



Arizona Balance of State Continuum of Care Coordinated Entry Policy

Approved by the Governance Advisory Board June 14, 2024

Revised May 2024

Purpose: The Arizona Balance of State Continuum of Care (AZBOSCOG) Coordinated Entry (CE) Policy provides guidance related to how coordinated entry is implemented throughout the AZBOSCOG. The AZBOSCOG includes the following counties: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai and Yuma.

Local Continuums/Coalitions to End Homelessness (LCEH) also have localized policies that identify and integrate local resources related to:

- Access points.
- Prioritization
- Specialized providers for youth, survivors of domestic violence, families, veterans and households who meet the definition of chronically homeless.
- Housing options include emergency shelter, transitional housing, rapid re-housing, housing vouchers, and permanent supportive housing.

These policies outline the standard policies and procedures related to operation of coordinated entry. These standards apply to all processes in the AZBOSCOG geographic area. The CE system defined by these policies is easy to access and focuses on assisting persons to end their homelessness. LCEHs identify specific policies that reflect local realities while conforming to the AZBOSCOG policies.

The AZBOSCOG and the LCEH policies/procedures are complementary and are the foundation and the structure by which intake, referral, assessment, coordinated entry, case conferencing and other components operate. The AZBOSCOG expectation is that all sub-recipients participate in coordinated entry related to the geographic areas covered by their projects.

Primary Goals related to Coordinated Entry

Coordinated Entry covers the AZBOSCOG geographic area and includes policies and procedures so that participants (individuals, families, households) can be connected to appropriate services to prevent or end their homelessness. **CE contributes to the overall goal for persons experiencing homelessness—their situation is rare, brief, one-time and non re-occurring.** Actionable goals include:

- Households wait no longer than 60 days for a referral to housing or services. This may include diversion. (This goal ensures that contact/communication takes place

with households interested in engaging—it is focused on contact and communication including referrals and does not assume that a household will have a housing placement within 60 days.

- Assistance is allocated as effectively and equitably as possible.
- Coordinated Entry is accessible no matter where or how people present.

Justice, Equity, Diversity and Inclusion (JEDI)

The Governance Advisory Board Approved the following Justice Equity Diversity and Inclusion Statement in September 2023. It is provided as part of the Coordinated Entry Policy to provide guidance for implementation.

- All individuals and families in the Arizona Balance of State geographic area have the right to safe, affordable housing in healthy communities with access to a network of supportive services.
- The AZBOSCOG recognizes that there are disparities in housing outcomes across the Balance of State region, linked to race, ethnicity, gender, sexual orientation, ability, socio-economic status or other factors, which are perpetuated by historical and structural inequities within the homeless response system.
- To truly achieve the AZBOSCOG mission of ending homelessness within the communities it represents and serves, and to meet the purpose of planning and managing homeless assistance resources and services effectively and efficiently, the AZBOSCOG understands the needs to both identify and intentionally address these inequities within the homeless response systems region-wide.
- Justice, Equity, Diversity, Inclusion shall be transparent, trauma-informed, and representative of the community served.

The AZBOSCOG commits to the following:

- Identify the landscape of inequities within the homeless response system across the Balance of State region, and how policies, procedures, addressing board processes, membership work groups and how biases may contribute to inequitable outcomes among people of color and other socio-economic groups, using a data driven approach.
- Create an intentional and actionable plan to dismantle system inequity and disparities in housing outcomes region-wide

- Effectively engage the expertise of individuals with lived experience into the identification and action related to system inequity. Persons with lived experience to provide insight, knowledge of the diverse issues within the communities and people served, including homelessness, domestic and/or sexual violence, mental health, substance use, etc.
- Ensure access to housing, services and supports all aspects of AZBOSCOC work includes systematic practice that factors in diversity, equity, and inclusion that is reflective of each community served.

Guiding Principles:

The AZBOSCOC establishes the following guiding principles for its CE:

1. CE operates with a person-centered approach, and with person-centered outcomes.
2. CE operates within a structure that is trauma/adversity informed and respect for participants' experience of trauma and its impact.
3. CE ensures that the system is low barrier and participants quickly receive access to the most appropriate services and housing necessary to end homelessness.
4. CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. CE implements standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy for him or her.
6. CE integrates mainstream service providers into the system, e.g. including local Public Housing Authorities, local health care and mental health care providers, education, survivor of domestic violence agencies, AHCCCS, and VA medical centers.
7. CE utilizes HMIS for the purposes of managing participant information and facilitating quick access to available AZBOSCOC resources.
8. CE ensures that participants on the By Name List (BNL) are communicated with if feasible and there is a goal to provide referral to resources and/or housing within 60 days.
9. CE ensures that participants have access to other resources including diversion.
10. CE ensures that participants understand the process and communication is honest/transparent and focuses on resolving the housing crisis at all stages.
11. CE promotes a shared responsibility among all involved agencies to end homelessness in the AZBOSCOC geographic area. The AZBOSCOC encourages participations with other systems of care including veterans, domestic violence, public housing, behavioral health among others.

12. CE covers the entire geographic area of the AZBOSCOC. CE is implemented at the local LCEH level. Organizations that participate are different for each LCEH depending on the resources and agencies located in the local community.
13. Housing and other limited resources will be prioritized and allocated whenever possible to the individual with the greatest needs and the use of the most appropriate resource as identified in the AZBOSCOC CE prioritization process.
14. CE ensures transparency that promotes clear priorities, easy access and effective communication with all households who interact with the system. Decisions are made through the use of data and the expertise of staff from agencies involved in the system.
15. CE implements strategies to ensure the safety of all individuals and families accessing the CE system. This includes survivors of violence in accordance with the Violence Against Women Act (VAWA) regulations.
16. The AZBOSCOC will offer training to all CE participating agencies to increase skills and knowledge related to sub populations, resources, and CE procedures.
17. The AZBOSCOC embraces a Housing First philosophy in its efforts to reduce barriers to housing and services and connect individuals to appropriate housing and services to end their homelessness as quickly as possible.
18. All households accessing housing units funded through AZBOSCOC will participate in CE to ensure 1) best match to housing 2) that individuals with the highest need are engaged, and 3) the most effective use of the limited housing resources in the AZBOSCOC communities.
19. Client participation in CE and related assessments are voluntary, and an individual may refuse to participate or complete assessments although withholding of information may delay or limit ability of CE system to identify appropriate housing and service coordination.
20. CE is not a standalone process or a solution. The process at the local level must engage diverse service providers with expertise in diverse populations
21. All participant reported assessment information shall remain confidential. Data will only be shared with consent and for purposes of service coordination and service delivery. Individual agencies may include additional informed consent as necessary.
22. All participants in CE have rights and responsibilities if they choose to access housing resources through the system. These rights and responsibilities are communicated verbally and in writing to the individual or family as they initiate their involvement with the system. They include: Dignity and Respect, the right to appeal, cultural sensitivity, have an advocate present during an appeals process, reasonable accommodation related to the housing unit, acceptance or refusal of housing services and resources offered, and the right to all information being maintained in a confidential manner or released only as stated in a signed release of information.

Key Policies Related to Populations

NON-Discrimination: The AZBOSCOG Coordinated Entry system ensures the individuals who participate in the coordinated entry process in the balance of state geographic area are ensured coordinated entry support in compliance with applicable civil rights and fair housing laws and requirements.

1. Non-discrimination throughout CE is ensured by AZBOSCOG policy and practices at the local community level. ADOH is the United Funding Agency and Collaborative Applicant for the AZBOSCOG. As a result, ADOH is the grantee/recipient of HUD continuum of care funding for the AZBOSCOG. As a state agency and through the formal contracts with project subrecipients, coordinated entry and services are provided in alignment with civil rights, fair housing laws and all other federal and state non-discrimination statutes.
2. CE is open to all individuals and households without regard to race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identification or marital status.
3. All individuals who request to participate in coordinated entry complete the VI-SPDAT and other assessments or if appropriate, are referred to more appropriate services that may not be available through CE and the AZBOSCOG.
4. CE conforms with all applicable legal standards and protocols including Fair Housing, VAWA, HIPAA, the AZBOSCOG Program Interim Rule: 24 CFR 578.7 (a)(8), the HUD Coordinated Entry Policy Section 1.B., and the Department of Veteran Affairs Memorandum VAIQ-7844648-VA Medical Center Participation the Continuums of Care Coordinated Entry System and (new LGBT standards).

Individuals fleeing Domestic Violence: For the purposes of this policy, domestic violence includes any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and (2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing. All of the requirements of the Violence Against Women Act (VAWA-reauthorized in 2022) must be considered as part of the Coordinated Entry process.

The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual

assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Under VAWA, someone who has experienced domestic violence, dating violence, sexual assault, and/or stalking (VAWA violence/abuse):

- **Cannot be denied admission to or assistance** under a HUD-subsidized or assisted unit or program because of the VAWA violence/abuse committed against them.
- **Cannot be evicted** from a HUD-subsidized unit **nor have their assistance terminated** because of the VAWA violence/abuse committed against them.
- Cannot be denied admission, evicted, or have their assistance terminated for **reasons related to the VAWA violence/abuse**, such as having an eviction record, criminal history, or bad credit history.
- **Must have the option to stay** in their HUD-subsidized housing, even if there has been criminal activity directly related to the VAWA violence/abuse.
- **Can request an emergency transfer from the housing provider for safety reasons** related to the VAWA violence/abuse committed against them.
- **Must be allowed to move with continued assistance**, if the survivor has a Section 8 Housing Choice Voucher.
- **Must be able to provide proof to the housing provider by self-certifying** using the HUD VAWA Self-certification ([Form HUD-5382](#)), and not be required to provide more proof unless the housing provider has conflicting information about the violence/abuse.
- **Must receive HUD's Notice of VAWA Housing Rights ([Form HUD-5380](#))** and HUD's VAWA Self-certification Form ([Form HUD-5382](#)) from the housing provider, when they are denied admission to a HUD-subsidized unit or HUD program, when they are admitted to a HUD-subsidized unit or HUD program, and when they receive a notice of eviction from a HUD-subsidized unit or notice of termination from a HUD program.
- **Has a right to strict confidentiality** of information regarding their status as a survivor.
- **Can request a lease bifurcation** from the owner or landlord to remove the perpetrator from the lease or unit, and if the housing provider bifurcates, it must be done consistent with applicable federal, state, or local laws and the requirements of the HUD housing program.

- **Cannot be coerced, intimidated, threatened, or retaliated against** by HUD-subsidized housing providers for seeking or exercising VAWA protections.
- **Has the right to seek law enforcement or emergency assistance** for themselves or others without being penalized by local laws or policies for these requests or because they were victims of criminal activity.

Taken from <https://www.hud.gov/VAWA#close>

Coordinated Entry within the AZBOSCOG considers the safety of the survivors of domestic violence household as a part of the process. If there are domestic violence service providers in the community, as appropriate, they should be included in the coordinated entry process to provide expertise and resources. It is the policy of the AZBOSCOG that individuals and families fleeing domestic violence have access to all available resources including a full range of housing as is available in their community. Staff of agencies participating in CE must attend training about the complex dynamics of domestic violence, confidentiality and developing safety plans. The CE process at the LCEH level ensures the safety of all households seeking assistance. A focus must be ensuring the safe and confidential access. LCEH protocols must ensure the safety of households at all access points and throughout every phase of the process.

Youth: Unaccompanied youth are youth experiencing homelessness while not in the physical custody of a parent or legal guardian. This includes youth who have run away or have been forced to leave their homes. The LCEH ensures that there has been a relationship established with local agencies that have expertise to serve unaccompanied youth, young adults 18-24 and those within these populations who are parents. Unaccompanied youth are a priority for Coordinated Entry. If unaccompanied youth are encountered, efforts should focus on finding a housing option and contacting the appropriate agencies to ensure that youth do not remain on the street.

Households that include children under 18 (Families): The Coordinated Entry process at the local level takes risk and vulnerability into consideration in prioritizing households that include children. Agencies that have expertise and resources related to these households must be involved in Coordinated Entry.

It is a priority of the AZBOSCOG that households that every effort is made not to separate family members in order to access shelter or housing. It is understood that local shelter services may have policies limiting who might be housed at their facility. As a result, the Coordinated Entry process within the AZBOSCOG will make every effort to find alternative solutions so that household members remain together.

LGBTQIA: Individuals (and their households) who self-identify as lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies, aromantic, or agender).and/or non-conforming that participate in coordinate entry require the involvement by agencies and individuals who can provide specific services and advocacy as needed. Individuals, through coordinated entry, are ensured equal access to housing, services, and resources. Individuals self-identify during the process. That identification is respected throughout coordinated entry, the service planning process, and accesses to resources.

Coordinated Entry Policies and Procedures:

Collaboration: The foundation of the coordinated entry process is collaboration among organizations that provide services and resources that can contribute to ending homelessness for households in the AZBOSCOG geographic area. At the state level

The Arizona Department of Housing (ADOH) and the Arizona Department of Economic Security (ADES) as the administrator of the Emergency Solutions Grant (ESG) collaborate on an ongoing basis. This collaboration ensures that AZBOSCOG, ESG and other state funded housing options are coordinated in an effective manner. Eligibility is based on contract requirements including the use of the VI-SPDAT and other assessment tools. Resource availability is also a consideration.

Geographic Coverage and Consistency: The AZBOSCOG uses the same assessment approach across all access points throughout the geographic area. All CE operated by LCEHs have the same foundational approach including the use of the VI-SPDAT. In some cases, each local community may use additional assessment forms based on services and resources in the community. Generally, the foundation includes:

1. Engagement through outreach or connection at a particular agency.
2. Use of the referral process incorporated in HMIS.
3. Invitation to participate in CE either at an access point or at a participating agency.
4. Interview with trained staff and completion of the VI-SPDAT and other assessment tools as dictated by LCEH procedures.
5. Additional information gathering.
6. Case Conferencing
7. If eligible, housing and services are offered and subsequently placement takes place.
8. If not eligible, referral and connection to other community services and resources.
9. The AZBOSCOG collaborates with ESG to ensure that emergency and crisis services are available without regard so that individuals and families can access emergency services regardless of whether they have accessed CE.

10. The AZBOSCOC requires that all households participating in CE be provided referrals to services and resources even if housing resources are not currently available.
11. CE is based on a person-centered approach which includes participant choice in decisions such as location and type of housing, level and type of serviced, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need. Clear expectations are conveyed to participants related to referrals, entry requirements, and services provided.

Marketing/Outreach/Accessibility:

1. The AZBOSCOC, through nondiscrimination policies, ensure that all facilities where CE takes place are accessible to all individuals and families seeking assistance. LCEHs implement CE in individual communities to meet local access challenges. CE referral, intake, and assessment is accessible and accommodate individuals and families of all subpopulations including veterans, youth, domestic violence victims, and other subpopulations without regard.
2. CE is well advertised through various AZBOSCOC and LCEH networks and systems. Arizona 211 provides information about housing resources. Each LCEH uses multiple strategies to advertise CE.
3. CE is easily accessible to individuals and families: The AZBOSCOC uses multiple access approaches for CE in local communities so that the process is as accessible.

Street Outreach and Hotline:

Street outreach linked to coordinated entry: The AZBOSCOC ensures that CE can be accessed in person at physically identified locations, at agencies if no specified location is feasible in a community and by local phone in communities. In those communities that have established street outreach, staff providing outreach are part of CE. When street outreach is not available, households can access CE through multiple participating agencies that provide access points. Outreach may also assist in follow up –(i.e. finding clients for case conferencing and housing).

Designated Access Points: The AZBOSCOC uses the same tools and strategies to ensure the same assessment approach at all access points. Some LCEH may implement CE with separate access points based on population if that ensures a high level of accessibility. The AZBOSCOC uses both centralized and decentralized approaches for CE to ensure that the system best meets the needs of the local communities. Consistency across the AZBOSCOC is realized through the use of the VI-SPDAT and HMIS. Currently the models used include:

- Separate access points for families and individuals. These are operated regardless of where households present, they are engaged into the system.
- Single physical access point. All sub-populations are encouraged to go to the single access point location.
- Decentralized process at community agencies. Some communities do not have the resources for physical access point. As a result, households can present at multiple agencies. Either a VI-SPDAT is completed at that location, or individuals are referred to the primary CE agency in the community.

Physical access points are accessible: The AZBOSCOG ensures that physical access points are accessible based on a review of the location using an accessibility checklist. The following are considerations related to access: physical ability, natural gathering place, public transportation, and hours.

ADOH, the AZBOSCOG, and ADES by contract require that communication strategies are in place to facilitate communication. Strategies include:

- Bilingual staff.
- Materials are available in multiple languages and multiple size print.
- Sign Language interpretation available.
- The use of texting for communication.
- Access to the language line for interpretation services. The AZBOSCOG requires that CE materials are available in multiple languages.

The AZBOSCOG collaborates with agencies that provide services to survivors of domestic violence to ensure that CE throughout the geographic area is accessible for survivors of domestic violence with the caveat of heightened awareness related to safety, confidentiality and privacy. . All staff from a variety of agencies that participate in CE are trained about the considerations and needs of households that have experienced domestic violence.

Specific populations are not restricted by separate access points:

- All households, regardless of sub-population (e.g. adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, and persons who are at risk of homelessness) may use any access point available in the community without regard to classification in a sub population.
- In some communities, if there is a designated access point for a sub-population (e.g. families), information will be provided to the participant with a warm referral to ensure the participant is not negatively impacted by the process.

- CE is open to all populations, families and individuals, youth, individuals who meet the definition of chronically homeless, veterans, and survivors of domestic violence.
- CE is fair and equitable. The AZBOSCOC services and resources are available to all households that are eligible including those who meet the definition of chronically homeless, veterans, families with children, youth, individuals with health and mental health conditions, and survivors of domestic violence.

Referral

In February 2024, the AZBOSCOC incorporated referral into HMIS. The following is the excerpt of the policy that is now a part of HMIS policies and procedures. It is provided here, because referrals can be the beginning of an individual's journey accessing services through the AZBOSCOC. A consistent referral process for the AZBOSCOC is being operationalized through the LCEHs. Because all LCEHs have member organizations that participate in HMIS—there is now the opportunity to track and receive referrals via HMIS, with a goal of improving care coordination and letting fewer referrals “fall through the cracks” between case conferencing meetings. The AZBOSCOC HMIS system now has the structure to manage and track referrals among the organizations in the LCEH geographics areas that use HMIS.

For the purposes of CE, the following definitions are used related to referrals

Referral: A referral is a direction to work with an individual known to the Local Coalition to End Homelessness as being in a situation of literal homelessness.

Referral Report is the standard report available in ServicePoint.

Referral distributor: A person or designated group of persons, generally the LCEH's By Name List lead, who is qualified to prioritize referrals and distribute them to participating agencies/organizations.

Referral recipient: An agency/organization or designated person chosen by the referring organization to receive incoming referrals.

Incoming referrals: Referrals that must be received by the referral recipient.

Outgoing referrals: Referrals that are sent by the referral distributor.

Outstanding referrals: Referrals that have been sent by the referral distributor but not yet marked with a Referral Outcome by the referral recipient.

Closed referrals: Referrals that have been sent by the referral distributor and completed with an appropriate Referral Outcome by the referral recipient.

Referral Outcome: A status given to an incoming referral by the referral recipient. These can be:

- Accepted: The referral was accepted, and the referral recipient is now actively working with this individual.
- Accepted on Wait List: The referral was initially accepted, and the referral recipient has not been able to establish contact with referred person but will within 30 days.
- Declined: The referral recipient is unable to work with the referred individual.
- Canceled: The referral was sent in error, the referred person does not qualify for the referred program, or the referred person declined services.

Procedures for managing referrals

- Referrals will be distributed during case conferencing or at another time agreed upon by the participants of the LCEH.
- The LCEH lead or a delegated responsible representative By Name List recipient may distribute referrals to organizations that provide permanent housing such as rapid rehousing (RRH), permanent supportive housing (PSH) and other types of permanent housing available in the community.
- Referrals are prioritized according to local implementations of the US Department of Housing and Urban Development's *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*, (<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>), Arizona Department of Housing policies, and any relevant local policies and procedures.
- While referral prioritization is based on guidance from these documents , it also depends on community resources available and only distributed with the agreement of both the referral distributor and the referral receiver.
- If the referral recipient is an organization that uses HMIS-or if the referral distributor has agreed to use referral-only providers to track referrals for the referral recipient, the referral distributor sends an outgoing referral within 2 days of the referral being discussed and approved by both parties.
- Once a referral is distributed, the referral recipient has 14 days from the date of referral reception to mark an appropriate referral outcome.

Assessment

Current Status (as of May 2024) of use of the various versions of the VI-SPDAT: As of the update of this policy, the AZBOSCOC continues to use the VI-SPDAT. There have been extensive discussions about the impact of the use of the tool related to equity. Until AZBOSCOC system wide changes take place related to an assessment tool, LCEHs have the option to develop and implement a local supplemental tool to augment the VI-SPDAT. As of this writing, Coconino County and Mohave County are using supplemental assessments. (For further information and examples, contact the CoC Coordinator at cristina.benitez@azhousing.gov).

The AZBOSCOC accepts all households for preliminary screening. Households cannot be prevented from participating in screening and other assessment processes because of perceived barriers. Although not all households may qualify for housing, it is the responsibility of the LCEH CE to provide relevant referrals to all households seeking assistance.

1. CE includes comprehensive and standard assessment tools. The AZBOSCOC uses the VI-SPDAT as the standard tool across all communities. All information gathered from the VI-SPDAT is entered into HMIS. The AZBOSCOC has data sharing agreements in place among HMIS users to facilitate the exchange of information.
2. As needed, LCEHs have the option to implement a supplemental assessment to address specific situations, populations, and issues in their communities.
3. All individuals and families that interact with the AZBOSCOC are offered the opportunity to complete an initial comprehensive assessment as part of the process to access AZBOSCOC funded housing units. For all LCEHs, the VI-SPDAT and HUD required Universal Data Elements (UDE) are a part of the initial assessment. All individuals who request to participate in coordinated entry either complete an assessment or if appropriate are referred to more appropriate services that may be available through the broader community network of services.
4. Participant assessment information is updated annually.
5. A release of information is required from households to share information in addition to the data sharing agreements in place among agencies. Households are not refused services if they refuse to have their information shared.

Phases of Assessment

Each LCEH has a phased process for the CE. Phases include:

1. Initial Triage (immediately) to identify immediate housing crisis.
2. Diversion or prevention (immediately) to examine current resources that might be used to avoid the participant entering the homeless system of care.

3. Crisis services intake (immediately) If necessary, information is collected, and connections are made so that the household can access crisis services and emergency shelter if needed.
4. Initial Assessment . The timeline to complete the housing and service assessment happens in a timely fashion so that the household's immediate housing crisis is addressed. The VI-SPDAT is a part of the assessment process.
5. The comprehensive housing and service assessment so that the household's needs can be further refined, clarified, and information can be verified. The focus is on housing and homeless history, barriers, goals and preferences. This process supports the evaluation of the household's vulnerability and prioritization for assistance. (The full VI-SPDAT is an example).
6. Next Step/Move On Assessment (ongoing) The purpose of this phase is to update information and for re-evaluation for the purpose of determining if the household might be ready for less intensive housing and service strategies.

Safety Planning and Risk Assessment: For individuals who are fleeing domestic violence, dating violence, sexual assault--CE ensures individuals have access to crisis services, including access to the domestic violence hotline. Safety is paramount for all individuals served. Safety risk assessment is a part of the overall assessment process. CE processes and procedures ensure individuals and families who are survivors of domestic violence:

- Will have safe access to CE.
- Confidentiality will be protected.
- Data will not be entered into HMIS.
- Comply with VAWA.
- Staff are trained, and safety plans will be discussed prior to exit from CE. Staff who participate in CE will work to link individuals and families to DV resources. Individuals in this category are provided easy to understand information as a part of the assessment process.
- No information will be shared that the individual indicates is confidential.
- Staff from agencies involved in providing services as part of the AZBOSCOOC participate in training to ensure they are particularly aware of special considerations that might be needed by individuals and families that are survivors of domestic violence.
- The assessment process for individuals who provide information that they have been involved in a domestic violence situation will have a focus on the potential that these households may have complex physical and emotional safety needs. Considerations include the need for trauma informed services, culturally relevant services, safety planning and ensuring the safety of the location where assessments take place.

- Emergency transfer plan is a part of all service planning for survivors of domestic violence. The purpose of this plan is that there are strategies in place that can be implemented immediately if a household needs to move from a unit because they are at risk. The household works with the assigned organization to quickly move to another unit or a temporary setting. In cases where another housing unit must be found-that unit can be in another community. LCEHs work with each other to facilitate moves across communities with the primary focus on the safety and privacy of the household. In some cases, if the household moves to temporary housing, they can be placed back onto the by name list with the same priority scoring that they initially entered the system with.

Participant Autonomy: Participants have the ability to decide what information to provide. Refusal to provide information does not impact and there is no retribution related to access to services or place in prioritization. Households can wait for the unit of their choice without risking discharge from the program or losing priority for services or units. A reasonable waiting period is the allowed “search” time for the local Housing Choice/Section 8 voucher program (usually 60 days or three refusals of housing options).

Prioritization:

The primary goal of prioritization is to ensure housing opportunities are matched to individuals and families experiencing homelessness with the greatest need. Need may incorporate but is not limited to a number of factors including chronic homelessness, acuity, length of time homeless, presence of disabilities or other barriers, medical vulnerability, survivors of domestic violence/high risk of victimization (include safety status in current housing situation), shelter status and/or high crisis system use. The purpose of the prioritization policies is twofold:

1. to provide LCEHs clear and transparent guidance on HUD and AZBOSCOC required and standard prioritization goals and practices; and
2. to provide LCEHs how and where they can complement AZBOSCOC standard policies with local prioritizations based upon existing resources, housing eligibility requirements, special populations or issues, or other local practicalities.

Dynamic Prioritization

LCEHs can implement prioritization through Dynamic Prioritization
<https://blog.homelessinfo.org/wp-content/uploads/2018-HUD-Dynamic-Prioritization.pdf>

Definition: A dynamic process that uses prioritization criteria (i.e., assessment result, unsheltered status, length of time homeless) to identify the most vulnerable (preferably through a case conferencing process) based on the number of anticipated housing placements across all resources that will occur in the next XX days

Considerations: Circumstances change – the highest need person today may not be the same person tomorrow

- No single pathway out of homelessness – maximizes all available resources
- Leverage the resources you have – effective prioritization requires CE to know anticipated availability of CoC resources within a certain timeframe (e.g., 60 days) to facilitate rapid movement for those with highest needs

When there is a vacancy, the LCEH uses all available information to:

- identify the person with the highest needs at that point-in-time in the prioritized group.
- determine if referral is appropriate based on household needs, preferences and considers their eligibility for the program.

Transparent decision-making to fill vacancies using current information about persons in the prioritized group.

By Name List

All AZBOSCOC LCEH processes are required to utilize the AZBOSCOC By Name List (BNL) generated and distributed weekly from HMIS. This list includes all persons in contact with organizations using HMIS in the AZBOSCOC including shelters, outreach teams, access points, and other identified AZBOSCOC and LCEH defined CE access points.

Prioritization steps:

1. The BNL is sorted by the LCEH to identify the identified households for their county.
2. The BNL is sorted by the Chronic Homeless (CH) field or if applicable other high acuity fields.
3. Once CH individuals/households are identified, the list is sorted by Length of Time Homeless field and organized from longest length of time to shortest.
4. Finally, the list is sorted by VI-SPDAT score (if present) and local assessment tools information.

Once all sorts are made, prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH are prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- 1st Priority—Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- 2nd Priority—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- 3rd Priority—Chronically homeless individuals and families with the most severe service needs. But not with the longest history.
- 4th Priority—All other chronically homeless individuals and families not already included in priorities 1 - 3.
- 5th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- 6th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- 7th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- 8th Priority—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing. (9+ VI-SPDAT score for families and 8+ for individuals related to PSH options.

For the purposes of AZBOSCOC Prioritization in PSH, "most severe service needs" or "high acuity" is defined as a VI-SPDAT score of 9 or above.

Rapid Re-Housing (RRH) Prioritization

RRH Prioritization follows the prioritization categories defined under PSH with the exception that “most severe service needs” or “high acuity” for RRH is a VI-SPDAT score between 4 and 8.

General Prioritization Considerations

1) *Local LCEH Priorities (Tiebreakers)*

In the event of individuals/households with equal priority under these standards, LCEHs established in writing and approved by the LCEH, additional tie breakers based on valid local priorities or initiatives. For example, an LCEH may have adopted a policy to reduce long term emergency shelter stays to increase capacity, may be targeting a reduction in street homelessness, or may have an initiative with local crisis services to target high cost/high risk homeless persons. In these cases, the LCEH Case Conferencing work group may utilize these factors in tie breaker situations (i.e. prioritizing an unsheltered person over a sheltered person, or vice versa, or taking the identified high cost/high risk individual identified by the crisis system from the BNL). Any additional local criteria used for these purposes should be written. In no way should local standards conflict with the overall goals or general prioritization scheme identified here.

2) *Project Eligibility*

All AZBOSCOG and Housing Trust Fund (funded) programs are low barrier and can serve any individual prioritized on the BNL utilizing the prioritization scheme. In the event a project does have legitimate eligibility requirements (ex: only families, only single adults, veterans, SMI status), the Case Conferencing process can refer the highest priority person or household who meets the eligibility requirement. Projects may require additional documentation related to their eligibility requirements including verification of information contained in HMIS (e.g. Chronic Homeless documentation, disability determination).

3) *Other Mainstream Housing Projects-- VASH, Housing funded through AHCCCS, PHAs*

When making referrals from the BNL to other mainstream housing programs for targeted populations, information can be shared (subject to confidentiality, availability of release of information and other disclosure policies. Other mainstream housing may use additional prioritization and assessment processes unique to their programs.

4) *Non HMIS Acuity Information and Data*

In certain circumstances, a provider or Case Conferencing participant may have additional information on prioritization factors that may merit reconsideration of housing prioritization. This may include medical information, proof of chronicity, documentation of additional length of time homelessness, or change in circumstances

that increase likelihood of harm or risk if not housed. Additional information may also inform prioritization for persons unable or unwilling to complete the standard VI-SPDAT assessment, especially those with limited capacity, mental health issues or other high needs/high risk populations.

To address these situations, each LCEH established a written policy for the review and incorporation of additional non-HMIS data into the Case Conferencing prioritization process. At minimum the LCEH policy--1) identifies the types of information that can be presented for consideration; 2) the standard of documentation; 3) the process for approving re-prioritization based on new information (e.g.: the Case Conferencing group must unanimously approve re-prioritization); and 4) a process for documenting re-prioritization (e.g. update notes on BNL, update HMIS statuses based on additional information).

5) *Document Readiness/Client Readiness*

LCEH may use client availability or document readiness as a tie breaker between multiple persons with similar prioritization in order to utilize resources most effectively. Documentation or availability should not be used to prioritize someone with lower prioritization unless LCEH has documented policies as to when a person can be skipped on the list. (e.g. higher priority client has refused housing opportunity; higher priority client cannot be located and efforts at location are documented).

6) *Impact of Refusal of Housing or Prior Failed Housing Search on Prioritization*

In the event an individual or household affirmatively turns down a housing opportunity referred through case conferencing or a household was unable to utilize a previous housing opportunity due to a failed housing search, the individual/household maintain their housing priority on the BNL and offered future housing opportunities consistent with their prioritization. Case conferencing policies have a process for recording any denied offers of housing in HMIS and/or the BNL especially if declining the housing results in a person with lower prioritization subsequently being offered the housing opportunity. Generally, at least three housing options are presented before the household status is reviewed related to priorities.

7) Consideration of households that are eligible for the AHCCCS Housing and Health Opportunities (H2O) project which aims to “enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless” while recognizing that stable housing is a vital component of overall health. The H2O project is part of 1115 Waiver which was approved by the Centers for Medicare & Medicaid Services (CMS). As of May 2024 policy and procedure development is in process related to H2O. The inclusion of households eligible for H2O

will be more specifically incorporated into this and LCEH CE policies when full implementation occurs.

Non-Discrimination Complaint/Appeals: The LCEHs have a written procedure as a part of CE that provides households with the ability to file a complaint. The household must be informed of that option in writing at the beginning of the assessment process. The appeal process will include review by the LCEH and if not resolved, then can be forwarded to the Arizona Department of Housing for final review. The timeline for the process is fourteen days. In the case of an appeal related to a service provided by the Arizona Department of Economic Security, the appeal will be referred and follow their processes.

Emergency Services: Emergency services operate with as few barriers to entry as possible: The AZBOSCOG collaborates with The Arizona Department of Economic Security that administers ESG, to ensure that emergency and crisis services are available without regard. Individuals and families can access emergency services regardless of whether they have accessed CE and without regard to CE operating hours. Emergency services used in crisis response are not prioritized within the AZBOSCOG. Each LCEH has a methodology by which participating service providers, on a timely basis, notify the CES about vacancies.

Declined Referrals

Participants have the right of choice in all activities including coordinated entry and the referral process. Participants are allowed to reject service strategies and housing options offered to them without repercussion. All LCEHs have a process for providers to communicate to the CE Coordinator about a referral that is denied including the reason for the denial. The LCEHs have established standard criteria for rejecting a referral. Communication is provided to the household in writing and in person as possible.

Prevention: The Arizona Department of Housing and the Department of Economic Security collaborate to ensure homelessness prevention provided through ESG, and state funding. Implementation of homelessness prevention is operationalized by contracts administered by ADOH or ADES. There are no separate access points. Eligibility is based on contract requirements and use of the VI-SPDAT and other assessment tools required by contract or community norms and resource availability.

Privacy and Protection of Data

1. Written policies and procedures concerning protection of all data: The AZBOSCOG has several mechanisms in place to guide the protection of data. These tools together

provide a strong foundation for the protection of an individual household’s information. They include:

- The HMIS Operations Handbook and Policy.
 - ADOH –Special Needs Housing Handbook.
 - Contracts between ADOH and the subrecipients.
 - Memorandum of Understanding.
 - Data Sharing agreements for agencies participating in HMIS.
 - Required Release of Information.
2. Prioritization list uses HMIS data privacy and security. The AZBOSCOC ensures data privacy and security in alignment with HMIS policies and procedures. Prioritization lists are generated within those standards.
 3. Adequate Privacy Protections: The AZBOSCOC and LCEHs for the CE are in compliance with the HMIS Data and Technical Standards. Compliance is reviewed at annual monitoring of sub-recipients and through Communication and Information Referral (the HMIS subcontractor) review and monitoring.
 4. All HMIS users are trained by Solari about use and privacy standards.

Versions of the Policy: The CE policy is reviewed annually by the CE subcommittee and updated to reflect current practices and policies. The revisions are approved by the Governance Advisory Board(GAB).

Evaluation: The Governance Advisory Board and Coordinated Entry Committee of the AZBOSCOC will evaluate at the AZBOSCOC and LCEH level utilizing the HUD checklist, other tools, and performance data to evaluate implementation and effectiveness. CE evaluation takes place yearly as a part of the policy review. The LCEHs evaluate and review its CE annually. Sub recipients’ participation in CE is monitored through ADOH contract monitoring process. Privacy is protected. No identifying information is included in evaluation reporting.

Training: Training opportunities are available throughout the year. The AZBOSCOC collaborating with the LCEHs sponsor/coordinate training to increase skills and knowledge of staff from all agencies participating in CE.

Terms & Definitions

Term	Definition
Arizona Department of Housing (ADOH)	Arizona state agency responsible for housing activities. ADOH is the Collaborative Applicant for the Balance of State Continuum of Care
Arizona Department of Economic Security (DES)	Arizona state agency responsible for the delivery of a variety of services including SNAP, employment support, licensing, emergency shelter

Term	Definition
	(Emergency Solutions Grant), domestic violence and other services. DES works with families, community organizations, advocates and state and federal partners to realize our collective vision that every child, adult, and family in Arizona will be safe and economically secure.
Arizona Balance of State Continuum of Care (AZBOSCOG)	The Arizona Balance of State Continuum of Care includes the following counties Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai, and Yuma. The AZBOSCOG is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. The AZBOSCOG at both the continuum level and at the local level through the LCEHs is responsible for planning and implementation of strategies to end homelessness.
By Name List (BNL) – Used as a prioritization tool	A real-time catalog of the names of individuals in need of housing and services. The BNL is an important tool for CE. The BNL aids in assessing individuals’ needs and helps in tracking individuals’ entry into and exit out of the AZBOSCOG system.
Chronically Homeless	HUD’s definition: <i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: <ul style="list-style-type: none"> i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Coordinated Entry (CE) Process	HUD requires each AZBOSCOG to establish and operate a “centralized or coordinated assessment system,” based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the coordinated entry process established and operated by the AZBOSCOG to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources. Coordinated entry processes are intended to help communities prioritize assistance to ensure that persons who are most in

Term	Definition
	need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to the AZBOSCOG and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.
Continuum of Care Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homelessness Prevention/Diversion	Activities to help individuals who are at risk of homelessness to maintain housing such as eviction prevention. Diversion are activities for persons who might have just become homeless to reconnect with support systems, so they do not enter the homeless system.
Homeless Management Information System (HMIS)	Local information technology system used by a AZBOSCOG to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each AZBOSCOG is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
HOPWA (Housing Opportunities for Persons with AIDS)	Provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.
Housing First	Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.
Local Coalition/Continuum to End Homelessness (LCEH)	The AZBOSCOG has Local Coalitions/Continuums to End Homelessness in most of the 13 counties in the AZBOSCOG. The LCEH plan and implement strategies to end homelessness in local counties and communities in Arizona. They are the lead for coordinated entry activities and management of the By Name List at the local level.

Term	Definition
Projects for Assistance in Transition from Homelessness (PATH)	Substance Abuse and Mental Health Services Administration (SAMHSA)-funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.
Public Housing Authority (PHA)	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid Re-housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
Release of information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Runaway and Homeless Youth (RHY)	Homeless youth are typically defined as unaccompanied youth ages 12 and older (up to age 17, 21, or 24) who are without family support and who are living in shelters, on the streets, in cars or vacant buildings, or who are “couch surfing” or living in other unstable circumstances. The Runaway and Homeless Youth Act (RHYA) defines homeless youth as individuals who are “not more than 21 years of age for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.
Serious Mental Illness	Serious Mental Illness is a condition where persons who as a result of a mental disorder as defined in section 36-501 exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation. Taken from Arizona Revised Statutes. https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/36/00550.htm
SSVF – Supportive Services for Veteran Families	Program for Veterans that provides services and housing to Veteran Families experiencing homelessness.
Transitional housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
VA -U.S. Department of Veteran Affairs	The federal department responsible for services and activities related to Veterans.

Term	Definition
VI-SPDAT	A survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.