



Arizona Balance of State Continuum of Care Coordinated Entry Policy Approved by the Governance Advisory Board January 14, 2020

Introduction and Overview

Purpose: The Arizona Balance of State Continuum of Care (AZBOSCOC/CoC) Coordinated Entry (CE) Policy provides guidance related to how coordinated entry is implemented throughout the CoC. Local Continuums/Coalitions to End Homelessness (LCEH) also have localized policies that identify and integrate local resources related to:

- Access points.
- specialized providers for youth, survivors of domestic violence, families, veterans and households who meet the definition of chronically homeless.
- housing options including 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 CoC geographic area. The CE system defined by these policies is easy to access and focuses on assisting persons to end their homelessness. LCEHs may identify specific policies that reflect local realities while conforming to the CoC policies.

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

The CoC has a goal that households wait no longer than 60 days for a referral to housing or services. This may include diversion.

HUD's Primary Goals related to Coordinated Entry

Coordinated Entry covers the CoC geographic area and includes policies and procedures so that participants can be connected to appropriate services to end their homelessness.

1. Assistance be allocated as effectively as possible.
2. Coordinated Entry is accessible no matter where or how people present.

Guiding Principles:

The CoC establishes the following guiding principles for its CE:

1. CE operates with a person-centered approach, and with person-centered outcomes.
2. CE ensures that participants quickly receive access to the most appropriate services and housing necessary to end homelessness.
3. CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
4. 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.
5. CE integrates mainstream service providers into the system, e.g. including local Public Housing Authorities, AHCCCS, and VA medical centers.
6. CE utilizes HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.
7. 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.
8. CE ensures that participants have access to other resources including diversion.
9. CE ensures that participants understand the process and communication is honest/transparent and focuses on resolving the housing crisis at all stages.
10. CE promotes a shared responsibility among all involved agencies to end homelessness in the CoC geographic area. The CoC encourages participations with other systems of care including veterans, domestic violence, public housing, behavioral health among others.
11. CE covers the entire geographic area of the CoC. 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.
12. 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 CoC CE prioritization process.
13. 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.
14. 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.

15. The CoC will offer training to all CE participating agencies to increase skills and knowledge related to sub populations, resources, and CE procedures.
16. CoC 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.
17. All households accessing housing units funded through CoC 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 CoC communities.
18. 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.
19. 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
20. All client 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.
21. 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 CoC 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.

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) must be considered as part of the Coordinated Entry process. The summary of the HUD final rule related to VAWA is as follows:

This final rule implements in HUD's regulations the requirements of the 2013 reauthorization of the Violence Against Women Act (VAWA), which applies for all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation, and which must be applied consistent with all nondiscrimination and fair housing requirements. The 2013 reauthorization (VAWA 2013) expands housing protections to HUD programs beyond HUD's public housing program and HUD's tenant-based and project-based Section 8 programs (collectively, the Section 8 programs) that were covered by the 2005 reauthorization of the Violence Against Women Act (VAWA 2005). Additionally, the 2013 law provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking. Specifically, this rule amends HUD's generally applicable regulations, HUD's regulations for the public housing and Section 8 programs that already pertain to VAWA, and the regulations of programs newly covered by VAWA 2013.

Coordinated Entry within the CoC 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 CoC 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 should 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 CoC 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, Coordinated Entry process within the CoC will make every effort to find alternative solutions so that household members remain together.

LGBT: Individuals (and their households) who self-identify as Lesbian, Gay, Bisexual, Transgender (LGBT), 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.

Roles	
CoC Board— Governance Advisory Board	Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document.
CE Coordinator	Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a By Name List (BNL), assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.
CE management entity	Responsible for the day-to-day operations of the CE system.
CE Governing or Leadership Committee	Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CE system.
Collaborative Applicant	Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants.
HMIS Lead Agency	Operates the Homeless Management Information System on the CoC’s behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD’s CoC Program interim rule to

Roles	
	operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.
Participating Project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or Emergency Services Grant (ESG) Program funding from HUD, it is required to participate in coordinated entry.
Referral Partner	A type of participating project. Referral partner will receive and consider referrals to its project from CE. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all expectations for coordinated entry.
Mainstream System Provider	Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families. The CoC collaborates with the VA and designates PH units as a resource for the CE process.

Coordinated Entry Policies and Procedures:

CE Participation: 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 CoC, 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 CoC 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 different 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. Invitation to participate in CE either at an access point or at a participating agency.
3. Interview with trained staff and completion of the VI-SPDAT and other assessment tools as dictated by LCEH procedures.
4. Additional information gathering.
5. Case Conferencing

6. If eligible, housing and services are offered and subsequently placement takes place.
7. If not eligible, referral and connection to other community services and resources.
8. The CoC 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.
9. The CoC requires that all households participating in CE be provided referrals to services and resources even if housing resources are not currently available.
10. 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.

Non-Discrimination

1. Non-discrimination throughout CE is ensured by CoC policy and practices at the local community level. ADOH is the collaborative applicant and the recipient of HUD continuum of care funding for the CoC. As a state agency and through the formal contracts with project sub recipients, 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 CoC.
4. CE conforms with all applicable legal standards and protocols including Fair Housing, VAWA, HIPAA, the CoC 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).

Marketing/Outreach/Accessibility:

1. The CoC, through nondiscrimination policies, ensure that all facilities where CE takes place are accessible by all individuals and families seeking assistance. LCEHs implement CE in individual communities to meet local access challenges. CE 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 CoC and LCEH networks and systems. Arizona 211 provides information about housing resources. Each LCEH use multiple strategies to advertise CE.
3. CE is easily accessible to individuals and families: The CoC uses multiple access approaches for CE in local communities so that the process is as accessible as possible for individuals and families.

Street Outreach and Hotline:

Street outreach linked to coordinated entry: The CoC ensures that CE can be accessed in person at physical identified locations, at agencies if no specified location is feasible in a community and by local phone in communities. The CoC has an established hotline to provide CE for counties that do not have an LCEH established as of October 2019. 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. Outreach may also assist in follow up –(i.e. finding clients for case conferencing and housing).

Designated Access Points: The CoC 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 CoC uses both centralized and decentralized approaches for CES to ensure that the system best meets the needs of the local communities. Consistency across the CoC 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 CoC 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 CoC, and ADES by contract require that communication strategies are in place to facilitate communication. Strategies include:

- Bilingual staff.

- Materials 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 CoC requires that CE materials are available in multiple languages.

The CoC collaborates with domestic violence agencies to ensure that CE throughout the geographic area is not different for domestic violence survivors. 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 a fair and equal process. The CoC services and resources are available to all households that are eligible including those who are chronically homeless, veterans, families with children, youth, survivors of domestic violence.

Assessment

The CoC 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 CoC uses the VI-SPDAT as the standard tool across all communities. All information gathered from the VI-SPDAT is entered into HMIS. The CoC has data sharing agreements in place among HMIS users to facilitate the exchange of information.
2. All individuals and families that interact with the CoC will be offered the opportunity to complete an initial comprehensive assessment as part of the process to use CoC 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.

3. Participant assessment information is updated annually.
4. 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. 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 experiencing DV:

- 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 should be kept confidential.
- Staff from agencies involved in providing services as part of the CoC participate in training to ensure they are particularly aware of special considerations that might be needed by these individuals and families.
- 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.

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: (Note—Prioritization was adopted by the Governance Advisory Board in April 2019 as a standalone policy).

The primary goal of these prioritization policies 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 (as measured by VI-SPDAT score), length of time homeless, presence of disabilities or other barriers, medical vulnerability, high risk of victimization, shelter status and/or high crisis system costs. The purpose of the prioritization policies is twofold:

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

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

1. The list can and should be sorted by the LCEH to identify the identified households for their county.
2. The BNL should first be sorted by the Chronic Homeless (CH) field.
3. Once Chronic individuals/households are identified, the list should be sorted by Length of Time Homeless field and organized from longest length of time to shortest.
4. Finally, the list should be sorted by VI-SPDAT score (if present) and Permanent Supportive Housing (PSH) Prioritization.

Once all sorts are made, prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be 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 CoC 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 should follow 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 CoC and Housing Trust Fund (funded) programs should be low barrier and be able to serve any individual prioritized on the BNL utilizing this 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 should 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, Regional Behavioral Health Authority (RBHA)*

When making referrals from the BNL to other mainstream housing programs for targeted populations, the BNL can be shared (subject to confidentiality and other disclosure policies included herein), but the other mainstream entity may elect to utilize other proprietary information or priorities (ex: RBHA risk roster, VA HOMES clinical assessment and data) for the prioritization of their resources. If the person is to be housed in a CoC or general CE participation housing project, the CoC prioritization structure applies.

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 a prioritized 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.

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 Governance Advisory Board 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 CoC 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 CoC. 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, state funding, and CoC funds are in alignment. 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 CoC 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 sub recipients.
 - 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 CoC ensures data privacy and security in alignment with HMIS policies and procedures. Prioritization lists are generated within those standards.
3. Adequate Privacy Protections: The CoC 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 CRN about use and privacy standards.

Community Resources

Each LCEH has a community specific Resource List which is updated yearly. This is supplemented by the state's 211 system.

Versions of the Policy: The CE policy will be reviewed annually (generally in December) by the CE subcommittee and updated to reflect current practices and policies. The revisions will be approved at the first regular meeting of the Governance Advisory Board(GAB).

Evaluation: The GAB and Coordinated Entry Committee of the CoC will evaluate at the CoC 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 and provide a written report to ADOH. 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 CoC collaborating with the LCEHs sponsor/coordinate training to increase skills and knowledge of staff from all agencies participating in CE. Types of training could include:

- VI-SPDAT
- Overview of sub populations
- Survivors of Domestic Violence Consideration
- Youth
- Cultural Competence
- LGBT Considerations
- Safety Planning
- Trauma Informed Care
- Mental Health First Aid
- Suicide Prevention/QPR/SafeTalk
- Housing First
- Harm Reduction
- Relationship Building
- Mental Health Awareness
- Diversion
- VAWA

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 (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 (AZBOSCO) or (CoC)	The Arizona Balance of State Continuum of Care is a consortium of Local Coalitions/Continuums to End Homelessness (LCEH) located in the following 13 counties: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai, and Yuma. The CoC at both the continuum level and at the local level through the LCEHs is responsible for planning and implementation of strategies to end homelessness.

Term	Definition
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 CoC system.
Chronically Homeless	<p>HUD's definition:</p> <p><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:</p> <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 CoC 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 CoC 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 need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to CoCs and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.
CoC	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC 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.
Continuum of Care (CoC) 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

Term	Definition
	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 CoC 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 CoC 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 to End Homelessness (LCEH)	The CoC has Local Coalitions/Continuums to End Homelessness in most of the 13 counties in the CoC. 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.
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.

Term	Definition
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.
Regional Behavioral Health Authority (RBHAS)	In Arizona, umbrella agencies responsible for the delivery of integrated health services for eligible individuals (generally AHCCCS eligible) RBHAS have assigned geographical area in Arizona
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 defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
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.
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.

Reference Documents:

VI-SPDAT

<http://www.orgcode.com/products>

Coordinated Entry Policy Brief

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

Coordinated Entry Core Elements

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

Outline for a Continuum of Care's Coordinated Entry Policies and Procedures Document

<https://www.hudexchange.info/resource/5690/outline-for-a-continuum-of-cares-coordinated-entry-policies-procedures-document/>

Coordinated Entry for Youth Experiencing Homelessness

<https://www.hudexchange.info/resources/documents/coordinated-entry-for-youth-brief.pdf>

Coordinated Entry and Victim Service Providers

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf>