

Family Coordinated Entry System  
Family Housing Hub Operations Manual

*\*This is a working document, any decisions for policy and procedures must be approved by the Maricopa Regional Continuum of Care Board. Recommendations can be made by various workgroups and community partners. Approved by CoC Board September 30, 2019.*

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## **I. Glossary of Terms**

ADA: Americans with Disabilities Act

BNL: By-name List

CE: Coordinated Entry

CC: Case Conferencing

CESC: Coordinated Entry Subcommittee

CoC: Continuum of Care

CRRC: Community Resource and Referral Centers (VA)

DVS: Domestic Violence Services

EP: Entry Point

ES: Emergency Shelter

ESG: Emergency Solutions Grant

FCES: Family Coordinated Entry System

FHH: Family Housing Hub

F-SDPAT: Family Service Prioritization Decision Assistance Tool

HMIS: Homeless Management Information System

HUD: Housing and Urban Development

MOU: Memorandum of Understanding

MRCoC: Maricopa Regional Continuum of Care

PSH: Permanent Supportive Housing

RCEMC: Regional Coordinated Entry of Maricopa County

RRH: Rapid Rehousing

SPL: Service Priority List

SPS: Service Priority Specialist

TH: Transitional Housing

VI-F-SPDAT: Vulnerability Index Family Service Prioritization Decision Assistance Tool

## **II. Introduction**

The Family Housing Hub (FHH) is the regional system established by the Maricopa Regional Continuum of Care (MRCoC) to ensure that families experiencing homelessness within Maricopa County will be given similar information and support to access and maintain permanent housing. Specifically, the FHH for Families is a system for triaging, diverting, assessing, and referring families to appropriate need-based housing interventions. Formal participation is outlined within individual agency memorandums of understanding with FHH. While those terms may vary dependent on the resources of the provider, minimum FHH participation will be included in all Memorandums of Understanding (MOU).

This document contains the policies and procedures that govern the implementation of coordinated entry for families in Maricopa County. The written standards have been developed in conjunction with the MRCoC recipient with input from service providers (Ending Family Homelessness Workgroup).

All of the programmatic decisions within this document have been initiated with the Ending Family Homelessness Workgroup and the FHH 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 Ending Family Homelessness Workgroup and the FHH and the local Continuum of Care (CoC).

### **III. Guiding Principles**

The Family Housing Hub abides by the following guiding principles, initially created by the Coordinated Assessment Workgroup in 2012:

1. The assessment and referral process should be client-centric.
2. The system must be easy for clients to navigate.
3. Establish multiple points of access.
4. Prioritize enrollment based on client need.
5. Prioritize “hardest to serve” clients first.
6. Focus on ending the clients’ homelessness as quickly as possible.
7. Balance provider choice in making enrollment decisions with the systems need to serve all clients.
8. Initial assessments should be as simple as possible.
9. Establish accountability amongst assessment workers and providers.
10. Make a system that is sustainable.
11. Leverage and support existing partnerships and strong partnership.
12. Streamline any parallel processes.
13. Offer choice, which promote self-sufficiency.
14. Deliver services that are well coordinated between all staff and agencies.
15. Support provider staff with appropriate referrals.
16. Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
17. Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
18. Use a housing first approach.
19. Data is entered and shared in real time.
20. Use real-time data to make quick referrals.

## **IV. System Design**

### **a. Infrastructure**

#### **1. Data Sharing Agreements**

Participating agencies are listed on the FHH Release of Information and families are able to opt out of sharing data with any or all participating agencies.

Agencies that are listed on the data share agreement may participate in CC to provide information that will assist families in obtaining or maintaining permanent housing.

A FHH ROI will be initiated by a FHH EP to provide coordination of care for families seeking services.

The FHH participating agencies agree to participate in a data sharing affinity group. Information that is share will include basic eligibility and demographic information on shared SPL for ES or one page referral for TH, RRH and PSH.

Once the family is confirmed for program entry, VI-F-SPDAT, vital documents for all family members, income verification/certification, HMIS entry/exit information and information regarding any SPL that household may be on including any information necessary to assist the family in obtaining permanent housing will be needed.

Once family is in program, FHH will provide ongoing information regarding wait list status and information related to assisting family in obtaining permanent housing. This may include: participation in cc.

#### **2. Memorandum of Understanding**

MOUs with participating agencies will be in place customized based on the nature of relationship. MOUs should be reviewed annually by the FHH and participating agency.

#### **3. Oversight**

The members of the FHH partnership, Ending Family Homelessness Workgroup and the CoC Committee will be meaningfully involved in making recommendations and information the various decision-making process to ensure continuous improvement of the system.

Both CESC and the CoC Board will provide formal oversight of the FHH.

**b. Complaint & Grievance Policy**

FHH will establish written procedures, which assure clients rights to resolve complaints and grievances against the agency.

Full appeal and procedure form is available in Appendix D.

## **V. Access**

### **a. Non-discrimination Policy**

All agencies participating in the Coordinated Entry system must comply with applicable equal access and non-discrimination provisions of federal and state civil rights laws. MRCoC is committed to making its Coordinated Entry process available to eligible individuals and families, who will not be steered toward any particular housing facility or neighborhood, regardless of race, color, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, or other arbitrary reasons.

MRCoC does not tolerate discrimination on the basis of any of the above-stated protected classes during any phase of the Coordinated Entry process. Some programs may limit enrollment on requirements imposed by funding sources and/or state or federal law. All such programs will avoid discrimination to the extent allowed by their funding sources and authoring legislation.

All locations where persons are likely to access or attempt to access the Coordinated Entry system will include signs or brochures displayed in prominent locations information participants of their right to file a discrimination complaint with the MRCoC in accordance with Section 4.01 non-discrimination policy.

### **b. Language Access**

Access Points will take reasonable steps to offer Coordinated Entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

Assessments will use culturally and linguistically competent questions that reduce cultural or linguistic barriers to housing and services. To ensure all staff administering assessments will use culturally and linguistically competent practices, the CoC will incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.

The FHH will work to the best of its ability to hire staff that are linguistically and culturally fluent in the languages most common about Maricopa County's homeless population, English and Spanish.

The FHH will coordinate to the best of its abilities with interpreter staff of refugee agencies when serving families.

Additionally, the FHH contracts with an outside language line company that can provide interpreter services via phone in multiple languages.

**c. Housing First**

CoC & ESG funded programs are committed to following a Housing First approach and reducing barriers for accessing their services.

MRCoC prohibits individuals from being screened out of the Coordinated Entry process due to perceived barriers to housing or services, including but not limited to: too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, 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.

CoC funded programs that do not follow a strict Housing First approach (excluding those projects whose funding sources or grant agreements require otherwise) will work to limit barriers to accessing their services as much as possible.

While other programs may not receive this funding, and are not adherent to Housing First policies, the FHH will encourage participating agencies to work towards housing first practices.

#### **d. Onboarding of Access Points**

Entry Points serve as the mechanism by which families experiencing homelessness in Maricopa County may access services intended to end their homelessness. The FHH is the primary Entry Point with all other Entry Points acting as satellites. When a family is experiencing homelessness encounters a provider that is not an Entry Point, the provider will connect the family to one of the Entry Points through the FHH.

MOUs are negotiated between the FHH and participating agencies. MOUs are service specific and are customized based on the nature of relationship. MOUs are reviewed and renewed annually.

##### **A. Agency Request**

Any agency wishing to serve as an entry point will complete information to the FHH. All submitted requests will be reviewed by the CESC and determined if entry point is needed.

##### **B. Responsibility of Entry Points**

1. Approved entry points must assign specific staff that have attended training provided by the FHH and must abide by policies and procedures, and participate in ongoing quality assurance meetings.
2. Assign a single point of contact (per agency or program) to coordinate and monitor data system usage.
3. Approved entry points are responsible for complete, accurate, and timely data entry necessary to match with housing providers and meet MRCoC guidelines.
4. Approved entry points must ensure consistent application of diversion practices and will maintain a diversion rate similar to the FHH or an appropriate rate considering the population served.
5. Approved entry points must maintain an appropriate level of understanding of resources available to families in crisis, resources for families to develop diversion housing plans, and of the family homeless system.

## **e. Geography and Integration with Other Service Systems**

### **A. Access Points**

Through the MRCoC agencies may apply to become an access point for the family CE system. All requests will be evaluated by coordinated entry leads based on CoC approved criteria.

### **B. Contracted Obligation to Participate**

### **C. Integration with VA Community Resource and Referral Centers**

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

### **D. Special Populations**

The designated EP staff will provide screening and assessment for youth/young adult ages 18-24 with minor children and will integrate resources specific to youth/young adults with minor children.

The FHH will provide screening and assessment for individuals and families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, who are seeking shelter or services from non-victim service providers. The FHH will coordinate with SAFE DVS for those seeking immediate domestic violence services from a victim service provider. For families fleeing domestic violence the FHH will adhere to the CoC approved policy.

Pregnant women in their third trimester without other minor dependent children will be referred to a FHH EP.

## **VI. Assessment & Prioritization**

### **a. 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 A.

#### **A. Eligibility**

To participate in Family Coordinated Entry, a household must have at least one minor child in the household or one member of the household must be in their third trimester of pregnancy. Eligibility for individual programs is dictated by community standards and funding requirements. The FHH strives to maintain the least eligibility criteria possible.

#### **B. Process**

The FHH first assess all households for safety and any emergent needs. Once safety is determined, all households participate in a diversion conversation. If a family is not able to be diverted, the entry point staff will conduct a VI-F-SPDAT. The household will be placed on the SPL for the scoring intervention. If the household is in need of ES, an eligibility match will be completed, and the family placed on the SPL.

### **b. VI-SDPAT Issues and Use**

#### **1. Scoring Ranges by Intervention**

Due to resource allocations, the Family VI-SDPAT scoring ranges will be used as a guideline for veteran-specific resources. Veteran-specific Permanent Supportive Housing will be reserved for the highest acuity families. Supportive Services for Veteran Families Rapid Rehousing will be used flexibly to serve low to moderate acuity families.

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

## 2. Prioritizing Interventions by Scoring Range

Emergency Shelter will be prioritized for families experiencing literal homelessness and/or facing significant safety risks where they are temporarily sleeping. Families facing a housing crisis with no alternative options will be considered secondary priority.

Rapid Rehousing will be prioritized for families that score between 4 and 8 on the VI-F-SDPAT at a Family Housing Hub Entry Point. Those scoring 4-8 will be placed on a Service Priority List in order of assessment date with the most recent date at the bottom.

Transitional Housing will be prioritized for families according to the current MRCoC adopted prioritization policies. The FHH will not maintain a specific SPL for Transitional Housing. Rather, when TH has a vacancy, the provider will notify the FHH. The FHH will then provide the information to the emergency shelter providers who will complete an eligibility match and then provide the FHH with a referral for the transitional housing vacancy. If there is more than one referral, families at the top of the RRH list, meeting the scoring range will be selected first.

Permanent Supportive Housing will be prioritized first by acuity and second by length of time homeless; as is described in the paragraph below:

*At the August 29, 2016 meeting, the CoC Board adopted HUD’s order of priority in [Notice CPD-16-11](#) for CoC Program-funded PSH. The FHH will prioritize accordingly for CoC Program-funded PSH designated for families with minor dependent children.*

## 3. Administering the Full Assessment

For families scoring within the range for PSH on the VI-F-SPDAT, the designated entry point staff will administer the full F-SPDAT assessment in order to determine eligibility for PSH.

In all other cases, the full F-SDPAT assessment is available to be administered by the receiving programs as a case management and progressive engagement tool.

#### 4. Maintaining Consistency and Integrity of Assessments

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

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

It is required that all family service provider case management staff and designated entry point staff will attend one of the formal F-SDPAT trainings prior to using the full F-SDPAT assessment tool.

The designated entry point staff will administer all of the VI-F-SDPATs for MRCoC. All designated entry point staff will meet on a monthly basis to consensus score, attend trainings on topics such as motivational interviewing and trauma-informed care, communicate challenges, and come to consensus on solutions.

A VI-F-SDPAT will only be re-administered if the previous assessment is more than six months old or in the circumstance of a major life-changing event. If a new score is determined, families that declined previous interventions will be placed on the SPL for a new intervention with a new assessment date.

## **VII. Housing Match and Placement Criteria**

### **1. Thoughtful Choice for Participants**

Families are offered the first emergency shelter unit available for which they meet eligibility requirements and meets their most basic needs, such as being ADA compliant or large enough to accommodate the family.

At the time of housing match, if a family is eligible for multiple placements, the options will be explained to them by the FHH. Client choice may include preference based on: the location of the school of origin for the child(ren), location of employment, location of natural supports such as family or church, access to transportation options, child care availability, access to health care, anticipated expenses, etc.

Declination and cancelation of referrals:

Agencies who exceed the MRCoC threshold for declination of referrals will be reported to CoC staff. The lead agency will score CoC funded programs appropriately based on that information and collaborate with ESG recipients on course of action.

Cancelled referrals must align with MRCoC HMIS referral policy.

### **2. From Application to Referral**

Partners notify the FHH of vacancies immediately and referrals are made at that time.

At time of housing match, a referral is sent to the appropriate provider via HMIS (for victim service providers, see Appendix B).

### **3. Acceptance/Denial Rate for Participants**

If a family declines shelter but wishes to remain on the SPL, the FHH staff will review options with the family and determine the continued need for services.

If a family declines TH services they will be remain on the RRH SPL until referred to that intervention.

If a family declines RRH services they will be removed from the SPL. If the family wishes to reconsider RRH, they must return to the FHH and if they still meet the eligibility requirements, they will be returned to the active

list. A new VI-F-SPDAT will only be completed if there is a lapse of six months or the family reports a major life-changing event.

If a family declines PSH they will be removed from the SPL. Families reconsidering PSH will need to return to the FHH and be placed on the list in order of acuity score on the full F-SDPAT and length of time homeless.

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

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

#### 4. Acceptance/Denial Rate for Providers

Once the FHH SPS has determined a family qualifies for a particular intervention and meets eligibility criteria, it is expected that the receiving program will accept all eligible referrals.

If a household is declined for services, they will be redirected by the FHH SPS to an alternate program.

#### 5. Additional Prioritization Beyond Acuity

TH might be used as “bridge” housing for families scoring for PSH and for whom there are no units readily available.

The FHH will work with housing providers to additionally serve and prioritize families protected under VAWA, see Appendix C.

#### 6. Progressive Engagement

A modified progressive engagement strategy will be implemented. The VI-F-SPDAT score determined by the staff at FHH will determine the initial intervention for the family. In the event of the intervention not being

successful, the FHH will use the full F-SDPAT score from an F-SDPAT trained provider agency that substantiates the need for a higher level of service.

It is the provider agency's responsibility to provide the assessment information to the FHH and to be an active partner in the progressive engagement process.

- When a family: (1) scores for ES and reaches the end of their shelter stay; (2) has no alternative housing options; and (3) the F-SPDAT demonstrates the need for a higher level of service, the family may be placed on the SPL for the higher level of service. If the F-SPDAT score remains within the range for ES, the family may be placed on the SPL for a subsequent ES stay.
- When a family: (1) scores for RRH; (2) obtains housing; (3) the intervention was not successful within a reasonable timeline (after a minimum of 90 days); and, (4) the case manager has completed the F-SDPAT demonstrating the need for a higher level of service, the family will be placed on the SPL for an appropriate intervention.
- When a family: (1) resides in an alternative temporary housing intervention, (2) also participates in the housing intervention for at least six months, (3) has no alternative permanent housing options; and (4) the case manager has completed the F-SDPAT indicating the need for a higher level of service, the family will be placed on the SPL for an appropriate intervention.

Limited expectations to the above timeframes may be considered in the family CE CC.

#### **a. Navigation**

Navigation for FCES primarily takes place in the emergency shelter.

The responsibility for navigation is shared between the emergency shelter staff and the receiving housing provider. The FHH will maintain all eligibility documents and serve as the liaison between the service providers.

## **b. Onboarding of Housing Providers**

Agencies that serve families with minor dependent children are eligible to be on-boarded with the FHH.

Any agency receiving ESG family funding is recommended to be on-boarded with the FHH.

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

1. Dedicate appropriate housing inventory (at a minimum, this includes all HUD-funded homeless projects) to the Coordinated Entry System.
2. Assign a single point of contact (per agency or program) to coordinate and monitor data system usage. The housing provider will communicate any point of contact changes immediately.
3. Communicate with FHH regarding programs and program preferences and to not have additional eligibility criteria not on reported to the FHH. Provide eligibility clarity when requested.
4. Record approvals, denials or cancellations of referrals for each family within 2 business days of receiving the referral.
5. Provider programs will have the option to decline services up to a certain percentage of the eligible families referred to them by the FHH based on standards written in the Coordinated Entry Policies & Procedures, *refer to CE P&P document*.
6. Make an initial contact attempt with the family within one week of referral approval.
7. Make a reasonable amount of contact attempts given the barriers of families experiencing homelessness. Directly contact outreach or shelter staff when a family is currently or recently interacting with those programs. Communicate with the FHH if the family does not complete an intake.
8. Will be responsible to follow policy and procedures of FHH and attend bi-weekly case conferencing, and quarterly partnership meetings.

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

### **c. Service Standards/Placement Follow Through**

#### **1. Program Transfers within PSH**

Extenuating circumstances will be brought to the FHH such as: conflict of interest or safety.

The FCES 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 families experiencing homelessness. The Ending Family Homelessness Workgroup, a group comprised of community service and housing providers, designed the system to prioritize intervention upon assessment.

The FCES is a prioritized engagement model with the ability to progressively engage clients based on individual needs. According to the prioritization schema, families will be offered appropriate available intervention resources. All resources should support the objective of assisting a family to access and maintain permanent housing.

In rare circumstances beyond control of the intervention staff, a family may not be successful in the initial intervention. In such cases, the provider agency must provide sufficient evidence that resources have been exhausted in an effort to facilitate housing retention and that another housing intervention would best meet the needs of the family.

For the purposes of this system, sufficient evidence to support progressive engagement must include, at a minimum:

1. Six months of service engagement in housing.

2. Demonstrated need for progressive engagement reflected in 3 F-SPDAT assessments with scores that are either stable or increasing within range for PSH.

If the above criteria “2” presents at any time after 90 days of placement, the housing case manager may present at C. The CC process may provide input from other providers to help the program with supporting the household to maintain housing, or establish a plan in the event progressive engagement is needed. Once the above criteria are met, the agency requesting progressive engagement will complete a transfer request form, Appendix G. The FHH will review the transfer request within seven days of retrieval and if approved will be responsible for connecting the families to the next available opening with a PSH provider. If a unit is unavailable at a time of eviction, the housing provider is responsible for connecting the client to supportive services such as: navigators, shelter case managers, outreach teams, etc. Any issues outside of the scope of the above criteria will be reviewed on a case by case basis by the FHH. The data from all progressive engagement transfers will be evaluated each quarter by the FHH and the Ending Family Homelessness Workgroup.

Families may matriculate to alternative PSH (i.e. facility based to scattered site) based on eligibility in accordance with the current by-name list. A transfer must be initiated with the FHH SPS. Transfers will be provided based on the priority established upon placement into the primary PSH program (i.e. VI-F-SPDAT score, length of homelessness<sup>0</sup> and upon housing availability. Until that time, the primary PSH program is expected to work with the family to maintain housing and services. A warm hand-off is facilitated by the FHH SPS.

## **APPENDICES**

<b>Appendix A</b>	<b>9 Step Diversion Process</b>
<b>Appendix B</b>	<b>Victims of Domestic Violence</b>
<b>Appendix C</b>	<b>Violence Against Women Act</b>
<b>Appendix D</b>	<b>Complaint &amp; Grievance Policy</b>
<b>Appendix E</b>	<b>Progressive Engagement</b>

A. 9 Step Diversion Process

## 9 Step Diversion Process

### Step 1

- Explanation of the diversion conversation.

"Our goal is to learn more about *your specific housing situation right now* and what **you need** so that together we can identify the best possible way to get you a place to stay tonight and to find safe, permanent housing as quickly as possible. That might mean staying in a shelter tonight but we want to *avoid that if at all possible*. We will **work with you** to find a more stable alternative *if we can*."

### Step 2

Information gathering

- Why are you seeking *emergency* shelter today? \_\_\_\_\_

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- What else have you tried to do before seeking shelter?

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- What else have you thought about trying, but haven't yet?

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Problem solving to make sure all their options were exhausted prior to us intervening with a shelter solution.

Looking to have possible light bulb go off-helping them to find solution.

### Step 3

□ Where did you stay last night? \_\_\_\_\_

Other than own apt. or friend/family can go to step six.

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a. If staying with someone else, what is the relationship between them and you?

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How long have you been staying there? \_\_\_\_\_

b. Where did you stay before that? \_\_\_\_\_

c. Would it be safe for you to stay there again for the next **3-7 days**?

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d. If unsafe, ask *why* it is unsafe.

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If cannot stay there safely or if were staying in a place unfit for human habitation move to step six.

### Step 4

□ What is the primary/main reason that you had to leave the place where you stayed last night? \_\_\_\_\_

□ Are there additional reasons why you can't stay there any longer?

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We are looking to see if we can help to solve this problem.

### Step 5

□ Do you think that you could stay there again temporarily if we provide you with some help or referrals to find permanent housing or connect with other service?

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□ If no, why not? What would it take to be able to stay there temporarily?

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## Step 6

□ If no, is there somewhere **else** where you could stay temporarily if we provide you with some help or referrals to find permanent housing and access other supports? For example what about other family members? Friends? Co-workers?

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□ What would it take for you to be able to stay there temporarily?

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Trying to expand on other places they may not have thought of.

## Step 7

□ What is making it hard for you to find permanent housing for you-or to connect to other resources that could help you do that?

a. For example, do you or does anyone else have special needs or a medical condition? How does this affect your housing situation?

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b. Do you owe money for rent or utilities? \_\_\_\_\_

c. Are you new to the area? \_\_\_\_\_

## Step 8

□ What resources do you have right now that could help you find a place to stay temporarily or find permanent housing?

a. For example, are you getting any help from other family members or friends?

b. Do you have income?- what are the sources?

c. Are you involved with any other services right now?

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We are looking to see if there is an opportunity to access permanent supportive housing through them?

## Step 9

If haven't been able to find a temporary solution then closing step 9

We are setting up an expectation

□ "If admitted to shelter there is still an expectation that you will be attempting to secure permanent housing for yourself."

□ What is **your plan at this point** for securing housing **if you** are admitted to shelter?

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## Appendix B

### B. Victims of Domestic Violence

The CE system ensures that survivors of domestic violence are able to access any homeless program the client chooses. Participants will 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. Such individuals will have safe and confidential access to the Coordinated Entry process and victim service providers, and immediate access to emergency services such as domestic violence hotlines and shelter.

All Coordinated Entry staff must be trained at least annually in trauma-informed care, risk assessment, principles of domestic violence, safety planning, and confidentiality. Training and training providers will be approved by the Arizona Coalition to End Sexual and Domestic Violence.

When a person presents at an access point, questions about safety will be a top priority. If the initial screening questions indicate the primary presenting issue is safety-related due to fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking, the Coordinated Entry staff will work with the victim/survivor to present options related to accessing domestic violence services, or emergency shelter through the Coordinated Entry phone line.

**Special Protections in Compliance With Rules Set Forth in 24 CFR Part 578, which Covers CoC Responsibilities, Including Responsibilities Related to the Violence Against Women Act (VAWA)**

## Appendix C

### C. Violence Against Women Act

Federal regulations provide protections to and prohibit discrimination against program applicants and program participants who have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. **All CoC-funded service providers are responsible for understanding and implementing these requirements, as written by HUD, within their programs.**

HUD prohibits denying assistance to program applicants and program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, HUD-funded program participants cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

HUD Emergency Transfer Form (HUD Form 5383) will be required from the transferring party. Transferring the victim, bifurcation of lease, etc. may be used to address the victim needs.

#### Requirements:

The Maricopa Regional CoC and ESG providers must implement and document procedures to ensure compliance with the rules set forth in § 578.99(j) of the CoC Interim Rule:

- A. Persons may not be denied assistance, terminated from assistance or evicted as a result directly related to experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. • CoC funded programs must inform participants of Notice of Occupancy Rights and the Certification form for documenting the incident of domestic violence, dating violence, sexual assault, or stalking.

- B. Providers are to adhere to the CoC's adopted Emergency Transfer Plan.
- C. CoC programs must record the number of emergency transfer requests received and the outcomes associated with those requests.
- D. All housing providers will provide reasonable accommodations to this policy for persons with disabilities.

#### Emergency Transfer:

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible program participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. The Maricopa Regional CoC has responded to this requirement by developing an Emergency Transfer Plan for victims of domestic violence, dating violence, sexual assault or stalking and an emergency response protocol for addressing incidents of domestic violence, dating violence, sexual assault, or stalking.

#### 1) Ensuring Low Barrier Access

Program providers should be informed of signs of victimization and abuse and should proactively help participants understand their rights and protections under VAWA. If a participant indicates a need for protection or communicates a lack of safety, programs have a responsibility to help participants understand their rights and access their options. Program participants do not have to specifically request an emergency transfer or mention VAWA directly to be eligible for VAWA protections.

#### 2) Emergency Transfer Request

HUD requires that its approved Emergency Transfer Request form be used to initiate Emergency Transfers. The form details the eligibility criteria for requesting an Emergency Transfer as well as the documentation and information that is necessary for completing the Emergency Transfer Request. Providers are responsible for taking actions directed toward immediate client safety and should do this by first connecting the client to a Victim Service Provider for safety planning. By providing a direct referral to a

Victim Service Provider, a risk assessment and safety planning will help the survivor navigate appropriate steps toward safety and determine what actions (including an emergency transfer) are in the best interest of their own safety.

### 3) Emergency Transfer Plan

HUD regulations require that its model Emergency Transfer plan be adapted and used to initiate and document Emergency Transfers under VAWA. The Maricopa Regional CoC has adopted HUD's Emergency Transfer Plan. Providers receiving HUD CoC and ESG funds must utilize the guidance provided in the Maricopa Regional CoC Emergency Transfer Plan to initiate Emergency Transfers.

Requesting an Emergency Transfer does not guarantee a program participant will receive a successful transfer opportunity and/or be located to another HUD-funded housing unit.

### 4) Emergency Response Protocol

In the interest of putting safety first, the Maricopa Regional CoC has adopted an Emergency Response Protocol that urges service providers to begin safety planning as the first step before initiating or requesting an Emergency Transfer.

## Appendix D

### D. Client Grievance Policy and Procedures

#### **PROCEDURE**

During the intake process all residents will be informed verbally and in the Resident Handbook of the UMOM New Day Centers Complaint, Grievance and Appeal (CGA) Process. All staff will have access to CGA Forms and will encourage residents to fill out the form as appropriate. CGA Forms will also be available on each site for residents to obtain on their own and a locked box will be provided for residents to drop CGA Forms. This box will be checked by program management team members and CGA forms will be distributed for review as appropriate.

UMOM recognizes the importance of the resident's relationship with his/her Case Manager and staff should encourage residents to discuss any and all issues with their Case Manager first. If the resident is not satisfied with the Case Manager's response or feels there is no resolution, the resident may complete and submit a CGA form to staff or drop it in the provided locked box. CGAs will be retrieved from the locked boxes every work day, Monday through Friday.

UMOM New Day Centers residents' CGAs will not result in any form of retaliation or retribution and may be completed anonymously. Unless anonymous, residents will receive a response from a management team member within:

- Three (3) business days for a complaint/grievance or appeal from the time the CGA is retrieved by staff
- Twenty four (24) business hours for each level of an appeal of a termination

#### **Steps of Complaints, Grievances, Appeals Process**

Please note: If the resident does not follow through, with any of the steps, the CGA will be dismissed or the decision will stand at the last level the resident has appealed.

**Step 1** The CGA will be reviewed and a response written to the resident by the Program Manager or Director depending on the program

- If the resident is not satisfied with the response or feels there is no resolution, the resident may appeal to Step 2 within 24 hours of receipt of response.

**Step 2** The CGA at Step 2 will be reviewed by an Appeals Panel convened by the Chief Program Officer and consisting of members of the Executive Team Shelter Directors, and Coordinators. A written response to the resident is prepared by the Chief Program Officer or member of the Executive Team.

- Given the collaborative nature of Step 2 and the status of members involved, Step 2 is the final level of the appeal process at UMOM New Day Centers.

CGA process outside of UMOM New Day Centers

- Residents have the right to make an appeal at ANY TIME to the departments listed below. However, action will generally be deferred to UMOM New Day Centers until its Administrative CGA process has been completed.
- All decisions by UMOM New Day Centers will be upheld until the time a resolution is made with the resident, outside agency and UMOM.
- Termination of services will not be postponed, regardless of a pending appeal.
- The resident must initiate CGAs by mailing a request in writing to the appropriate city and/or state agency listed.

## Family Coordinated Entry System

For Family Shelter Residents:  
Arizona Department of Economic Security  
1789 West Jefferson  
P.O. Box 6123, Site Code 086Z  
Phoenix, AZ 85005 / 1-800-357-3486

Veteran Family Shelter Residents  
Arizona Department of Veterans Services  
Sean Price - Veterans Services Coordinator  
3839 North Third Street, Suite 209  
Phoenix, Arizona 85012; (602) 234-8402

For Family Housing Hub clients  
Maricopa Regional CoC Coordinated entry subcommittee  
Attn. Anne Scott ascott@azmag.gov

For Supportive Services for Veteran Families  
VA National Center on Homelessness Among Veterans  
Regional Coordinator  
SSVF Email SSVF@va.gov  
or call (toll-free) at 1-877-737-0111.

For Housing Residents:  
City of Phoenix Housing Department  
251 West Washington  
Phoenix, AZ 85003

### **Responses to CGA**

Solution focused responses from the management team member should include:

#### Complaints/Grievances (Reviewer's Response on the front/bottom of CGA Form)

- Express appreciation to the resident for submitting the information and a description of what intervention/investigation has been done and the result, as appropriate.
- Suggestions on what resident can do to help themselves if similar situation should occur and/or what the staff can do to assist in the future.
- Documentation of who the form was forwarded to if follow-up was needed. If follow-up needed, further documentation on the form may be necessary and/or a case note, if appropriate.

#### Appeals (Appeal Response on the back of the CGA Form)

- Rescinded Decisions:
  - Reason that the appeal was rescinded.
  - Any pending benchmarks that the resident must complete to remain compliant with their case plan, including dates of deadlines presented to resident.
- Upheld staffing decisions:
  - Reason the decision was upheld.
  - Any benchmarks that must be reached prior to the staff reconsidering the decision in the future, as applicable
  - A statement describing the next level to appeal to if further appeal is sought
- Upheld Termination:
  - Reason the termination was upheld
  - Date and time the resident needs to be moved out of the program
  - Whether the resident is eligible to return to the program and, if eligible, the date that resident may apply for readmission
  - Any benchmarks the resident must reach to be considered for readmission in the future, as applicable

### **CGA Regarding Staff**

Any CGAs regarding staff members should be investigated and documented by the management team member handling CGA and routed directly to the Human Resources (HR) Coordinator. Involving HR Coordinator may be done any time in the process, as appropriate. HR Coordinator must always receive a copy. Copies of this type of CGA will be stored in the office of the Chief Operating Officer.

**Complaints and Grievances Regarding the Discrimination in Provision of Food**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. We accept all complaints of discrimination, whether written or verbal, relating to the Child and Adult Care Food Program that are filed within 180 days of the alleged discrimination. We handle all anonymous complaints in the same manner as other complaints. Records are retained of all complaints and forwarded to the Secretary of Agriculture.

In the event that you believe you have been discriminated against for any of the above reasons in our food program, follow UMOM’s procedure for filing a complaint and send your complaint to:

Director of Student Services  
State Department of Education  
1535 West Jefferson Avenue, Bin 7  
Phoenix, Arizona, 85007

**OR**

Director, Office of Civil Rights  
USDA Food and Nutrition Services; Western Region  
550 Kearney Street, Room 400,  
San Francisco, CA 94108

These complaints of discrimination should contain the following information:

1. Name, address and telephone and any other means to contact complainant
2. The specific location and name of the entity delivering benefits
3. Nature of the incident or action that led the complainant to feel that discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants
4. Basis on which the complainant feels that discrimination occurred (race, color, national origin, sex, age or handicap)
5. Names and titles, if known, and addresses of person who may have knowledge of the discriminatory action
6. The date(s) the alleged discriminatory actions occurred or the duration of such action.

**Routing of CGA Forms:**

- **Complaint or Grievance:**  
Original – Client, Yellow – CM/Client File, Pink (if poor quality/copy original) – to PQI Manager
- **Client Appeals (for all 3 levels of appeal)**  
Please make copies (front and back of form) to distribute to CM/Client File, Client and PQI Manager.

# Family Coordinated Entry System

## Appendix E

### E. Progressive Engagement

This form is an official request for a client to transfer from one housing program to another. Prior to completing this form, the agency requesting must abide by the policy outlined in the Coordinated Entry Operations Manual. The Coordinated Entry System’s Housing Match Coordinators will review requests and refer to vacancies accordingly. Request forms will be reviewed within 7 days of retrieval.

Agency Information		
Staff completing Form: <a href="#">Click here to enter text.</a>	Staff Agency: <a href="#">Click here to enter text.</a>	Staff Email: <a href="#">Click here to enter text.</a>
Staff Phone: <a href="#">Click here to enter text.</a>	Agency Supervisor: <a href="#">Click here to enter text.</a>	Supervisor Email: <a href="#">Click here to enter text.</a>
Client Information		
Client Name: <a href="#">Click here to enter text.</a>	Client HMIS #: <a href="#">Click here to enter text.</a>	
Full SPDAT Score 1: <a href="#">Click here to enter text.</a>	Full SPDAT Score 2: <a href="#">Click here to enter text.</a>	Full SPDAT Score 3: <a href="#">Click here to enter text.</a>
Date Client Signed Lease:	Date of Request:	Is the client "Document Ready" (Check all that apply below)
<input type="checkbox"/> 2 Valid forms of I.D. <input type="checkbox"/> Chronic Verification <input type="checkbox"/> Verification of Disability <input type="checkbox"/> Income Verification		

Describe the specific barriers that the client faced while in the current housing program

[Click here to enter text.](#)

What specific actions did you take to assist the client?

What worked?

[Click here to enter text.](#)

What didn't work?

[Click here to enter text.](#)

Any Additional Information:

[Click here to enter text.](#)

Staff Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Match Coordinator Use Only	
Date Received:	Housing Match Initials: