

# ***Maricopa Regional Continuum of Care Coordinated Entry System Policies and Procedures***

Adopted by the Board January 22, 2018

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These Policies and Procedures supersede all previously adopted Coordinated Entry System Policies and Procedures as well as any Coordinated Entry System-related provisions in other previously adopted Policies and Procedures

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# 1. Overview

## 1.01 Background

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

Except as otherwise specified, this Coordinated Entry policy applies to all geographic areas and all subpopulations in the Maricopa Regional Continuum of Care, including individuals, families, and unaccompanied youth.

This Coordinated Entry policy applies to all housing and homeless services in the Maricopa Regional Continuum of Care, including Street Outreach, Emergency Solutions Grant-funded programs, homelessness prevention services, emergency services providers, mainstream benefit providers, and vendors of HMIS and parallel databases.

## 1.02 Guiding Principles

In August 2012, the Coordinated Entry Subcommittee (CESC – formerly – Coordinated Entry Oversight Workgroup or CEOWG) developed the following guiding principles for Maricopa County's Coordinated Entry System:

### *Coordinated Entry*

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

### *Outreach and Engagement*

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

### *Assessment*

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

### *Housing Placement*

- Prioritized enrollment based on client need with an emphasis on acuity
- Focus on ending homelessness quickly
- Need to serve all clients balanced with program eligibility criteria
- Choices promote self-sufficiency
- Services are well-coordinated between agencies and staff
- Appropriate referrals are made
- Housing-First approach

## **1.03 Document's Purpose**

This document contains the policies and procedures that govern the implementation, governance, and evaluation of Coordinated Entry in Maricopa County. The Continuum of Care Board is charged with approving any changes to these policies and procedures. The Maricopa Regional Continuum of Care is committed to continuous improvement of the Coordinated Entry System. Phased implementation of policies in this document may be necessary as we continue to refine the system.

## **1.04 Glossary of Key Terms**

**Access Site or Access Point.** The physical location where individuals entering homelessness are triaged and assessed for appropriate housing interventions. It may be a stationary site or mobile access point (such as an outreach team). Currently, there are multiple sites for single individuals and families to access the system. Two main sites are operated by the Coordinated Entry Grantees: 1) the Welcome Center operated by Lodestar Day Resource Center (LDRC) is housed at the Human Services Campus and the Family Housing Hub is housed at United Methodist Outreach Ministry (UMOM). Additional access sites are incorporated in the system, and the use of the singular "Access Site" or "Access Point" in this document should be understood to mean any and all official access sites or points into the Coordinated Entry System.

**Assessment Tool.** The community-selected tool used for determination of client need, prioritization, and case management. The Assessment Tool comprises the VI-SPDAT, the Family VI-SPDAT, and the Transition Age Youth VI-SPDAT (TAY VI-SPDAT). In addition, the SPDAT, the Family SPDAT, and TAY SPDAT may be used to assess families and individuals scoring for Permanent Supportive Housing on the VI-SPDAT.

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

**Centralized Screening.** The community system by which individuals and families fleeing domestic violence are connected to Victim Service Providers.

**Coordinated Entry.** The community system by which individuals and families experiencing homeless are uniformly triaged, assessed, prioritized, and referred for appropriate housing

interventions. Coordinated Entry is operated by Lodestar Day Resource Center (LDRC) for single adults and the United Methodist Outreach Ministries (UMOM) for families.

**Coordinated Entry Subcommittee (CESC).** The body appointed by the Continuum of Care to assist with Coordinated Entry implementation in Maricopa County. Formerly the Coordinated Entry Oversight Work Group (CEOWG).

**Diversion. *Based on elements of the SSVF, NAEH, HUD definitions with local input.*** A strategy that resolves homelessness by helping people experiencing a housing crisis and/or seeking shelter identify immediate alternate housing that is safe and appropriate through crisis intervention problem-solving conversations. This strategy is aimed at averting shelter entry and the trauma of homelessness immediately.

An effective Diversion strategy reduces the number of families becoming homeless and, therefore, the demand for shelter beds and waiting lists. Diversion helps households avoid the stress, disorientation and trauma associated with entering into the shelter system. Diversion requires that an alternate housing situation has been identified for 3 to 7 days for singles and 10 days for families.

Diversion provides light-touch assistance, including limited, extremely flexible financial assistance. Diversion assistance looks for all housing options, whether staying in place or alternative housing, identifies barriers to those housing options and comes up with immediate solutions for overcoming the barriers. The strategy focuses on the household's strengths, not deficits, and exploration of all the possible resources at hand to keep them housed. Diversion recognizes client choice and safety. Each household presents a unique situation to be resolved. Diversion requires active listening, creative problem-solving and mediation skills.

Diversion is provided at all access points to allow for face-to-face problem solving, provision of limited financial assistance, and/or diversion staff support. Problem solving conversations can also be administered over the phone if needed. All households should have the opportunity to have a problem-solving conversation in order to identify if diversion is possible.

To be effective, diversion engagement must be a calming experience and physical locations for diversion should promote such experience such as a quiet office space. The problem solving conversation should be an active listening and engaged conversation, opposed to a passive solicitation of information and referral. Utilizing open-ended questions, the diversion specialist should cover all possibilities and opportunities that the household can acknowledge. The specialist should provide direction, suggestions, acknowledge the barriers, and discuss how to overcome those barriers to stay in a safe and appropriate place.

Diversion should incorporate discussions directly with friends or relatives if the household acknowledges concerns. In addition, financial assistance should be made available and be flexible to help households with their unique circumstances and resolve issues in staying where they are or to make an alternative option viable. Financial assistance is one tool to overcome barriers preventing them from staying in place or securing alternative housing. Financial assistance can take many forms, such as a grocery gift card, gas money, or transportation for relocation. However, financial assistance is not deemed necessary for diversion to be successful. Diversion

staff must have established relationships with community services and supports and connect the household with these services.

Diversion should be captured in HMIS by the provider that completed the diversion service transaction.

**Housing First.** An approach to homeless services provision that emphasizes quick connection to permanent housing with few to no preconditions. The Maricopa Regional Continuum of Care utilizes the U.S. Interagency Council on Homelessness “Housing First Checklist” to evaluate fidelity to Housing First principles.

**Housing Priority List.** A list of clients eligible for permanent housing resources including Rapid Re-Housing and Permanent Supportive Housing, often referred to as the “By-name List”.

**Maricopa Association of Governments (MAG).** The quasi-governmental agency that is the collaborative applicant for Continuum of Care funds.

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

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

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

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

**Prevention. *Adopted from the SSVF definition.*** A strategy that prevents homelessness by helping imminently at-risk households to preserve their current housing situation or make immediate alternative arrangements without having to enter shelter. Homeless prevention assistance will be targeted to households who are at risk of losing their present housing and becoming homeless. While there are many people who are housed and have a great need for rental assistance, not everyone will become homeless without assistance. A risk assessment will be used to assess the household’s level of crisis and prioritize those who are at greatest risk of becoming homeless. The assessment tool will include vulnerability criteria including but not limited to income, housing history, food security, childcare, health care, life skills, and other special needs. Due to the limited amount of funding, assistance will be provided on a first come, first served basis, if the applicant meets the eligibility and risk assessment criteria.

**Primary Operator Agency.** An agency coordinating the implementation and administration of Coordinated Entry in Maricopa County, including operating the access sites and the Coordinated Entry System. The Primary Operator Agencies for the Maricopa Regional Continuum of Care are UMOM for the family system and LDRC for the single adult system.

**Progressive Engagement. *Adopted from the VA definition.*** Progressive Engagement is an approach to assist a household in ending their homelessness by receiving a minimal amount of assistance, tailored to their most critical need, with a keen focus on quickly resolving their

housing crisis. More supports, including additional services or more intensive housing interventions, are offered to those households who struggle to stabilize and cannot maintain their housing without additional assistance.

Providers should seek to offer these supports to most households knowing that only few would need additional support. Research has supported that high acuity households in lower interventions were successful, given they had sufficient supports. Progressive engagement recognizes that there is no way to accurately predict how much help someone may need to end their homelessness and avoid a return to the streets or shelter. While we know that many people can successfully exit homelessness and avoid immediately returning with a small amount of assistance, we also know that there are no dependable predictors to guide the amount of assistance needed.

In this approach, participants are initially offered “light-touch” assistance, including help creating a reasonable housing placement/stabilization plan, housing information and search assistance, and limited financial assistance for arrears, first month’s rent, or security deposit. Programs using Progressive Engagement regularly re-assess housing barriers and seek to close cases as soon as housing retention barriers are resolved. Assistance is provided on an “as-needed basis” to keep a participant housed and, within funding constraints, programs offer more intensive support, additional rental assistance, or step-up referrals and help to access community-based assistance. This is a paradigm shift to providing services/case management to households experiencing homelessness and therefore, staff may need to be re-trained to be able to successfully make this change.

**Rapid Exit. *Adopted from the SSVF definition.*** A strategy that resolves homelessness by helping people who have entered shelter or another temporary housing situation identify immediate alternate housing that is safe and appropriate through problem-solving conversations. This strategy is aimed at shortening shelter stay and assisting households in entering a permanent housing solution.

Similar to diversion conversations, rapid exit conversations involve problem solving to identify safe and appropriate places that a household can stay. These conversations can occur throughout their time in shelter or temporary housing. Flexible financial assistance can be used to assist the household in transitioning to a permanent housing solution.

Rapid exit should be captured in HMIS by the provider that completed the rapid exit service transaction.

**Rapid Re-Housing.** Rapid re-housing is a solution to homelessness designed to help individuals and families to quickly exit homelessness and return to permanent housing. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

There are three core components to rapid re-housing. These components are housing identification, rent and move-in assistance and case management. While a program must make



all three available, it is not required that a single entity provide all three services or that a household utilize them all.

**Rapid Resolution (Diversion and Rapid Exit).** *Adopted from the SSVF definition.* Rapid Resolution is an intervention designed to divert immediate entry into homelessness or immediately resolve a household's homelessness once they enter shelter, transitional housing, or an unsheltered situation. Rapid Resolution includes both diversion and rapid exit strategies with the aim of ensuring homelessness is avoided or is as brief as possible when it does occur. It is a system-wide intervention and can be used for all populations.

## 2. Governance

### **2.01 Governance: Continuum of Care Board and Coordinated Entry Subcommittee**

The Maricopa Regional County Continuum of Care (CoC) Board will serve as the Governance body for Coordinated Entry. As the Governance body, the Board will meet at least monthly, and more often as necessary. Assisting the Board with recommendations for implementation of the Coordinated Entry system will be the Coordinated Entry Subcommittee (CESC).

#### 2.01.01 CoC Board and Coordinated Entry Subcommittee Composition and Responsibilities

For Board composition and responsibilities, including membership structure and membership selection, see Continuum of Care Board section in the 2017 Maricopa Regional Continuum of Care: Governance Charter, Policies Standards, and Best Practices.

For the CESC composition and responsibilities, including membership structure and membership selection, see Coordinated Entry Subcommittee section in the 2017 Maricopa Regional Continuum of Care: Governance Charter, Policies Standards, and Best Practices.

### **2.02 Administrative Dispute Resolution**

#### 2.02.01 Generally

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

#### 2.02.02 Operator Procedure for Grievances Concerning a Provider Agency

The Primary Operator Agency (POA) for each Coordinated Entry process (i.e., LDRC for the individuals process and UMOM for the families process) may identify a provider agency violation or deficiency in following Coordinated Entry policies.

### 2.02.03 Filing a Grievance

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

1. The relevant POA will notify the participating provider agency of the issue(s) and attempt to work out a solution.
2. If no solution is found, the POA will prepare a written statement describing: the deficiency, all prior attempts at resolution, and a proposed solution going forward.
3. The written statement will be provided to the participating provider agency, which may prepare a written response. Any written response must also be provided to the POA.
4. The POA will provide the written statement, and written response if any, to CoC staff for forwarding to the CESC lead for review.
5. If appropriate after the CESC representative's review, the CESC will allow the POA and the participating provider agency an opportunity to explain the violation or deficiency and recommend solutions.
6. The CESC will then vote on a resolution to the violation or deficiency. The CESC's decision is binding on both the POA and the participating provider agency. The CESC's decision will be recorded in writing, and that written decision will be provided to the participating provider agency.
7. If either party still is not satisfied with the resolution of the grievance by the CESC, a formal appeal may be submitted to the Continuum of Care Board via their open meeting policy stipulated in the 2017 Maricopa Regional Continuum of Care: Governance Charter, Policies Standards, and Best Practices. Any such formal appeal must be made in writing, and must detail: the original grievance, the decision made by the CESC, and the reasons the complainant disagrees with the decision made by the CESC. The Board Chair will bring the matter to the CoC Board for discussion and a final decision.

### 2.02.04 Failure to Comply with CESC or Board's Resolution

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

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

### 2.02.05 Habitual Noncompliance with Coordinated Entry Policies and Procedures

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

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

#### 2.02.06 Provider Procedure for Grievances Concerning Another Provider or Operator

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

1. The participating provider agency shall provide a written summary of the complaint and desired resolution to the POA.
2. If the complaint concerns another provider, the POA will notify the participating provider agency that a grievance was filed against it, and offer it an opportunity to file a written response. If the complaint concerns the POA in its role as Coordinated Entry Operator, the POA will provide a written response to the complaining provider agency.
3. In the case of a dispute between two provider agencies, the POA will then attempt to mediate a resolution. In the case of a complaint against the POA, the POA will make a good faith attempt to resolve the dispute with the complaining agency.
4. If no mutually agreeable resolution is reached in a dispute between two provider agencies, the POA will make a final decision to resolve the grievance. If either the original complaining agency or the agency upon whom the complaint is levied is dissatisfied with the resolution by the POA, it can request that the POA file a grievance against the agency with the CESC as described above. In the case of a complaint against the POA, if no mutually agreeable resolution is reached between the POA and the complaining agency, the POA must elevate the grievance to the CESC as described above.
5. If a grievance is elevated to the CESC as described in paragraph 4 immediately above, the decision reached through that process is binding.

## 3. Participating Provider Agencies

### 3.01 On-Boarding Process

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

1. Any interested agency must make a request to the POA to onboard.
  - a. At the time of request, the Coordinated Entry Policies and Procedures, and the Coordinated Entry Onboarding Packet will be provided to the interested agency. Both documents must be reviewed by the interested agency prior to the agency submitting a registration form.
2. The interested agency must then submit the completed on-boarding packet to the POA.
3. The POA will contact the interested agency within a reasonable timeframe for a meeting to develop next steps and create a timeline for completing the onboarding process.

### **3.02 Requirements for All Participating Provider Agencies**

All Participating Provider Agencies are required to:

- Submit onboarding packet, as detailed in Section 3.01 above.
- Participate in the community data share agreement agreeing that all data be shared throughout the system
- Participate in relevant training to develop staff skills
- Communicate program, staffing, vacancies, and other relevant updates to the POA
- Participate in the Participating Provider Agency meetings
- Utilize HMIS
- Fill all vacancies for HUD-funded homeless housing resources and services through Coordinated Entry referrals
- Comply with all applicable requirements contained in these Coordinated Entry Policies and Procedures

### **3.03 Specific Requirements for Access Points/Access Sites**

The POA is encouraged to leverage CoC resources by on-boarding additional access points at provider agencies. Access points may be providers of: street outreach, emergency shelter services, homeless services, food programs, healthcare or behavioral health services, and/or domestic violence services. The POA should strategically seek to on-board access points to expand geographic coverage and ensure access to populations that may not have easy access to centralized access points (for example, justice-involved populations or individuals in hospitals or psychiatric units).

Each Access Site is required to do the following:

- Apply a diversion strategy to assist families and individuals to utilize their resources in order to prevent those that do not need more intensive interventions from entering the homeless system
- Triage for immediate needs including shelter, food, medical intervention, and/or crisis response
- Obtain each client's Release of Information and create or update HMIS profile, including universal data elements (UDEs)

- Refer those who are more appropriate for other systems (e.g., connect families or individuals to Centralized Screening for those actively fleeing domestic violence and Veterans Affairs Community Resource and Referral Center for appropriate veteran interventions)
- Conduct a VI-SPDAT or TAY VI-SPDAT for each person or a Family VI-SPDAT for each family accessing the Access Site who does not have a current VI-SPDAT in the system
- Provide a referral for any individual or family scoring within the prioritized range (PSH or RRH) on the VI-SPDAT to Coordinated Entry for referral to navigation and housing services
- Provide all individuals accessing the Access Site with comprehensive information concerning services available to the individual for short- and long- term needs, including shelters, medical care, job search assistance, mental health and substance abuse programs, etc.
- Assist in locating and finding clients engaged in navigation or housing process (e.g., look up housing notes, flag clients in HMIS, etc.)
- Assist in referring/connecting all individuals and families to mainstream resources (e.g., Medicaid, SNAP, etc.)

#### 3.03.01 Connection to the Emergency System

The Coordinated Entry process should not create any barriers to emergency services. When an outreach worker or Access Site staff encounter an individual or family who requires access emergency shelter, the staff will contact emergency shelter providers to check availability and provide an appropriate referral, including requesting the emergency shelter hold a spot for the individual/family if possible and providing transportation or a bus pass if available.

During days and hours when the Coordinated Entry's Access Sites are not operating, the Coordinated Entry System will maintain connections with the emergency care system. Coordinated Entry participants are connected, as necessary, to Coordinated Entry as soon as Access Sites are operating using the following techniques:

- Emergency service providers will promptly forward information about homeless residents who were served outside of Coordinated Entry operating hours to an appropriate Access Point, so that they can be integrated into the Coordinated Entry System as soon as the Access Point opens for business.
- All emergency services connected to the CoC including hotlines, emergency shelters, drop-in service programs, and other short-term crisis residential programs are able to receive and care for residents even during hours in which the CoC's Access Points may be closed.

### **3.04 Specific Requirements for Navigation Providers**

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

- Receive client referrals into services, and accept at least 85% of eligible referrals based upon Board-adopted standards (see ESG and CoC Written Standards in the 2017 Maricopa Regional Continuum of Care: Governance Charter, Policies Standards, and Best Practices).and the agency's service model. Navigators will be assigned to specific clients.
- Provide a written explanation to the POA when a referral is rejected.
- Assist in locating clients for housing process.
- Assist clients with obtaining documents needed for housing applications. This may include, but is not limited to, birth certificates, state identification cards, and proof of income.
- Complete Housing Match Initiation form in data system.
- Participate in a warm hand-off into housing.
- Communicate with POA regarding client updates.
- Participate in the weekly Case Conferencing Forum.
- Provide eligibility criteria for programs at the time of on-boarding and commit to accepting referrals for 30 days after any change in eligibility criteria is made.
- Assign one agency contact to coordinate and monitor data system usage, including the assignment of clients to navigators.
- Provide their assigned clients with day-to-day support while they wait for their housing placement. This may include crisis navigation, locating appropriate temporary shelter, or other types of support.
- Engage in their best efforts to maintain contact with their assigned clients.

### **3.05 Specific Requirements for Housing Providers**

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

- Receive client referrals from the Coordinated Entry System, and accept at least 85% of eligible referrals based on community priorities.
- Communicate with POA regarding housing programs, eligibility, etc.
- Dedicate appropriate housing inventory (at a minimum, this includes all HUD-funded homeless projects) to the Coordinated Entry System.
- Update housing program information eligibility and vacancies in data system.
- Assign a single point of contact (per agency or program) to coordinate and monitor data system usage.

## **4. Fair and Equal Access**

### **4.01 Non-Discrimination Policy**

All agencies participating in the Coordinated Entry System must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws. The Maricopa

Regional CoC 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.

The Maricopa Regional CoC 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 based 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 authorizing 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 informing participants of their right to file a discrimination complaint with the CoC in accordance with Section 5.09.

## **4.02 Housing First**

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

## **4.03 Safeguards for Special Populations**

The Maricopa Regional CoC is committed to ensuring 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.

### **4.03.01 Domestic Violence Survivors (VAWA)**

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)**

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:

- 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.
- Providers are to adhere to the CoC's adopted Emergency Transfer Plan.
- CoC programs must record the number of emergency transfer requests received and the outcomes associated with those requests.
- 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 (Attachment A) 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.

#### 4.03.02 Individuals with Disabilities

Access Points are accessible to individuals with disabilities, including individuals who use wheelchairs.

Physical Access Points are sited in proximity to public transportation and other services to facilitate participant access. If a person with a mobility impairment has difficulty accessing a particular Access Site, that person may request a reasonable accommodation to complete the Coordinated Entry process at a different location. The Access Point will take responsibility for arranging alternative transportation or will send staff to the client to assess.

The CoC provides appropriate auxiliary aids and services necessary to ensure effective communication as needed (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).

### **4.04 Cultural and Linguistic Competency**

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.

## **4.05 Marketing and Outreach**

The POA will advertise coordinated entry in places where people at risk of or experiencing homelessness are, such as churches, food pantries, libraries, etc.

# **5. Coordinated Entry Procedures**

## **5.01 Assessment**

The Access Site triages each individual or family presenting as homeless to determine his/her/their immediate needs (shelter, food, medical attention and/or crisis response), and conducts an assessment using the applicable Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) to identify appropriate housing intervention(s). The VI-SPDAT or Family VI-SDPAT is a prescreen tool, utilized to identify the presence of barriers. The applicable VI-SPDAT must be updated every six months or if a material change has occurred in the circumstances of the individual or family.

The VI-SPDAT assessment takes approximately 10 minutes to administer. Information collected during the assessment is used to inform the referral of individuals or families to appropriate housing interventions (as described more fully below), connect to resources and services available in the community, and address potential housing barriers. All assessments conducted at the Access Site will be shared with Participating Provider Agencies of Coordinated Entry, as listed in the Release of Information (ROI), and entered into HMIS. The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

The VI-SPDAT or Family VI-SPDAT score will guide the initial intervention for the client(s). In the event that the intervention is not successful and the family/individual returns to the CE System with a full assessment score from a SPDAT or F-SPDAT from a trained provider agency that substantiates the need for a higher level of service, the individual or family will be routed through the established procedures for accessing that intervention.

All staff conducting assessments are required to complete training prior to conducting assessments. Training is offered through the Arizona Coalition to End Homelessness, and an OrgCode-approved trainer must conduct the training. Training curricula includes the following topics:

- Review of CoC's Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Criteria for uniform decision-making and referrals;
- How to conduct trauma-informed assessments, including for special populations; and
- Safety planning should safety issues be identified during the assessment process.

Training protocols are updated and distributed annually.

#### 5.01.01 Connection to Street Outreach

All participating street outreach staff, regardless of funding source, use the VI-SPDAT to identify acuity of housing and service needs as part of the Coordinated Entry System. Following VI-SPDAT assessment, outreach staff offer necessary and appropriate engagement, case management, and transportation services as needed to ensure individuals are connected to the Coordinated Entry System.

### **5.02 Prioritization and Matching**

#### 5.02.01 Emergency Housing and Services

To allow for immediate crisis response, services that are needed for an emergency crisis response, such as entry to emergency shelter, will not be prioritized through Coordinated Entry based on severity of service need or vulnerability. Instead, all persons who qualify for and require emergency services will receive those services on a first-come, first-serve basis. The following interventions are considered part of this community's emergency crisis response:

- Emergency Shelter
- Centralized Screening (Domestic Violence Services)

#### 5.02.02 Prioritization of Permanent Supportive Housing ("PSH")

The CoC recognizes that the HUD Continuum of Care funding process is a competitive process and there are times when the CoC forwards a renewal application to HUD and the application is not funded. In that case, individuals and families housed in those renewal projects that do not receive funds in a particular Notice of Funding Availability competition, will receive priority consideration for placement in other Permanent Supportive Housing projects even though such individuals and families do not meet the HUD Notice CPD 16-11 criteria.

Individuals and families will be prioritized for PSH in accordance with HUD Notice CPD 16-11, primarily focusing on the following criteria: (1) whether a household is experiencing chronic homelessness, (2) the length of time in which a household has resided in a place not meant for human habitation, a safe haven, and/or an emergency shelter, and (3) the severity of the household's service needs as measured by the VI-SPDAT. If two individuals or families have the same VI-SPDAT score, chronic homeless status and the same length of time homeless, the individual or family who has been waiting the longest will be the next served.

Individuals and families scoring within the range for PSH (as outlined below) may need access to lesser interventions (ES, TH, RRH) until an appropriate PSH unit is available. The lesser intervention will be considered "bridge housing."

### 5.02.03 Prioritization of Rapid Re-Housing (“RRH”)

Individuals and families will be prioritized for RRH based on the following criteria: (1) the length of time in which a household has resided in a place not meant for human habitation, a safe haven, and/or an emergency shelter, and (2) the severity of the household’s service needs. Individuals and families experiencing chronic homelessness but otherwise ineligible for PSH, will be prioritized over households who are not experiencing chronic homelessness. If two individuals or families have the same acuity score, chronic homeless status and the same length of time homeless, the individual or family who has been waiting the longest will be the next served.

### 5.02.04 Prioritization of All Other Homeless Housing and Services

All HUD-funded homeless housing resources and services, with the exception of the emergency crisis response, will be prioritized through the Coordinated Entry System.

### 5.02.05 Matching

The purpose of the Coordinated Entry System is to connect homeless individuals or families to the most appropriate housing service or program (including appropriate supportive services based on need and community-identified priorities) as quickly as possible. The POA will operate and administer matching housing resources to individuals and families on service prioritization lists.

The Coordinated Entry System creates and maintains a housing list that includes all assessed individuals or families awaiting housing placement. The list is prioritized according to sections 5.02.02 – 5.02.04 above.

The Coordinated Entry System seeks to match individuals or families with both navigation services and housing placement, based on needs and the stated preferences. The Coordinated Entry System then connects eligible individuals or families with housing and navigation providers.

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

The Coordinated Entry System begins with VI-SPDAT scores to initiate appropriate placement in housing and to assign individuals and families to available navigation services. For individuals, initial acuity is determined by the table below.

| <b>Acuity</b> | <b>VI-SPDAT Score</b> |
|---------------|-----------------------|
| High          | 8+                    |
| Moderate      | 4-7                   |
| Low           | 0-3                   |

For families, initial acuity is determined by the table below.

| <b>Acuity</b> | <b>VI-SPDAT Score</b> |
|---------------|-----------------------|
| High          | 9+                    |
| Moderate      | 4-8                   |
| Low           | 0-3                   |

#### 5.02.06 Survivors of Domestic Violence

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 shelter.

### 5.03 Referrals

The POA provides referrals to Participating Provider Agencies and facilitates case conferencing to expedite and inform housing placement. The full SPDAT score, when available, will be used to inform the housing referral. While the Access Site conducts VI-SPDAT, the POA will provide the housing and/or navigation referral.

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

If any case of a declined referral, the Participating Provider Agency must provide a written explanation to the POA for declining the referral. The individual or family will then be referred to another program.

A client's rejection of a referral does not impact his/her/their place on the priority list. If a client declines a referral, the Coordinated Entry System will make additional attempts to provide the client with a satisfactory referral. If a client repeatedly declines referrals, the individual or family will be discussed at the Case Conference Forum to determine the next appropriate steps. She/he/they will maintain her/his/their place on the priority list, even after repeatedly declining housing referrals and may continue to receive navigation support.

### 5.04 Case Conferencing

The POA holds case conferencing meetings on a weekly basis. The goals of case conferencing include:

- Review the priority list and refer into Navigation services according to the Coordinated Entry prioritization scale
- Facilitate the transfer of clients from one navigator service to another, as needed (note: a client cannot be removed from a caseload until the situation is discussed at the Case Conferencing Forum, and a referral is made to another navigator)
- Discuss progress in gathering documentation and working with clients that are waiting to be matched to housing

- Prevent the duplication of navigator services
- Appeals or reviews of VI-SPDAT or other scoring or special needs considerations

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

## **5.05 Data Collection**

The CoC requires the use of HMIS for Coordinated Entry. The Coordinated Entry System, under guidance from the CoC Board, 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 the Access Site, where individuals are assessed and triaged into services. Each client signs a Release of Information, which allows his or her information to be stored within the data system. Information collected by the Access Site includes demographic information and VI-SPDAT scores.

Once information is collected at the Access Site, it is managed by the POA. The POA uses the data to make referrals into navigation and housing services.

The housing priority list is managed by the POA and indicates how many clients fall within the priority categories of Rapid Rehousing and Permanent Supportive Housing. Data quality, including data accuracy and duplicate entries, are managed and resolved by the POA. In addition, the POA generates community wide reports to track housing placements and service connections.

PPAs Navigation Providers are responsible for updating client data over the course of the individual's engagement with services.

### **5.05.01 Data & Privacy Protection**

Maricopa CoC ensures adequate privacy protections of all participant information per HUD's HMIS Data and Technical Standards via the Maricopa County HMIS Policies and Procedures Manual. Maricopa CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the Coordinated Entry process.

All Coordinated Entry participating provider agencies must agree to the data sharing policies that allow information to be exchanged among participants. The agreement specifies all participating providers and indicates that additional providers may be added to the agreement later.

Individuals and families who are engaged with the Coordinated Entry System have a right to know which information is being collected, where it is stored, who has access to it and what it is used

for. Therefore, each client signs a Release of Information (ROI), which addresses these points. The ROI lists each individual agency in the data share agreement and also acknowledges that new agencies may be added at a later time. A complete list of participating agencies will be maintained and updated at the Access Site. A client may opt out of signing the ROI; doing so does not exclude her/him/they from the Coordinated Entry process or from receiving housing or other services. If he/she/they refuses to sign, certain information will be excluded or locked from the data system. An individual will not be denied service if they decline to sign the ROI. A client may also decide to revoke a signed ROI at any point in the process. To do so, he or she must contact the POA. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

The completeness and accuracy of data entered into the Coordinated Entry System should be checked at least once per month as part of the community's overall efforts to continuously improve data quality. The HMIS Lead will provide training and technical assistance upon request to anyone using the Coordinated Entry System who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for providers who receive a low score on automated data quality reports.

#### 5.05.01.02 Additional Safeguards for Survivors of Domestic Violence

Additional safeguards must be put into place for any data associated with anyone who is, was, or may be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

HMIS records are only created with signed informed consent by the Head of Household in each family and only by non-Victim Service Providers. Families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking have the option of having their HMIS record locked so that it is not visible to HMIS users other than the POA. If an individual declines having an HMIS record created then any data collected from them must not be entered into HMIS. Instead, the data can be entered into a parallel database that is only accessible to users who are trained in responding to domestic violence and who have passed a higher level of background checks and/or investigation. **Victim Service Providers (VSP) may not use HMIS.**

If necessary to ensure the safety of potential survivors of domestic violence, victim service providers are allowed to establish an alternative Coordinated Entry process for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must meet HUD's minimum Coordinated Entry requirements.

### **5.06 Annual Evaluation**

At least once per year, the CoC will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. The CoC will solicit feedback addressing the quality and effectiveness of the



entire Coordinated Entry experience for both participating projects and for participating households. All feedback collected will be private and must be protected as confidential information.

The CoC will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, the CoC will use at least two of the following three methods:

- 1) Surveys designed to reach at least a representative sample of participating providers and households;
- 2) Focus groups of five or more participants that approximate the diversity of the participating providers and households will be selected at random from housing placements made within the last year;
- 3) Focus groups may be chosen from project-based housing providers, but efforts will be made to ensure that scattered-site placements are included in focus groups as well;
- 4) Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the Coordinated Entry System is affecting the CoC's HUD System Performance Measures, and *vice versa*.

After the feedback is collected, the feedback will be collected and presented to the CoC Board and the CESC. The CESC will meet within 60 days of when the feedback is collected to consider what, if any, changes are necessary to make to the Coordinated Entry System's processes, policies, and/or procedures in light of the feedback received and make appropriate recommendations to the Board.

## **5.07 Client Grievances**

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

Participating Provider Agencies should first seek to resolve client grievances through that agency's internal client grievance procedure. If a client is not satisfied at the conclusion of that procedure, the client may file a formal grievance with the Primary Operator Agency. The following procedure will be used:

- The Participating Provider Agency shall provide the client with the formal grievance form.
- Within 24 hours of the client completing the form, the Participating Provider Agency shall provide the form and any additional documentation, including a written statement, to Primary Operator Agency.
- The Primary Operator Agency will attempt to mediate a solution within 48 hours of receiving the client grievance.
- If no mutually agreeable resolution is reached, the Primary Operator Agency will make a final decision to resolve the grievance.
- If the agency or the client is not satisfied with the resolution, either can request review by the CESC . The CESC's review is final.

#### **5.08 Integration with Veterans Affairs Community Referral and Resource Center ("CRRC")**

Veteran specific staff from the POA(s) 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.

## **6. System Infrastructure**

### **6.01 Homeless Management Information System ("HMIS")**

HMIS will be used to track homeless families and individuals seeking services through the CE System, for creation of the "By-Name List", and for tracking the services individuals and families access through the homeless services system.

### **6.02 Data Sharing Agreements**

Data will be shared in accordance with the CoC data sharing policy.

# Appendix A: Maricopa Regional Continuum of Care: Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

## Maricopa Regional Continuum of Care

### Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

#### Emergency Transfers

The Maricopa Regional Continuum of Care (CoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> the CoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of CoC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

the CoC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **the Maricopa Regional Continuum of Care** is in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

## **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify their CoC-funded Housing Provider's (HP) management office and submit a written request for a transfer. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

## **Confidentiality**

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act, for more information

about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. HP will work in concert with the Coordinated Entry Provider (CE) to notify the agency if a transfer occurs between the HP funded projects.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move and notify CE to determine whether there may be CE units available for the tenant. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

## **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Attachment:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.