may not be used to prioritize households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability. Note that determining eligibility is a different process than prioritization (see I.C.4.d for clarification).
3. **Use of Standardized Prioritization in the Referral Process.** The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for referral to housing and services. The prioritization policies must be documented in Coordinated Entry policies and procedures and must be consistent with CoC and ESG written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9). These policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations.

The assessment process described in Section II.B.3., including information gathered from assessment tools, case workers, and others working with households, must provide sufficient information to make prioritization decisions. CoCs' written policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance, with caveats made in II.B.7. The CoC

should refer to [Notice CPD-016-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#), or any subsequent notices that update or replace CPD-016-11 for detailed guidance on prioritizing Permanent Supportive Housing (PSH) beds. The prioritization process may use any combination of the following factors:

- a. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- b. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- c. the extent to which people, especially youth and children, are unsheltered;
- d. vulnerability to illness or death;
- e. risk of continued homelessness;
- f. vulnerability to victimization, including physical assault, trafficking or sex work; or
- g. other factors determined by the community that are based on severity of needs.

These factors are intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. CoCs are prohibited from using any assessment tool or the prioritization process, including the factors listed in items a. through g. or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions that address one or more of the factors discussed above. For these reasons, it is important that case workers and others working with households have the opportunity to provide additional information through case conferencing or another method of case worker input. It is important to note, however, that only information relevant to factors listed in the coordinated entry written policies and procedures may be used to make prioritization decisions, and must be consistent with written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9).

A community-wide list generated during the prioritization process, referred to variously as a "By Name List," "Active List," or "Master List," is not required, but can help communities effectively manage an accountable and transparent referral process. If a

community-wide list is used, CoCs must extend the same Homeless Management Information System (HMIS) data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to “By Name List,” “Active List,” and “Master List” data. See III.E. for further recommendations on the maintenance of these lists.

In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit. The CoC’s written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.

4. **Lowering Barriers.** CoCs must maintain Coordinated Entry written standards that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.
5. **Marketing.** CoCs’ written policies and procedures for the coordinated entry process must:
 - a. Include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
 - b. Ensure that all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.
 - c. Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.
 - d. Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD’s published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against

National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations.

6. **Street Outreach.** Street outreach efforts funded under ESG or the CoC program must be linked to the coordinated entry process. Written policies and procedures must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site-based access points. CoCs may decide whether to incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.
7. **Emergency services.** The coordinated entry process must allow emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. Additionally, persons must be able to access emergency services independent of the operating hours of the coordinated entry's intake and assessment processes. Written policies and procedures must:
 - a. clearly distinguish between the interventions that *will not* be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that *will* be prioritized, such as PSH. If emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv); and
 - b. document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating and how they will be connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.
8. **Homelessness prevention services.** Persons must be able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice. Written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services. To the extent that other homelessness prevention programs participate in the coordinated entry process, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.
9. **Referrals to participating projects.** The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects. Written policies and procedures must document:

- a. the uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and
 - b. in the rare instances of rejection, the protocol that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.
10. **Safety planning.** The ESG and CoC program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault and stalking. The ESG rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC program rule does not require CoC-funded victim service providers to use the CoC's coordinated entry process, if they use an alternative coordinated entry for victim service providers in the area that meets HUD's minimum coordinated entry requirements. Finally, section 578.7(a)(8) of the CoC program rule requires the CoC to develop a specific coordinated entry policy to 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 Notice further establishes that the coordinated entry process must not jeopardize the safety of the individuals and families seeking assistance. The written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.
11. **Participant autonomy.** The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance. Written policies and procedures must specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects options. See Section III.A. for further guidance on ensuring participant choice in the assessment and referral process.
12. **Privacy protections.** The coordinated entry process must ensure adequate privacy protections of all participant information.
- a. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.
 - b. Participants must also be free to decide what information they provide during the assessment process.
 - c. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information

is necessary to establish or document program eligibility per the applicable program regulation.

- d. CoCs are also prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
 - e. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, section 578.103(b) of the CoC program rule requires that records containing PII are kept secure and confidential and the address of any family violence project not be made public.
 - f. The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. Further requirements on the collection of disability information for the purposes of prioritization is described in II.B.3(a) of this Notice.
 - g. Participants must be informed of the ability to file a nondiscrimination complaint.
13. **Data security protections.** When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein. Communities that do use HMIS as part of their coordinated entry process should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information in HMIS.
14. **Assessor training.** The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.
- a. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2.
 - b. The protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of this Notice. CoCs must distribute training protocols and offer at least one training to all participating staff within 12 months of the publication of this Notice.
 - c. The CoC must update and distribute training protocols at least annually.

15. **Ongoing planning and stakeholder consultation.** The CoC must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry.
- a. CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:
 - i. Surveys designed to reach either the entire population or a representative sample of participating providers and households;
 - ii. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and
 - iii. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.CoCs may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.
 - b. The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.
 - c. Written policies and procedures must describe the frequency and method by which the evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

III. Additional Policy Considerations

In addition to the requirements established in Section II. of this Notice, HUD strongly encourages CoCs to include the following elements as part of their coordinated entry process. This section contains recommendations and not requirements.

A. Incorporating a Person-Centered Approach

Written policies and procedures should include the following 6 principles that reinforce a person-centered approach throughout the coordinated entry process and have been observed in successful implementations of coordinated entry.

1. *Person-centered assessments.* CoCs should include assessments into coordinated entry that are based in part on participants' strengths, goals, risks, and protective factors.

2. *Accessible tools and processes.* CoCs should include tools and processes into coordinated entry that are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities and the requirement in II.B.5(c) of this Notice.
3. *Sensitivity to lived experiences.* CoCs should include sensitivity to participants' lived experiences in every aspect of coordinated entry, including the development of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.
4. *Participant choice.* CoCs should include participants' choices in coordinated entry process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need.
5. *Clear referral expectations.* CoCs should include referral protocols into coordinated entry that ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.
6. *Commitment to referral success.* CoCs should include a commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

B. Incorporating Cultural and Linguistic Competencies

All staff administering assessments should use culturally and linguistically competent practices, and CoCs are strongly encouraged to incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.⁴

Assessments should include culturally and linguistically competent questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons.⁵ HUD is encouraging CoCs to train participating projects that receive referrals in culturally and

⁴See the following materials to learn more about using culturally and linguistically competent practices:

<http://youth.gov/announcements/build-linguistic-and-cultural-competence-your-program>

<http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition>

<http://www.tapartnership.org/COP/CLC/>

⁵ Cultural competency and recovery within diverse populations; Ida, D. J, Psychiatric Rehabilitation Journal, Vol 31(1), 2007, 49-53.

linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

C. Assessment Tools and Processes

1. CoCs should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.
2. The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following:
 - a. screening for diversion or prevention;
 - b. assessing shelter and other emergency needs;
 - c. identifying housing resources and barriers; and
 - d. evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral. Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources. The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

D. Incorporating Mainstream Services

The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received. Examples of mainstream housing and service providers include Public Housing Agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

E. Using HMIS and Other Data Collection Systems

HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS. See requirements for data security for any system in II.B.12 of this Notice.

Further, communities maintaining a "By-Name-List," "Active List," or "Master List" outside the HMIS infrastructure will necessarily be managing client-level data. These data contain personally identifiable information and have the potential to cause harm to clients if data were inappropriately disclosed or unintentionally breached. CoCs should identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

F. Addressing Waiting Lists

Prolonged stays on waiting lists for housing resources can have a negative impact on the well-being of participants and reduce the overall performance of a community's homeless assistance system. CoCs should keep the time spent on their single, prioritized list for housing resources at 60 days or less. If a community cannot offer a housing resource to every prioritized household experiencing homelessness in 60 days or less, then the CoC should tighten its prioritization standards in order to more precisely differentiate and identify for resources those households with the most needs and highest vulnerabilities. This will mean that CoCs will need to update their written standards appropriately and that some households that are eligible for homeless assistance will no longer be placed on a prioritized list for housing. In these instances, the CoC will need to develop strong relationships with providers of mainstream resources in order to offer these households as much assistance as possible to help resolve their homelessness outside of the dedicated homeless assistance system.

IV. Questions Regarding this Notice

Please submit questions regarding this Notice to HUD's Ask A Question at www.hudexchange.info/get-assistance/my-question.