

Maricopa Regional Continuum of Care Coordinated Entry System Policies and Procedures

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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 Collaborative (CEC – 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
- Work will be centered around racial equity

Outreach and Engagement

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

Assessment

- Simple initial assessments
- Establish accountability amongst assessment staff, providers and leadership.
- Availability of a broad, flexible array of effective services and supports for clients and their families that address their multiple needs
- Equitable access and implementation of Community Assessment Tool

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.

2. Governance

2.01 Governance: Continuum of Care Board and Coordinated Entry Collaborative

The Maricopa Regional County Continuum of Care (CoC) Board will serve as the Governance body for Coordinated Entry. Assisting the Board with recommendations for implementation of the Coordinated Entry system will be the Coordinated Entry Collaborative (CEC), formerly Coordinated Entry Committee. For Board and Collaborative composition and responsibilities, including membership structure and membership selection, see the [Governance Charter](#).

2.02 Administrative Dispute Resolution

2.02.01 Generally

To ensure that each participating provider agency as well as the CEC 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 Lead Operator Agency (LOA) for each Coordinated Entry process (i.e., Keys to Change for the individual process and UMOM for the family 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 LOA will notify the participating provider agency of the issue(s) and attempt to work out a solution.
2. If no solution is found, the LOA 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 LOA.
4. The LOA will provide the written statement, and written response if any, to CoC staff for forwarding to the CEC lead for review.
5. If appropriate after the CEC's review, the CEC will allow the LOA and the participating provider agency an opportunity to explain the violation or deficiency and recommend solutions.
6. The CEC will then vote on a resolution to the violation or deficiency. The CEC's decision is binding on both the LOA and the participating provider agency. The CEC's decision will be recorded in writing, and that written decision will be provided to the participating provider agency. If either party still is not satisfied with the resolution of the grievance by the CEC, a formal appeal may be submitted to the Continuum of Care Board. Any such formal appeal must be made in writing, and must detail: the original grievance, the decision made by the CEC, and the reasons the complainant disagrees with the decision made by the CEC. The Board Chair will bring the matter to the CoC Board for discussion and a final decision.

2.02.04 Failure to Comply with CEC or Board's Resolution

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

1. The LOA will prepare a written statement describing the CEC'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 CEC with a recommendation to suspend the provider's participation.
3. The CEC will review the recommendation. If the CEC finds the continued violation and recommendation justified, the CEC 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 LOA.
4. CoC Board is to be notified throughout this process.

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 CEC will have the ability to remove an agency from Coordinated Entry with the following procedure:

1. The CEC will work with the LOA to prepare a written termination document describing each instance of noncompliance and all attempts at resolution.
2. The CEC will allow the participating provider agency the opportunity to advocate against termination during the meeting in which the CEC makes its decision.
3. The CEC's decision to terminate a program is final for at least 6 months. The terminated participating provider agency may petition the CEC 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 CEC approves the petition for re-instatement, a terminated participating provider agency may begin the full on-boarding process again.
5. CoC Board is to be notified throughout this process.

2.02.06 Provider Procedure for Grievances Concerning Another Provider or Operator

A participating provider agency may file a complaint with the relevant LOA if the grievance concerns the LOA 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 LOA.
2. If the complaint concerns another provider, the LOA 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 LOA in its role as Coordinated Entry Operator, the LOA will provide a written response to the complaining provider agency.
3. In the case of a dispute between two provider agencies, the LOA will then attempt to mediate a resolution. In the case of a complaint against the LOA, the LOA 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 LOA 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 LOA, it can request that the LOA file a grievance against the agency with the CEC as described above. In the case of a complaint against the LOA, if no mutually agreeable resolution is reached between the LOA and the complaining agency, the LOA must elevate the grievance to the CEC as described above.
5. If a grievance is elevated to the CEC as described in paragraph 4 immediately above, the decision reached through that process is binding.
6. CoC Staff is to be notified throughout this process.

3. Participating Provider Agencies

3.01 On-Boarding Process

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

1. Interested agency should be using MRCoC HMIS.
2. Any interested agency must then make a request to the LOA for access to CE.
 - 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.
3. The interested agency must then submit the completed on-boarding packet to the LOA.
4. The LOA 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.
- New staff must complete all required trainings.
- Communicate program, staffing, vacancies, and other relevant updates to the LOA.
- Participate in the Participating Provider Agency meetings.
- Utilize HMIS – Record all required information to the timeliness, completeness, and accuracy standards set forth.
 - Exception: Victim Service Providers per [Homeless Management Information System \(HMIS\): When to Use a Comparable Database - HUD Exchange](#)
- 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.
- Have eligibility requirements of provider agencies (racially equitable)
- Participate in creating a racially equitable framework and MRCoC Racial Equity training.

3.03 Specific Requirements for Access Points/Access Sites

The LOA 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 services for survivors of Intimate Partner Violence, Domestic Violence, Sexual Violence, Stalking and Human Trafficking (IPV/DV/SV/STK/HT). The LOA 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 SAFE DVS for those actively fleeing IPV/DV/SV/STK/HT and Veterans Affairs Community Resource and Referral Center for appropriate veteran interventions).
- Conduct a VI-SPDAT, TAY VI-SPDAT for individuals 18-24, 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 based upon acuity and available resources.
- 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.)

Potential Access Sites should submit an application to the LOA (available from the LOA). While applications may be submitted at any time, the LOA may limit reviews of applications to a biannual schedule.

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 to 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:

- Clients most often receive a navigator from the PSH program they are matched with. Any client coming through case conferencing without a navigator already assigned will receive navigation services from the LOA.
- Provide an explanation to the LOA when a navigation referral is rejected at case conferencing.
- 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.
- Participate in a warm hand-off into housing.
- Communicate with LOA regarding client updates.
- Participate in the weekly Case Conferencing Forum.
- 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.
- Record all appropriate referral outcomes in accordance with CE standards.
- Communicate with LOA 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. Additionally, agencies must comply with policies and procedures adopted by the Maricopa Regional CoC Board located at the [Maricopa Association of Governments Homelessness webpage](#), including the Fair Housing, Equal Opportunity, and Anti-Discrimination Policy; the CoC Written Standards; and the Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Policy. 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, history of IPV/DV/SV/STK/HT, 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 IPV/DV/SV/STK/HT - have fair and equal access to the Coordinated Entry process.

4.03.01 Survivors of IPV/DV/SV/STK/HT

Agencies are to comply with the [Maricopa Regional Continuum of Care Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Policies and Procedures](#).

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 steps to offer Coordinated Entry process materials and participant instructions in multiple languages to meet the needs of people with Limited English Proficiency (LEP). Staff is to use additional resources available for interpretation.

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 encourages cultural and linguistic competency training into annual training protocols for participating projects and staff members.

4.05 Marketing and Outreach

The LOA 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, youth (18-24), 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 prioritization tool to identify appropriate housing intervention(s). The applicable prioritization tool can be updated every six months or if a material change has occurred in the circumstances of the individual or family.

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. Clients may choose their assessor if they wish.

The prioritization tool 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 LOA. 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.

Participating agencies must have an approved trainer that has gone through training with the LOAs and is the designated trainer. On-going training is required. Training protocols are updated and distributed annually.

Note: MRCoC is currently piloting a new assessment tool under guidance of the CE Collaborative. Once approved by the CoC Board a description of that tool and any revised policies and procedures will be added to this document.

5.01.01 Connection to Street Outreach

All participating street outreach staff, regardless of funding source, use the prioritization tool to identify acuity of housing and service needs as part of the Coordinated Entry System. Following prioritization 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 Homeless Prevention Assistance

The Coordinated Entry homeless prevention assistance can aid households in preserving their current housing situation. Prevention services assist people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance and divert those who have housing options to that option and away from homeless assistance. The integration of prevention assistance into the coordinated entry process should lead to better utilization of limited available resources. The lead agencies will implement a prioritization and referral process for homeless prevention services.

5.02.02 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 the safety of their current living situation and on a first-come, first-serve basis. The following interventions are considered part of this community's emergency crisis response:

- Emergency Shelter
- SAFEDVS (IPV/DV/SV/STK/HT Services)

5.02.03 Prioritization of Permanent Supportive Housing (“PSH”)

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 prioritization tool. 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.

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 Opportunity 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 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.”

5.02.04 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.

5.02.05 Prioritization of Move On

The Move On strategy connects households enrolled in CoC housing programs with affordable housing options and other transitional supports. Referrals to Move On will be processed contingent upon the availability of resources. To be referred to Move On, households must achieve the minimum scoring threshold as specified in the Move On assessment. Households will be prioritized for Move On based on the following criteria: (1) current enrollment in permanent supportive housing (PSH), as opposed to rapid rehousing (RRH) or another housing intervention, and (2) suitability for Move On, determined by the household's Move On assessment score. If two households have the same Move On assessment score and are enrolled in comparable housing interventions, the household with the earlier referral date will be the next served.

5.02.06 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.

5.02.07 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 LOA 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 and families, initial acuity is determined by the table below.

Individuals		Families	
Acuity	VI-SPDAT Score	Acuity	VI-SPDAT Score
High	8+	High	9+
Moderate	4-7	Moderate	4-8
Low	0-3	Low	0-3

5.02.08 Survivors of IPV/DV/SV/STK/HT

People fleeing or attempting to flee IPV/DV/SV/STK/HT 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 IPV/DV/SV/STK/HT hotlines and shelter.

5.03 Referrals

The LOA provides referrals to Housing Provider Agencies and facilitates case conferencing weekly to expedite and inform housing placement. While the Access Sites conduct prioritization assessment the LOA will provide the housing and/or navigation referral.

Housing Provider Agencies may cancel referrals if the referred client does not meet the program’s eligibility criteria as stated in the Housing Provider Agencies’ on-boarding packet, or amendments to those materials. Housing Provider Agencies may decline up to 15% of referrals that meets eligibility requirements. If a client declines the referral, it will not impact the Housing Provider Agency’s acceptance rating.

If any case of a declined referral, the Housing Provider Agency must provide an explanation to the LOA and record the reason in HMIS 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 Conferencing 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 LOA holds case conferencing meetings as needed. 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 prioritization tool scores or other scoring or special needs considerations.
- Identify individuals for targeted outreach and coordination efforts.

Navigator and Housing 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.

Ad-hoc meetings between LOA and Housing Providers will be held as needed to review pending referrals.

5.05 Data & Information Management

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.

5.05.01 Data Collection

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 / TAY-SPDAT / Family VI-SPDAT scores.

Navigators continue the data collection process by updating client contact information, document preparation status, and contact notes and location.

Information collected at Access Sites and updated by navigators is managed by the LOA. The LOA uses the data to make referrals into navigation and housing services. Housing providers record referral outcomes accurately.

5.05.02 Information Management

The housing priority list is managed by the LOA 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 LOA. In addition, the LOA generates community wide reports to track housing placements and service connections.

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

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 initial training and ongoing technical assistance to anyone using the Coordinated Entry System. LOA may recommend and/or require technical assistance for providers who are not meeting data quality expectations.

5.05.03 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 general ROI; doing so does not exclude her/him/they from the Coordinated Entry process or from receiving housing or other services. LOA will work directly with the housing provider to coordinate the referral and maintain client privacy. 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/she/they must contact the LOA. 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.

5.05.03.01 Additional Safeguards for Survivors of IPV/DV/SV/STK/HT

Additional safeguards must be put into place for any data associated with anyone who is, was, or may be fleeing or suffering from IPV/DV/SV/STK/HT, 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, IPV/DV/SV/STK/HT have the option of having their HMIS record locked so that it is not visible to HMIS

users other than the LOA. 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 IPV/DV/SV/STK/HT and who have passed a higher level of background checks and/or investigation. **Victim Service Providers (VSP) are not required to 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 survivors of IPV/DV/SV/STK/HT. 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 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;
 - 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;
- 3) 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 CEC. The CEC 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. The CEC will work with LOA and partners to implement changes. The CoC will inform all relevant partners when any policies are changed.

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 LOA for assistance in filing a grievance in accordance with the procedure discussed below. 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 the LOA.
- The LOA will attempt to mediate a solution within 48 hours of receiving the client grievance.
- If no mutually agreeable resolution is reached, the LOA will make a final decision to resolve the grievance.
- If the agency or the client is not satisfied with the resolution, either can request review by the CEC. The CEC’s review is final.

5.08 Integration with Veterans Affairs Community Referral and Resource Center (“CRRC”)

Veteran specific staff from the LOA(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.