



Tucson Pima Collaboration to End Homelessness (TPCH)

Coordinated Entry Policies and Procedures Manual

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TABLE OF CONTENTS

Purpose -----	2
Geographic Area-----	2
Communication -----	3
Non-discrimination -----	3
Access Points -----	3
Domestic Violence -----	3
Emergency Services-----	4
Mainstream Resources -----	4
Diversion-----	4
Homeless Prevention Services -----	4
TPCH Outreach Policy -----	6
Youth-----	7
Assessment Process – VI-SPDATs and SPDATs -----	7
VI-SPDAT/SPDAT Process-----	8
Release of Information and HMIS-----	9
Assessor Training -----	9
By Name List/Priority List-----	9
Housing Navigation -----	9
Housing Referral Prioritization Processes -----	9
Referral Policy -----	9
Permanent Supportive Housing-----	11
Rapid Rehousing-----	12
Transitional Housing -----	12
Housing Providers-----	13
Case Conferencing -----	13
Evaluation & Improvement Process -----	15
Appendices-----	16

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Purpose

This document and appendices define the TPCH Coordinated Entry System and state the system's operating policies and procedures.

The Coordinated Entry system is a client-centered process of standardized access and assessment and uniform referral priorities for coordinated referral and housing placement to ensure that people experiencing homelessness or at imminent risk of homelessness receive appropriate assistance with both immediate and long-term housing and service needs. (See Appendix for U.S. Department of Housing & Urban Development (HUD) Coordinated Entry requirements.)

The Coordinated Entry system employs a phased approach to assessment, which segments the collection of participant information into the following stages:

- Initial Triage – resolving the immediate housing crisis, identifying whether the CoC crisis response system is the appropriate system to address the potential participant's immediate needs.
- Diversion and/or Prevention Screening – the examination of existing participant resources and options that could be used to avoid entering the homeless system of care.
- Crisis Services Intake – information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance projects.
- Initial Assessment – information to identify a participant's housing and service needs with the intent to resolve participant's immediate housing crisis.
- Comprehensive Assessment – information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant's vulnerability and prioritization for assistance.
- Next Step/Move On Assessment – information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Alternatively, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies.

Geographic Area

TPCH encompasses Pima County and incorporated cities Marana, Oro Valley, Sahuarita, South Tucson and Tucson that are easily accessed by individuals and families seeking housing or services. CoC and ESG recipients all work together to ensure that coordinated screening, assessment and referrals for the Coordinated Entry are consistent. (See Appendix for link to geographic area maps.)

Communication

TPCH Coordinated Entry system process requires that all CoC projects exercise due diligence to identify and engage all persons experiencing homelessness within the CoC geographic area. Policies and procedures dictate that effective communication with individuals with disabilities is provided and appropriate auxiliary aids and services are in place such as braille, audio, large type, assistive listening devices, sign language interpreters, wheelchair accessibility and Limited English Proficiency (LEP) assistance. (See Appendix for Communication Plan.)

Non-discrimination

The Coordinated Entry system operates a coordinated entry system that permits recipients of Federal and State funds to coordinate entry support with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act, which prohibits discriminatory housing practices.
- Section 504 of the Rehabilitation Act, which prohibits discrimination based on disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act, which prohibits discrimination based on race, color or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act, which prohibits public entities, which includes State and local governments and special purpose districts from discriminating against individuals with disabilities in all their services program and activities, which include housing and housing related services such as housing search and referral assistance.
- Title III of the American with Disabilities Act, which prohibits private entities that own, lease and operate places of public accommodations providing housing, from discriminating based on disability. (See Appendix for links to all above non-discrimination policies.)

Access Points

The TPCH Coordinated Entry system uses a "no wrong door" approach through a standardized process from initial engagement to successful housing placement. Access Points are updated and updates published regularly on the TPCH website and other community venues. (See Appendix for access points information sheet.)

Domestic Violence

Victim service providers offer, shelter, rapid rehousing and support services to victims of domestic violence. This means any individual or family who:

1. Is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, such as sex trafficking, 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.

As part of Tucson/Pima County's Continuum of Care, Emerge Center Against Domestic Abuse serves as a Coordinated Entry Access Point specifically for victims of domestic violence. Emerge's wide range of intervention services include a 24/7 bilingual crisis hotline, emergency shelter, non-residential community-based and court-based services, and a housing stabilization program. Housing services include one-time subsidies (in support of homelessness diversion), transitional housing, and permanent housing using a Rapid Re-housing model.

All persons requesting services through Emerge (including shelter and housing stabilization,) initially contact the hotline numbers: (520)795-4266 or 888-428-0101. The hotline support specialists provide

immediate safety planning and crisis intervention, offer emotional support, assess the victim's risk for lethality, and match up their needs and goals with the services available through Emerge and/or other community resources. Victims at high risk of lethality are never denied or made to wait for emergency services, even when the emergency shelter facility is at full capacity. All program participants seeking housing services are connected to Emerge's housing stabilization program and/or the Continuum of Care's Coordinated Entry process, as appropriate.

Participants who are currently experiencing homelessness, interested in a housing referral and consent to participate in the TPCH Coordinated Entry system will be entered into HMIS and a referral made to a housing provider as available. Participants who are currently experiencing homelessness, are interested in a housing referral but wish to maintain their secure identity will be referred to the TPCH Coordinated Entry system using a special client ID and type of household (household with children or individual), age and VI-SPDAT score. These clients will be added to the By Name List for a referral to a housing provider as available. When the referral is made, the client will be provided the contact information for the housing program to contact directly.

Several mechanisms are in place within the Continuum of Care to ensure that the safety of domestic violence victims is addressed throughout the service delivery system. Emerge and the non-victim service providers work collaboratively to ensure that referrals are made to Emerge when domestic violence is a primary issue for a client and/or safety is an imminent issue for that client. Emerge also offers trainings to non-victim service providers on how to: 1) ensure basic safety needs are met for domestic violence victims while being served at their agencies, and 2) facilitate a warm hand-off to Emerge for extensive safety planning with victims. Domestic violence victims who choose not to engage with Emerge or receive domestic violence-specific services for any reason still receive housing services through non-victim service providers.

Emergency Services

The TPCH housing crisis response includes various emergency shelters and motel voucher programs. Coordinated Entry is accessible through many of these emergency shelter locations or through outreach contacts, as indicated on the TPCH Coordinated Entry Access Points information sheet.

In addition, there are various emergency crisis response options available 24 hours a day through the Crisis Response Center and the 911 response system including the Tucson Police Department, the Pima County Sheriff Department, and various fire departments across the geographic area. (See Appendix for information about crisis response assistance.)

Mainstream Resources

TPCH ensures that people experiencing or at risk of homelessness have the support necessary to maintain stable housing or connect to mainstream resources. One-Stop, Arizona Long Term Care System (ALTCS), Pima Council on Aging (PCOA), Arizona Health Care Cost Containment System (AHCCCS), SOAR/SSDI and Pima Community Access Program (PCAP) are all partners who collaborate with housing providers to connect individuals and families with needed mainstream resources at various locations throughout the community.

TPCH written standards ensure that agencies provide the support that people experiencing or at risk of homelessness need to maintain stable housing and connect to mainstream resources.

Diversion

Diversion is a service that helps families and individuals find safe and appropriate alternatives to using shelters and housing projects by trying to resolve problems through natural supports. It also helps prevent unnecessary needs-assessments (VI-SPDAT) for shelter and housing services.

TPCH is committed to reducing the homeless population by implementing best practices in providing prevention assistance and shelter diversion as part of the Coordinated Entry process. These practices will reduce new entries into homelessness by consistently offering prevention and diversion resources upfront. This will reduce the number of people entering the system unnecessarily while improving data collection and quality and providing accurate information on the type of assistance needed in the community.

Front-line workers are the key to a successful diversion policy. They prevent homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and if necessary connecting them with services and financial assistance to help them return to permanent housing.

At emergency shelters, TPCH encourages the use of a diversion tool, when possible, during the initial entry assessment process to help determine whether shelter entry is appropriate. If shelter staff determine that immediate shelter entry prior to use of a diversion tool is necessary, then staff will use a diversion tool as soon as possible after entry to help determine whether a continued shelter stay is appropriate.

At non-shelter housing program agencies, staff should ask prospective applicants to complete a homeless information sheet prior to an assessment meeting in order to determine their current housing status (Category 1, Category 2, or Category 4).

Agency staff should use the Triage Tool at the beginning of an assessment meeting to help determine if completion of the VI-SPDAT assessment tool is appropriate.

An example of the Triage Tool is in the Appendix.

Homeless Prevention Services

The Coordinated Entry homeless prevention assistance can aid households in preserving their current housing situation. Prevention services assist people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance, and ...divert those who have housing options to that option and away from homeless assistance.

If an individual or family is literally homeless, the VI SPDAT, F VI SPDAT or TAY VI SPDAT assessment with Universal Data Elements should be completed and a referral made for Coordinated Entry Homeless Assistance.

If an individual or family is at risk of homelessness (1-14 days), a PR VI SPDAT or PR F VI SPDAT assessment with Universal Data Elements should be completed and a referral made for Coordinated Entry Homeless Prevention.

Homeless Prevention referrals remain active up to 21 days. After the 21st day, the previous referral is longer valid and a new Triage Tool should be completed.

Homeless Prevention Prioritization

Homeless Prevention referrals are made within 2 business days of referral request based on a PR VI SPDAT and PR F VI SPDAT scoring prioritization: highest score first, with date submitted as tie-breaker.

Homeless Prevention Referral process

All COC and ESG funded programs are required to accept referrals through the Coordinated Entry system and other funded projects are encouraged to participate.

1. The Homeless Prevention project will notify the HMIS Team when they have available Homeless Prevention funded openings by emailing hmishelp@pima.gov and the HMIS team will provide a Homeless Prevention referral within two working days.
2. The Homeless Prevention project will be responsible for determining eligibility of client using the program requirements for each of their programs.
3. A Homeless Prevention project will receive a referral for openings as requested and agrees to provide assistance to all eligible referrals made. Clients ultimately have the choice in agreeing to participate in project.
4. Upon receiving the referrals, the Homeless Prevention project makes all attempts to contact the client within *2 working days*, using all available information in HMIS. If the Homeless Prevention project is unable to locate the client within the 2 working days, project may decline referral in HMIS and send update by email to hmishelp@pima.gov and request another. The referral will be closed and no additional referrals will be made until a new Triage Tool is completed.

The Homeless Prevention information including Triage Tool, flow and Process Outline and Homeless Prevention project eligibility are located in the Appendix.

TPCH Outreach Policy

All agencies participating in Coordinated Entry will have a staff member participate in the COC collaborative outreach efforts, as frequently as possible, to attain the goal of covering the geographic area and engage people experiencing homelessness in housing opportunities. These outreach efforts include:

- Bi-weekly 1½ hour Outreach Subcommittee meetings - where outreach coordination, data sharing and outreach strategies are discussed
- Weekly 2 hour Collaborative Outreach “attempt to locate” - teams who go out into the community searching for referrals on the BY NAME LIST in a unified outreach endeavor
- Other planned community outreach events sponsored by, or supported by the Tucson Pima Collaboration to End Homelessness (TPCH)
- Act as Coordinated Entry access points – trained street outreach staff will offer the VI SPDAT assessment to people in camps and other places not meant for human habitation OR provide information about access point locations

Data collection and entry for contacts and engagements in HMIS as required by the U.S. Department of Housing & Urban Development (HUD) - to assist in tracking and coordination of outreach benchmark goals, as well as provide historic records for persons experiencing homelessness in our geographic area.

Participation in CoC collaborative outreach efforts are tracked through sign-in sheets and reviewed by the Coordinated Entry Committee.

All ESG and COC funded agencies are required to participate in these activities. Any other HMIS participating agencies are encouraged to be involved in the collaborative outreach efforts and work with non-HMIS participating agencies to connect with people experiencing homelessness in our geographic area.

References

HUD Notice CPD-17-01- Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care; Interim Final Rule.

Youth

Youth aged 12-17

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.

No TAY-VI-SPDAT should be completed for a youth under the age of 18. An assessor who comes across an unaccompanied youth can assist the youth in contacting Safe Place in order to connect them with services, including immediate access to shelter. For Safe Place contact information, refer to the Access Points information in the Appendix.

Young adults and parenting young adults, aged 18-24

For these young adults, assessors should follow the assessment process outlined for other adults. The TAY-VI-SPDAT should be used for single young adults, and the F-VI-SPDAT should be used for young adult-headed households with children.

Youth-Specific Navigation

When TAY-VI-SPDATs are completed, or F-VI-SPDATs for youth-headed households, the individuals or families will be placed on the Youth By Name List. Street outreach workers who work specifically with youth will provide navigation for the top 10 names in each score range. Youth navigation will include finding and/or maintaining contact with the youth, as well as assisting with obtaining the paperwork necessary to enter a housing program.

When a youth in navigation enters a housing program, the navigator will request the next top score from the By Name List.

Assessment Process

Homeless service providers throughout Pima County utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) family of tools as the common assessment. Providers use the VI-SPDAT to screen any single individual experiencing homelessness. Providers use the Family or F-VI-SPDAT to screen any family experiencing homelessness. They use the Transition Age Youth or TAY-VI-SPDAT as the common assessment tool to screen youth aged 18-24. Individuals or families not identifying themselves as homeless do not receive an assessment. The assessment takes approximately 10 minutes to administer, and is conducted by any provider who has been trained to use the tool by the HMIS Team or other authorized community member trained as a trainer using the locally approved training curriculum. (See Appendices)

While VI-SPDATs should primarily only be completed for individuals and families who are currently homeless, there may be some exceptions. One exception would be for an individual or family at risk for homelessness and in a dangerous situation.

All assessors receive standardized training so that the assessment process and its results are communicated clearly and consistently across the community. This messaging contains the following components:

- The assessment takes approximately 10 minutes.

- There are very few housing resources immediately connected to the assessment. The primary benefit of completing the assessment is to help determine the individuals' needs and resources to which they can be referred.
- Assessment information is shared with providers connected to the coordinated entry system, so that the assessed person is connected to housing and does not need to complete the assessment multiple times. Providers will use the assessment to target people for housing resources as they become available.
(See Appendix for Assessment Tips.)

A new assessment should be completed whenever an individual or family's situation changes (including hospitalization, etc.) or if an assessment has not been completed for 90 days or longer.

FULL SPDAT/F SPDAT Process

To provide a safety net for individuals that are presumed to be highly vulnerable but score too low on the VI-SPDAT to qualify for permanent supportive housing (i.e., 7 or below for individuals or 8 or below for families). TPCH recommends that assessors administer a full SPDAT assessment to those individuals or families.

While the VI-SPDAT is a pre-screen or triage tool that looks to confirm or deny the presence of more acute issues or vulnerabilities, the SPDAT (or "full SPDAT") or F SPDAT is an assessment tool looking at the depth or nuances of an issue and the degree to which housing may be impacted.

For those limited instances where an assessor determines that the VI-SPDAT score may warrant a more comprehensive assessment, they may elect to complete a SPDAT/F SPDAT. Once the SPDAT is entered into HMIS, if the individual scores at least 35 or family scores at least 54, the SPDAT/F SPDAT score may be considered along with VI-SPDAT when prioritizing housing navigator assignments and/or housing placement. Those who have received a full SPDAT assessment will periodically be reviewed through the case conferencing and housing referral processes.

By allowing case managers to spend the time to complete this more in-depth analysis, the small set of individuals whose full depth of vulnerability may not be reflected in their VI-SPDAT assessment may still be considered for housing navigator assignments and/or housing placement. In a subset of these very limited instances, it is possible for a full SPDAT to produce different results than the VI-SPDAT because it is a multi-method assessment compared to the self-reported survey of VI-SPDAT.

In instances where individuals have both a full SPDAT and VI-SPDAT assessment, whenever possible, referral for housing placement will prioritize the full SPDAT/F SPDAT and not solely the VI-SPDAT score.

Release of Information and HMIS

Any individual or family who agrees to participate in the coordinated entry process described must be asked to sign the Homeless Management Information System (HMIS) Release of Information (ROI).

These Coordinated Entry policies and procedures prohibit denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

All service providers offer clients the HMIS ROI. The provider must have a signed ROI before entering any information into HMIS and must enter into HMIS the SPDAT tool information on each

individual or family seeking housing assistance within two (2) business days.

TPOCH Coordinated Entry prohibits the screening out of people due to income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Participants freely decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. (See Appendix for full HMIS Policies and Procedures, including the Privacy Plan.)

Assessor Training

Pima County, the HMIS (Homeless Management Information System) Lead Agency provides application training and technical support to all HMIS projects and users.

HMIS provides application training throughout the year to new users, existing users, follow-up, security & privacy, and reports.

HMIS provides technical support to all HMIS projects and users that include the reset of passwords, new user/program setup, training, report requests, technical assistance & support and other issues or concerns. (See Appendix for sample training schedule.)

By Name List/Priority List

All VI-SPDAT assessments must be entered in HMIS within two (2) business days of when the information was first collected. Each assessment is included in a weekly report and clients are placed on the housing priority list also known as By Name List for the type of housing that aligns with their VI-SPDAT, F VI-SPDAT, or TAY-VI-SPDAT score.

The HMIS Lead maintains the By Name List/Priority List (BNL) to ensure the HMIS Privacy Policy is followed (see Appendix for link to the HMIS Policies and Procedures). In general, all persons remain active on the BNL for 60 days and are moved to inactive status if determined 'Missing/No Contact' through community outreach efforts after 30 days. Veterans remain active on the BNL for 90 days and are moved to inactive status if determined 'Missing/No Contact' through community outreach efforts after 30 days.

Housing Navigation

1. The Coordinated Entry system embraces a Housing First model, which focuses on rapidly housing participants without preconditions.
2. Each housing program will serve as the primary point of contact to assist their assigned client(s) with navigating their referred housing program. The navigator will work with outreach teams if needed to locate the client and help collect any documentation needed. Prior to and throughout the housing assignment process, the navigator may also do regular outreach to an individual or family in an effort to build rapport with him or her. The housing program must always determine final client eligibility for the housing opening.

All individuals and families will be assigned a housing navigator upon referral to housing. Housing navigators are those who currently work for agencies participating in Coordinated Entry.

Housing referrals must be updated with HMIS Team within 7 days and on a weekly basis while client is being located. During this time, the client will not be referred to other housing. If client cannot be located, or is incarcerated, the client will be returned to the Priority List and another client can be referred to the housing project.

The VA navigation staff includes Social Workers, Register Nurses, Health Techs, and Peer Support Specialists who assist Veterans in the housing process regardless of score.

Housing Referral Prioritization Process

As TPCH strives to implement the newly adopted written standards for CoC-funded Permanent Supportive Housing and Rapid Rehousing projects, we will prioritize as indicated below until all requirements of the written standards can be met. Until January 2018, there will be a substitution of Chronic Homeless status versus the 2 year or longer Chronic Homeless status and use VI-SPDAT Question 1 to determine sheltered status at the time of assessment.

Referral Policy

Referrals are made from Coordinated Entry to housing project through HMIS. Project engages with client to determine eligibility and client's desire to participate in project. Referral rejection should be rare and HUD requires a protocol (See CPD-17-01) that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

Referral rejections are classified into 4 primary groups. **Group A** rejections are updates to the By Name/Priority List and rejections are made in HMIS. The housing provider is no longer connected to that referral. **Group B** are rejections based on housing project eligibility and rejections are made in HMIS, including rejection detail. These rejections result in client being referred to a different project. **Group C** are rejections in response to client choice and these rejections are brought to the next available Case Conferencing meeting before rejection is made in HMIS. **Group D** are 'program choice' rejections are brought to the next available Case Conferencing meeting before a rejection is made in HMIS.

GROUP A

- Deceased
- Already housed, including date of contact
- Not homeless, including date of contact
- Missing/No Contact, including date confirmed by Case Conferencing
- Moved out of geographic area, including date of contact
- Institutionalized for 90 days or longer (hospital, jail, prison, treatment program)

GROUP B

- Income exceed project eligibility range
- Not Chronic Homeless, including date of client interview (for dedicated projects only)
- Registered Sex Offender

Group C

- Client Choice
- Project funding eligibility issue, including detail
- Institutionalized for less than 90 days (hospital, jail, treatment program)

GROUP D

- Program Choice, for any reason not listed above

Permanent Supportive Housing

For individuals scoring 8 -17 on VI-SPDAT or TAY-VI-SPDAT, or 9 - 22 on the F VI-SPDAT the following process will be used to prioritize for permanent supportive housing placement.

The following represents the uniform process to be used across the community to assess persons, refer them to an intervention, and within each category, prioritize offers of housing:

- The VI-SPDAT, F VI-SPDAT, and TAY-VI-SPDAT will be the ONLY tools used to assess individuals for housing and severity of needs at the point of entry. The VI-SPDAT, F VI-SPDAT, and TAY-VI-SPDAT scores will be used to triage individuals or families into the appropriate category of intervention.

This community outlines prioritization practices for Permanent Supportive Housing in our written standards. To house individuals and families, the prioritization will first be filtered into the community's top priority for housing: chronically homeless, severe service needs, 2 years or more homeless, and unsheltered starting June 1, 2018.

Severe Service Needs is identified as a score of 12 or higher on the VI-SPDAT. Reference the TPCH written standards for this information; any changes to this would be reflected there.

The Prioritization process for PSH beds through TPCH will work as follows:

Referrals that meet all the following will be moved into the top priority group:

- Lifetime homeless 2 years or more
- SPDAT score 12 or higher

This group will be broken into two groups: Sheltered and Unsheltered

The Unsheltered group will be prioritized for housing first, via this process:

- VI-SPDAT scores between 15-the top range will be put into a pool.
- This pool will be offered housing based on length of time homeless (longest times homeless referred first) until all households in this group have been offered housing.
- The remaining people will be housed based on length of time homeless until all unsheltered households have been offered housing.

The Sheltered group will be prioritized for housing once all unsheltered have been offered housing via this process:

- VI-SPDAT scores between 15-the top range will be put into a pool.
- This pool will be offered housing based on length of time homeless (longest times homeless referred first) until all households in this group have been offered housing.
- The remaining people will be housed based on length of time homeless until all sheltered households have been offered housing.

This process allows both severity of service needs, and length of time homeless, to be considered when prioritizing households for housing. If it appears that we are moving toward housing all the people in the top priority group of housing, the Coordinated Entry team will inform the Coordinated Entry committee, who will review the prioritization process for the remaining households on the priority list for housing.

This process is based on the current TPCH written standards, and must be re-evaluated if the written standards adjusts priorities.

Veterans with scores of 8 or above on the VI-SPDAT or TAY-VI-SPDAT, or 9 or above on the F VI-SPDAT, will be referred in HMIS to the Southern Arizona Veterans Administration Health Care Systems (SAVAHCS) for the Homeless Program. Veterans may also have the option of being served by other community housing providers for Permanent Supportive Housing.

Rapid Rehousing

For individuals scoring 4 -7 on VI-SPDAT or TAY-VI-SPDAT, or 4 - 8 on the F VI-SPDAT the following process will be used to prioritize for rapid rehousing or transitional housing placement.

For individuals that score 4 through 7 on the VI-SPDAT or TAY-VI-SPDAT, or families that score 4 - 8 on the VF VI-SPDAT, will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals or families*):

1. Length of Time Homeless: The first prioritization factor is whether or not an individual or family is identified as Chronic Homeless, that is giving priority to individuals or family household member that has a disability AND have experienced homelessness consecutively for the past 12 months or longer OR have been homeless 4 or more times within the last 3 years AND those episodes of homelessness collectively total 12 months or longer.
2. Unsheltered Sleeping Location: The second prioritization criterion is the location where the individual sleeps, based on question 1 of the VI-SPDAT or question 5 on the F VI-SPDAT. Unsheltered individuals and families will be given priority over sheltered individuals.

For Veterans, scores of 4 -7 on the VI-SPDAT or TAY-VI-SPDAT or 4 – 8 on the F VI-SPDAT will be referred to Supportive Services for Veteran Families (SSVF) grantees in HMIS. Veterans may also have the option of being served by other community housing providers for Transitional Housing or Rapid Re-housing.

Transitional Housing

Households with moderate service needs will be offered assistance; priority going to unsheltered households who are less likely to be able to secure a lease in their own name. Families and individuals with low service needs are not served with these CoC-funded beds.

For individuals that score 4 through 7 on the VI-SPDAT or TAY-VI-SPDAT, or families that score 4 - 8 on the VF VI-SPDAT the prioritization will be filtered from highest to lowest VI-SPDAT score, subject to project eligibility and funding. Results next will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals or families*):

1. Length of Time Homeless: The first prioritization factor is whether or not an individual or family is identified as Chronic Homeless, that is giving priority to individuals or family household member that has a disability AND have experienced homelessness consecutively for the past 12 months or longer OR have been homeless 4 or more times within the last 3 years AND those episodes of homelessness collectively total 12 months or longer.
2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps, based on question 1 of the VI-SPDAT or question 5 on the F VI-SPDAT. Unsheltered individuals and families will be given priority over sheltered individuals.
3. Length of Time Homeless: The first prioritization factor is whether or not an individual or family is identified as Chronic Homeless, that is giving priority to individuals or family household member that has a disability AND have experienced homelessness consecutively for the past 12 months or longer OR have been homeless 4 or more times within the last 3 years AND those episodes of homelessness collectively total 12 months or longer.
4. Unsheltered Sleeping Location: The second prioritization factor is the location where the individual sleeps, based on question 1 of the VI-SPDAT or question 5 on the F VI-SPDAT.

Housing Providers

All CoC and ESG funded programs are required to accept referrals through the Coordinated Entry system. Organizations that provide housing to those experiencing homelessness and would like to dedicate all or some of their housing vacancies to coordinated entry follow the process outlined:

1. Identify if the housing is permanent supportive housing, rapid rehousing, transitional housing or affordable/one-time assistance housing.
2. The Housing Provider will be responsible for determining eligibility of client using the program requirements for each of their programs that they will be dedicating to the coordinated entry process.
3. The Housing Provider will notify the HMIS Team when they have available housing inventory by emailing hmishelp@pima.gov and the HMIS team will provide a housing referral within two working days. Each provider must be represented at case conferencing to provide updates on all referrals received.
4. The Housing Provider commits to following the Housing Referrals Prioritization Process for Permanent Supportive Housing, Transitional Housing and Rapid Rehousing.
5. A Housing Provider will receive a referral for everyone opening/vacancy they have. Clients ultimately have the choice in selecting their housing provider. Referrals will be made by the HMIS Team in HMIS for individuals or families to be referred to each Housing Provider
6. Upon receiving the referrals, the Housing Provider first attempts to contact the client within 7 days, using the information on the last page of the VI-SPDAT, F VI-SPDAT or TAY-VI-SPDAT. Housing Provider utilizes checklist to document outreach efforts. If the housing program is unable to locate the client, email hmishelp@pima.gov to add client to 'clients to be located' list in HMIS.
7. The Housing Provider commits to working with the outreach team to locate the individual and engage with them to see if the housing referral provides a good match. The referred client should be included in the Community Outreach Collaborative efforts for a minimum of 2 Wednesdays.
8. For Rapid Rehousing, housing program completes the checklist efforts over 2 weeks. For Permanent Supportive Housing, the housing program completes the checklist every 2 weeks for a total of 4 weeks.
9. The Housing Provider brings the open referral to the Case Conferencing meeting to request a 'Missing/No Contact' status for client.
10. The Housing Provider commits to communicating with the HMIS Team when each referral does lead to successful program entry and the reason following the Referral Rejection policy. The housing provider must identify the date the individual moves into housing and complete the entry into HMIS

Case Conferencing

Purpose of Case Conferencing:

Case Conferencing is a community meeting where all homeless service providers discuss the provision of housing to those experiencing homelessness. Case Conferencing meetings will discuss identified barriers to securing housing for matched households and will provide assistance to housing providers by improving collaboration and sharing resources within the community. This is done with the intention of decreasing the rate of homelessness in our community and minimizing barriers to securing housing.

Process:

1. The Case Conferencing meeting is held once every two weeks.
2. Should a provider want a household added to the list for discussion, the provider will inform the HMIS team via email no later than five business days prior to the upcoming meeting.

(For any exceptions/additional updates, contact HMIS by 5 pm the Friday before the meeting).

3. Two business days prior to the Case Conferencing meeting, the HMIS team will email providers once the list has been posted in HMIS. The list will be located on the "Home" tab under "System News".
4. Each provider reviews the list and brings the relevant information about their listed households to the meeting. The meeting facilitator ensures each household on the list is reviewed.

List Composition:

Matched households will be added to the Case Conferencing list based on three parameters:

1. The household has exceeded the Coordinated Entry time frame. All households who have not been transitionally or permanently housed within that time frame, from initial referral date, will be added to the Case Conferencing list by the HMIS team. Those benchmarks are as follows:
 - a. Entry into Rapid Re-Housing unit within 60 days
 - b. Entry into Transitional Housing unit within 60 days
 - c. Entry into Permanent Supportive Housing unit within 60 days
 - d. Continue to be case conferenced every 30 days until household is permanently housed, with the exception of young adults (ages 18-24), who will be brought back every 180 days.
2. Providers, who have identified a barrier to housing a matched household, may request that the household is added to the Case Conferencing list by emailing the HMIS team at *least five full business days* prior to the next Case Conferencing meeting. (Example: If Case Conferencing is held on Monday, the email to request that a household be added to the Case Conferencing list must be emailed by 5:00pm the Monday prior to the next meeting). Examples of provider housing barriers include, but are not limited to:
 - a. Attempting to Engage: A household's location is known, but contact has been unsuccessful.
 - b. Missing No Contact: A matched household has exceeded the time frame for their housing type or per the housing provider requirement, has had no touches in HMIS during that time frame, and the provider has exhausted all attempts to locate the household by following the provider checklist. The provider may request to move the household to the Inactive List; however, this must be approved at the Case Conferencing meeting before being declined in HMIS.
 - c. Negative Exit: A household that is actively enrolled with a housing provider who is heading toward or facing an exit into a nonpermanent destination.
3. Declined referrals that have not resulted in a housing solution will be added to the Case Conferencing list by the HMIS team. Per the HMIS filters, unresolved cases are as follows:
 - a. Program choice to decline
 - b. Client choice to decline/ housing offer declined
 - c. Eligibility- other

No Case Conferencing Update Needed:

Certain case statuses do not require the collaborative assistance of the community, and therefore will not be brought to Case Conferencing. The following are examples of household statuses that do not need to be reported at the Case Conferencing meeting unless they have exceeded the aforementioned time frames:

- Attempt to Locate
- In Process
- Housed
- Not Homeless
- Self-Resolved
- Out of Area
- Deceased
- Institutionalized >90 days

Evaluation and Improvement Process

Data from the TPCH Coordinated Entry system will be reviewed monthly by the Coordinated Entry Committee using various reports such as VI-SPDAT reports, Referral Reports, Housing Placement Reports, etc.

A full system review and evaluation will be conducted on an annual basis reviewing the above data as well as a Consumer Satisfaction Survey, administered to formerly homeless individuals and families, as well as currently homeless individuals and families to provide an ongoing system improvement process.

The Coordinated Entry Policies and Procedures will be reviewed and updated at least annually, or as required by HUD regulatory guidance changes.

List of Appendices

Coordinated Entry Continuum of Care Regulations/ Documents, TPCH Written Standards, HMIS Policies and Procedures; and Coordinated Entry Assessment Tool Information

TPCH Coordinated Entry Access Points

Assessment Talking Points

Emergency Services and Crisis Response

TPCH Coordinated Entry Flow (including TPCH Triage and Diversion Process)

TPCH Veterans Coordinated Entry Flow

TPCH Procedures for non-victim service providers engaging people fleeing Domestic Violence

TPCH Triage Tool Process

TPCH Triage Tool

TPCH Homeless Prevention and Program Eligibility

Coordinated Entry Assessor Training

Case Conferencing Key Terms and Definitions

Housing Project Eligibility List

NOTE: Appendices are updated as frequently as required and are not part of the policies and procedures revision adopted at the TPCH Board of Directors May 23, 2017 meeting. Missing appendices are in development or under revision.

Coordinated Entry/Priority Continuum of Care Regulations Appendix

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017):

<https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

TPCH Geographic Area Map

<https://pimamaps.pima.gov/Html5Viewer/index.html?configBase=https://pimamaps.pima.gov/Geocortex/Essentials/REST/sites/mainsite/viewers/mainmap/virtualdirectory/Resources/Config/Default>

Non-discrimination

HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

Fair Housing Act

https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/your_rights

Section 504 of the Rehabilitation Act

<https://www.section508.gov/sites/default/files/Section504.pdf>

Title VI of the Civil Rights Act

<https://www.justice.gov/crt/fcs/TitleVI-Overview>

Title II of the Americans with Disabilities Act

<https://www.ada.gov/t2hlt95.htm>

Title III of the American with Disabilities Act

<https://www.ada.gov/t3hilght.htm>

Assessment Tool

Information about the TPCH Coordinated Entry System family of assessment tools can be located at: <http://www.orgcode.com/what-we-do/tools/>.

HMIS Policy and Procedures

http://www.tpch.net/uploads/1/4/0/0/14008364/approved_complete_hmis_policies_procedures_manual.pdf

TPCH Written Standards

<http://www.tpch.net/tpchcoc-documents.html>

TPCH Coordinated Entry Homeless Assistance Access Points

Access Points:

CODAC

1075 E. Ft. Lowell Road (this location only)
Tuesday and Thursday
9am – 12pm
By apt call (520) 202-1758 ext. 5301

La Frontera

RAPP, 1082 E. Ajo Way, Suite 100
Monday – Friday, 8am – 4p

Old Pueblo Community Services

Main Office, 4501 E 5th St
Monday – Thursday, 8am – 5pm
By apt. only Friday, 9am – 3pm, call (520) 546-0122

Primavera

702 S. 6th Ave
Monday, Wednesday, Thursday, Friday
9am – 12:30pm

Our Family Services

3830 E. Bellevue Street (northwest of Alvernon Way and Speedway Blvd.)
Tuesday 10am – 1pm, Wednesday 1pm – 4pm, Thursday 10am – 1pm
By apt. 10am – 4pm, call (520) 323-1708 ext. 295

Salvation Army

1002 N. Main Ave.
Tuesday and Thursday, 2 – 5pm

Sonora House, 2940 N Flowing Wells Rd

Monday-Friday
8am – 5pm

Sullivan Jackson Employment Center (Pima County)

400 E. 26th St.
Monday – Friday, 8am – 5pm

Mobile Access Points:

- Alex Manriquez, (520) 240-4173, AManriquez@helptucson.org
- Cliff Wade, (520) 437-3347, Cliff.Wade@tucsonaz.gov
- Robert Wild, (520) 437-5003, Robert.Wild@tucsonaz.gov
- James Carter, (520) 257-0621, James.Carter@pima.gov

Domestic Violence Hotline

Emerge! *Crisis Hotline*

24 Hours a day/7 days a week
(520)795-4266 or (1-888)428-0101

Youth (Ages 12-17)

Safe Place

24 Hours a day/7 days a week
(520)320-5122

Assessment Talking Points

Suggested messaging:

"I have a 10-minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, the database for homeless services in the Tucson/Pima County area. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

- If "yes," ask the individual to sign the ROI before proceeding with the survey. Then state "If at any point you don't understand what I am really asking, just let me know and I can clarify for you. Let's start with the first question..." If an individual refuses to sign the ROI, complete the VI-SPDAT, but do not add to list. Continue to engage and proceed with housing options available without ROI.
- If "no," individual can still be added to the by-name list, but need to use alternative prioritization process.

Client FAQs

Where am I on the waiting list? The survey does not place you on a waiting list. It's designed to help us figure out the right type of resource for you. Continue to pursue resources on your own and continue to connect with your case manager.

When do I hear back? There is no specific timeline for hearing back. Please continue to work with your case manager if you already have one or continue to check in at assessment location for information

DOs and DON'Ts for Explaining VI-SPDAT and Coordinated Assessment

- ✓ Do explain that we are collaboration of service providers working to streamline services to help connect homeless individuals to available resources and appropriate housing.
- ✓ Do explain the VI-SPDAT as an assessment that enables our network of service providers to understand their needs, program eligibility, and assist in matching them to the next resources available.
- ✓ Do ask the client to sign the VI-SPDAT consent form prior to conducting the survey.
- ✓ Do encourage clients to seek out other housing opportunities.
- ✓ Do encourage clients to connect with their case managers.
- X Don't mention a list.
- X Don't explain to a client the type of housing program for which they are most appropriate for.
- X Don't mention that people will receive a score after participating in a VI-SPDAT, and don't give the score or the assessment.
- X Don't guarantee housing to a client or give them a timeframe in which they will be housed.
- X Don't say what programs can offer (i.e. RRH can pay for a year)
- X Don't tell a client that the most vulnerable are being prioritized for housing. Please remember that we are using the VI-SPDAT to match to appropriate housing.

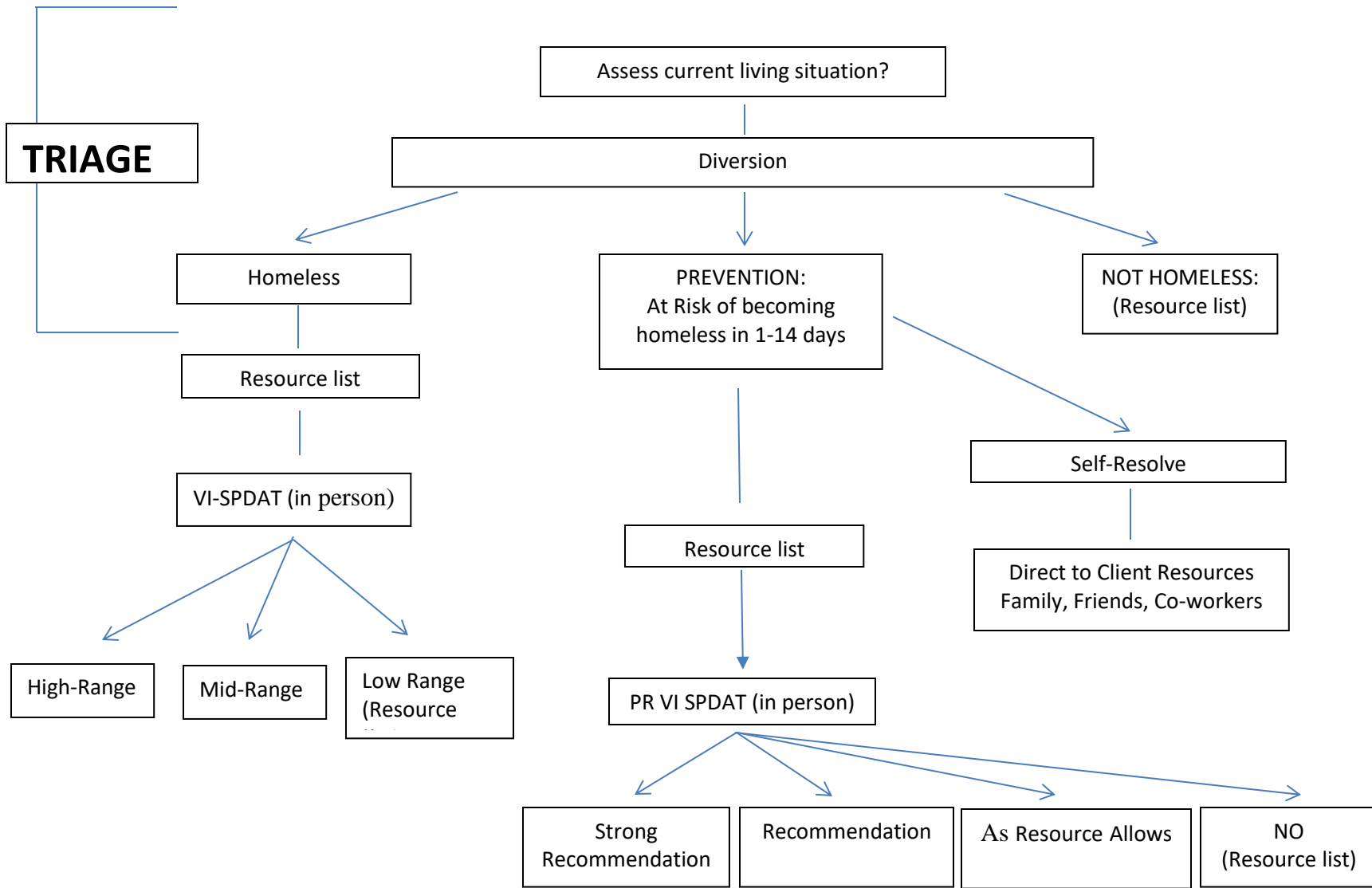
Emergency Services and Crisis Response

In case of threats to life, bodily illness or injury: Phone 9-1-1

To find available shelter beds: Go to www.tpch.net or <http://mycommunitypt.com/pima/> . Choose “click here for shelter information”.

To find an assessment location for homelessness or homeless prevention or contact someone who can assess you where you are: Go to www.tpch.net and click on TPOCH_Coordinated_Entry_Access_Points_01-05-18.pdf.

To find resources if you need rental assistance or are concerned that you will be homeless in more than 14 days: www.pimacountyhelp.org

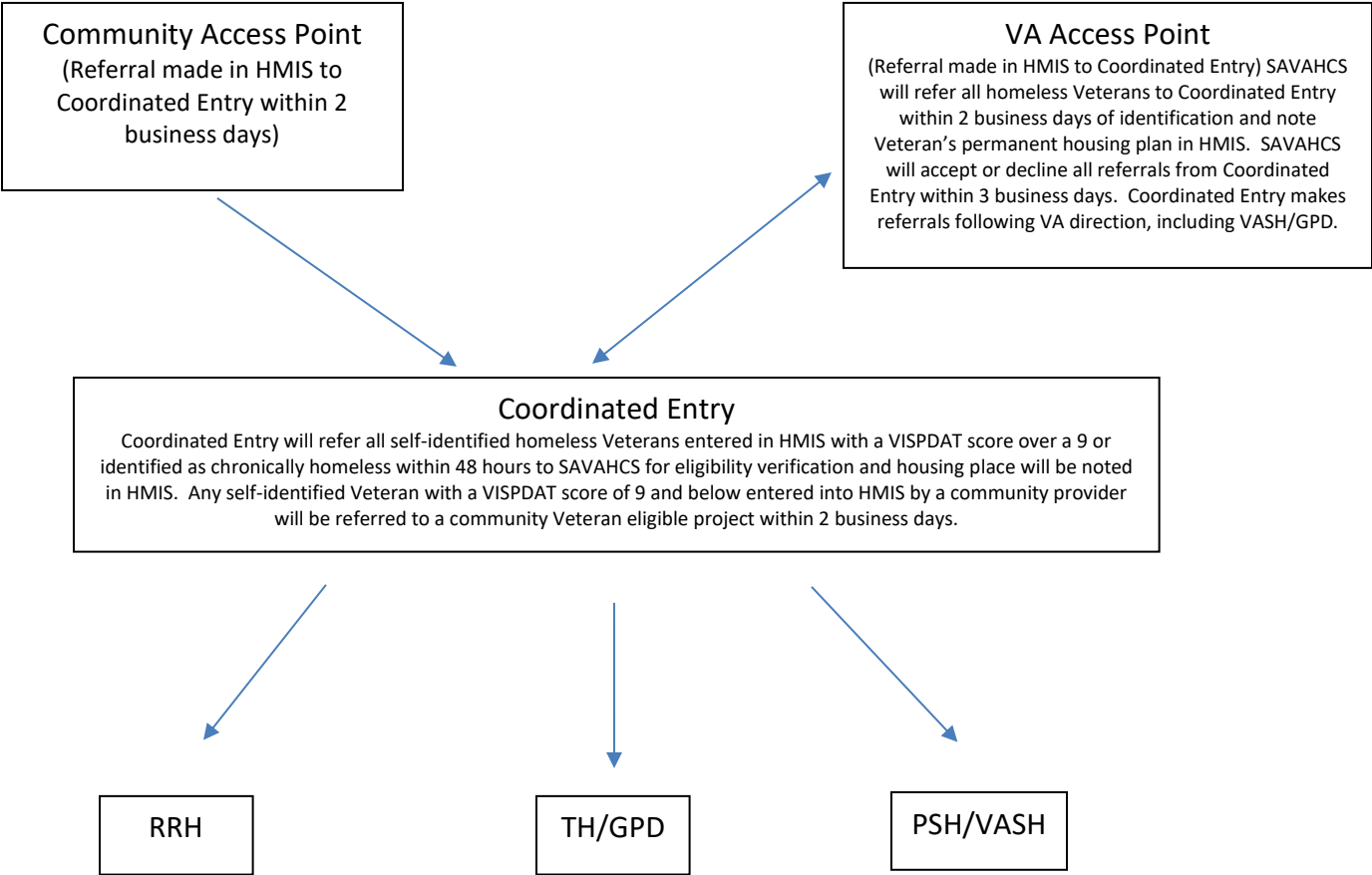


TPCH Coordinated Entry Flow

Updated 1.10.18



Coordinated Entry Flow: Veterans



TPCH procedures for non-victim service providers engaging people fleeing Domestic Violence.

If working with the client via phone:

- ✓ Let the person know you believe them, that what is happening to them (DV) is not their fault, that you are concerned for their safety, and want them to know that help is available
- ✓ Ask if they would like to talk to a specialist in providing DV-related support and safety planning via Emerge's 24/7 multilingual hotline (520-795-4266).
 - If yes: If your phone system allows it, make the call to Emerge's hotline and transfer the call so that a "warm handoff" can be made. If that's not feasible, then provide them with Emerge's hotline number for them to call directly.
 - If no: Provide them with Emerge's hotline number in case they change their mind or wish to call at a later time.
 - NOTE: Do not try to safety plan with the person, as some actions that create safety for one person/situation can cause increased danger for another person/situation. If needed, you (as a service provider) can call the Emerge hotline and get support in devising basic safety planning steps customized to that person's specific situation.
 - NOTE: Do not call the police outside of the client's wishes unless you know that a physical assault is taking place in the moment.

If working with the client in-person:

- ✓ If the victim is with their abusive partner, notify the couple that you need to speak with each person individually to collect certain information. Use this as an opportunity to speak to the victim in private to share your concern and offer help.
- ✓ Let the person know you believe them, that what is happening to them (DV) is not their fault, that you are concerned for their safety, and want them to know that help is available
- ✓ Ask if they would like to talk to a specialist in providing DV-related support and safety planning via Emerge's 24/7 multilingual hotline (520-795-4266).
 - If yes: Provide the person with a private place to call the Emerge hotline and provide them with the phone number, a glass of water (if they would like it) and something to write on/with.
 - If no: Provide them with Emerge's hotline number in case they change their mind or wish to call at a later time. This can be done using a "Need Help" pamphlet or, if available, an Emerge "wallet card."
 - NOTE: Do not try to safety plan with the person, as some actions that create safety for one person/situation can cause increased danger for another person/situation. If needed, you (as a service provider) can call the Emerge hotline and get support in devising basic safety planning steps customized to that person's specific situation.
 - NOTE: Do not call the police outside of the client's wishes unless you see a physical assault taking place in the moment.

Triage Tool Process

1. The first thing you should ask the person in front of you is the GENERAL QUESTION, “Are you currently homeless?”
2. Regardless of the answer, please answer the “Diversion” questions on the Triage Tool.
3. If “Diversion” doesn’t resolve the issue at hand, and the person in front of you said, “YES” to being homeless, complete the following:
 - a. Complete the appropriate VI-SPDAT along with the Universal Data Elements.
 - b. Provide Resource Guide if needed

Please enter data into HMIS.

4. If DIVERSION doesn’t resolve the issue at hand, and the person in front of you said, “NO” to being homeless, complete the following:
 - a. Complete the appropriate prevention VI-SPDAT along with the Universal Data Elements
 - b. Provide Resource Guide if needed.

Please enter data into HMIS.

5. After completing 3. or 4 above. Please make sure back page questions in HMIS are answered.
6. If during the Diversion stage the person is not interested in services, but wants resources, please provide them a Resource Guide.

Triage Tool

Date: _____ Time: _____

In-Person Phone Other _____

Client Name: _____

Phone: _____

Agency: _____

Staff Name: _____

Introduction Script: To determine what services may be available for you, I will need to collect some basic information about your current situation. This information is confidential and will only be used to assist you in accessing appropriate resources or programs. You may refuse to answer any question, but doing so may mean you will not be referred to available resources that might best help you in your current situation.

Do I have your permission to enter the information you provide into the Homeless Management Information System (HMIS) and share it with agencies that may provide you with assistance? Yes (provide ROI to complete) No (continue with process)

GENERAL QUESTIONS:

1. Are you homeless (living on street, in a vehicle, or at shelter)?
 Yes No
2. Are you in a dangerous or life-threatening situation such as domestic violence, trafficking, sexual assault, or stalking? (see Coordinated Entry policy on Domestic Violence)
 Yes No

DIVERSION QUESTIONS:

1. Are you safe in your current living situation?
 Yes No

If no, provide applicant with a Resource List and discuss options.

2. Is there somewhere you (and your family) could stay temporarily?
 Yes No

Help applicant think through potential places – with family, friends, co-workers; at motel? Have applicant identify what barriers seem to exist and possible ways to overcome them.

3. What's making it hard for you (and your family) to get into permanent housing? For example, is it lack of income/job, eviction, past due utility bills, bad credit, lack of child care, criminal conviction, disability/medical condition, or being new to area?

4. What resources might help you to get into temporary or permanent housing? For example, do you have income, help from family/friends, social services like SNAP (food stamps), or AHCCCS healthcare?

PREVENTION QUESTIONS:

1. Do you believe you will become homeless within the next fourteen (14) days?
 Yes No
2. If you are currently housed, what type of assistance would you need to stay there?
 Food Assistance Rental Assistance Utility Assistance Tenant/Landlord Mediation Income Other _____

BEFORE STARTING ANY VI-SPDAT OR PR-VI-SPDAT, ASK THE FOLLOWING:

I have a 10-15 minute assessment tool that I'd like to complete with you for possible referral to the Coordinated Entry homeless housing (or homeless prevention) program system. Would you be willing to do that with me?

(If yes, complete the appropriate VI-SPDAT or PR-VI-SPDAT.)

In addition, I would like to provide you with information on possible resources that may be helpful in your situation. Would you be interested in getting those resources?

Homeless Prevention Eligibility Information

<p>Agency: Interfaith Community Services Program: Homeless Prevention Emergency Solutions Grant (ESG) City of Tucson & Pima County Population: Individuals and/or families at imminent risk of homelessness Income: No more than 30% Area Median Income Criteria: Rental must meeting HUD Fair Market Rent Rate and pass Housing Quality Standards inspection; Past due rent letter</p>	<p>Agency: Our Family Services Program: Homeless Prevention Emergency Solutions Grant (ESG) Population: Individuals and/or families at imminent risk of homelessness Income: Preferred; No more than 50% Area Median Income Criteria: 5-day notice to evict</p>
<p>Agency: Primavera Foundation Program: Project Action for Veterans (PAV)/Supportive Service for Veteran Families (SSVF) Population: Veterans and their families at imminent risk of homelessness Income: No more than 50% Area Median Income Criteria: Must have Active Duty service with no dishonorable discharge; Eviction notice; Proof of Hardship; Rent Reasonableness</p>	<p>Agency: Our Family Services Program: Homeless Prevention funded by Arizona Department of Housing Population: Individuals and/or families at imminent risk of homelessness Income: Preferred Criteria: 5-days late notice</p>
<p>Agency: Primavera Foundation Program: Homeless Prevention funded by Arizona Department of Housing Population: Individuals and/or families at imminent risk of homelessness Income: Preferred Criteria: 5-days late notice</p>	

Area Median Income information located at: <https://www.huduser.gov/portal/datasets/il.html>

Fair Market Rent Rate information located at: <https://www.huduser.gov/portal/datasets/fmr.html>

Housing Quality Standards information located at: https://www.hud.gov/sites/documents/DOC_9143.PDF

Rapid Rehousing (RRH) Projects Eligibility Information

<p>Agency: American Red Cross Project: Supportive Service for Veteran Families (SSVF) RRH Population: Veterans and their families who are homeless Income: No more than 50% Area Median Income Criteria: Must have Active Duty service with no dishonorable discharge; Eviction notice; Proof of Hardship; Rent Reasonableness</p>	<p>Agency: Community Bridges, Inc. (CBI) Project: ADOH Rapid Rehousing Project Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management</p>
<p>Agency: Compass Affordable Housing Project: Housing Solutions Tucson (ESG) RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, remain in housing 6-months, and includes case management</p>	<p>Agency: Our Family Services Project: ADOH Rapid Rehousing Project Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management</p>
<p>Agency: Our Family Services Project: DES Rapid Rehousing (ESG) Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>	<p>Agency: Our Family Services Project: Home Again (CoC) RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>
<p>Agency: Pima County/Sullivan Jackson Employment Center Project: ADOH Pima County Links RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>	<p>Agency: Pima County/Sullivan Jackson Employment Center Project: Advent (CoC) RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>
<p>Agency: Pima County/Sullivan Jackson Employment Center Project: Casa (CoC) RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>	<p>Agency: Pima County/Sullivan Jackson Employment Center Project: One Stop (CoC) RRH Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>
<p>Agency: Primavera Foundation</p>	<p>Agency: Primavera Foundation</p>

Program: Project Action for Veterans (PAV)
 /Supportive Service for Veteran Families (SSVF) RRH
Population: Veterans and their families at imminent risk of homelessness
Income: No more than 50% Area Median Income
Criteria: Must have Active Duty service in the active military, naval or air service (active duty may include basic training) with other than dishonorable discharge and not dismissed by reason of a General Court-martial. To be eligible, National Guard and Reserve members must have been called into Federal service. Eviction notice; Proof of Hardship; Rent Reasonableness

Project: ADOH Rapid Rehousing Project
Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below)
Income: None Required
Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management

Agency: Primavera Foundation
Project: Home Again (CoC) RRH
Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below)
Income: None Required
Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management

Agency: Primavera Foundation
Project: Rapid Rehousing (CoT ESG)
Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below)
Income: None Required
Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management

Agency: Primavera Foundation
Project: DES Rapid Rehousing (ESG)
Population: Individuals, Couples, Families, Youth & Meet HUD Literally Homeless Definition (see Homeless Definition below)
Income: None Required
Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management

Transitional Housing (TH) Projects Eligibility Information

<p>Agency: OPCS Project: Oasis Project (CoC) TH Population: Individuals & Families who have been discharged from Jail or Prison in the previous 12 months AND HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: Our Family Services Project: Blacklidge Youth Transitional Population: Youth (aged 18-24) & Meet HUD Literally Homeless Definition (see Homeless Definition Page) Income: None Required Criteria: Project based housing and includes case management</p>
<p>Agency: Our Family Services Project: Community Unity (RHY) TH Population: Youth (aged 18-21) Income: None Required Criteria: Includes case management</p>	<p>Agency: Our Family Services Project: Couples (RHY) w/ children TH Population: Youth (aged 18-21) Income: None Required Criteria: Includes case management</p>
<p>Agency: Our Family Services Project: Your Place (CoC) TH Population: Youth (aged 18-24) Income: None Required Criteria: Includes case management</p>	<p>Agency: Pima County/Sullivan Jackson Employment Center Project: La Casita (CoC) TH Population: Youth (aged 18-24) & Meet HUD Literally Homeless Definition (see Homeless Definition below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>

Permanent Supportive Housing (PSH) Projects Eligibility Information

<p>Agency: CODAC Project: Enhanced Supportive Housing (ESHP)(CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management.</p>	<p>Agency: CODAC Project: Solitude (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management.</p>
<p>Agencies: CODAC, Cope, OPCS Project: ECHO (CoC) (CoT) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management.</p>	<p>Agencies: Community Bridges (CBI), Community Partners (CPI), Southern Arizona AIDS Foundation (SAAF) PSH Project: Shelter Plus Care II (CoC) (CoT) Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>
<p>Agencies: Community Bridges (CBI), Community Partners (CPI), OPCS, Southern Arizona AIDS Foundation (SAAF), TMM Family Services Project: Shelter Plus Care IV (CoC) (CoT) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agencies: Community Partners (CPI), Southern Arizona AIDS Foundation (SAAF) Project: Pathways (CoC) (CoT) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>

<p>Agency: Community Partners Inc. (CPI) Project: Shelter Plus Care TRA Pima (CoC) (ADOH) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: Community Partners Inc. (CPI) Project: Frontiers (CoC) PSH Population: Youth (aged 18-24) with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>
<p>Agency: Cope Community Services Project: Lifeworks Supportive Housing Project (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: OPCS Project: Agave (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>
<p>Agency: OPCS Project: My Home (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: Our Family Services Project: Homes First PSH (CoC) PSH Population: Youth (aged 18-24) with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below); and Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection, and includes case management</p>
<p>Agency: Southern Arizona AIDS Foundation (SAAF) Project: Long Term Housing (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: Southern Arizona AIDS Foundation (SAAF) Project: Positive Housing Opportunities II (CoC) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>

<p>Agency: Southern Arizona AIDS Foundation (SAAF) Project: Project Bienestar (CoC) (CPI) PSH Population: Individuals, Couples, Families, Youth with a HUD disabling condition & HUD Literally Homeless Definition (see Homeless Definition below) and Prioritizes Chronic Homelessness (see below) Income: None Required Criteria: Rental must meet HUD Fair Market Rent Rate, pass Housing Quality Standards inspection and includes case management; Project based housing also available.</p>	<p>Agency: Southern Arizona VA Health Care System (SAVAHCS) Project: HUD- VA Supportive Housing (VASH) Population: Veterans who qualify for VA services and their family Income: No more than 50% Area Median Income Criteria: Veteran must be homeless, have a disabling condition and need for case management and be willing to engage in case management. Rental must meet HUD requirements.</p>
<p>Agency: Tohono O’Odham Ki:Ki Association (TOKA) Project: Tribal Housing HUD- VA Supportive Housing (VASH) Population: Veterans who qualify for VA services and their family Income: No more than 80% Area Median Income Criteria: Veteran must be homeless, have a disabling condition and need for case management and be willing to engage in case management. Rental must meet HUD requirements.</p>	

HUD Homeless Definitions:

https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

HUD Chronic Homeless Definition: <https://www.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

Area Median Income information located at: <https://www.huduser.gov/portal/datasets/il.html>

Fair Market Rent Rate information located at: <https://www.huduser.gov/portal/datasets/fmr.html>

Housing Quality Standards information located at:
https://www.hud.gov/sites/documents/DOC_9143.PDF

Case Conferencing Key Terms and Definitions

Attempting To Locate (ATL) – Housing provider is working to engage with client.

Being Served – Client is engaged with the VA and their providers for permanent housing.

Community Vouchered – Veteran is accepted for community Permanent Supportive Housing (PSH) and must locate housing within 60-days of voucher before expiration.

Housed by Self – Client has obtained permanent housing.

Housed/VASH Housed – Client is in Rapid Rehousing or Permanent Supportive Housing (PSH).

In Process – Housing provider is engaged with client with housing plan.

Missing/No Contact – Client has not been in contact with the community for a minimum of 90-days or longer.

No Update/Pending – Housing provider has no current or new status report.

Outreach – Community Outreach List.

Priority/By-Name List – Client(s) VI-SPDAT sent to HMIS and placed on priority list.

“Tax Credit” Wait List – Veteran is being referred for special tax credit housing.

VASH Referred – Veteran is referred for VASH housing.

VASH Accepted – Veteran is approved for VASH housing.

Vouchered – Person is accepted for housing and must locate housing within a certain time frame (120-days for VASH or 90 days for HCV) of voucher before expiration.