

# MARIN COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

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## 1. OVERVIEW AND SCOPE

Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry System covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The Marin County Continuum of Care (CoC) has formed a Coordinated Entry System to ensure that homeless assistance is allocated as effectively as possible and is easily accessible no matter where or how people present with a housing crisis. These Policies and Procedures will be used to guide the operation of the Marin Coordinated Entry System.

The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most acute service needs are prioritized.

Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). This Coordinated Entry System complies with HUD Coordinated Entry Notice CPD-17-01, CPD-16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the Marin homeless system of care.

Except as otherwise specified, Marin's Coordinated Entry System Policies and Procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the Marin Continuum of Care.

## 2. GUIDING PRINCIPLES

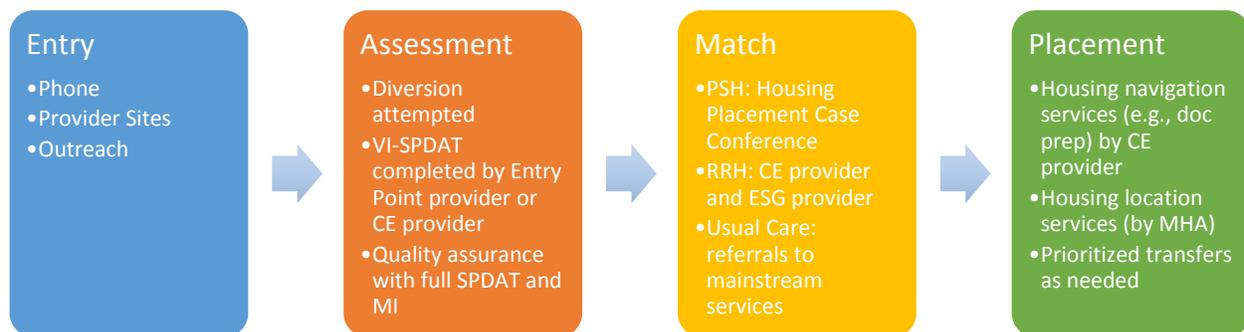
The following are the Guiding Principles of the Marin Coordinated Entry System:

1. The system will provide low-barrier, low-threshold points of entry that take into consideration transit issues and regional preferences.
2. The system will be person-centered; will respect consumer choice, safety, and cultural preferences; will be informed by cultural competency and trauma-informed care; and will be flexible enough to respond to changing needs.
3. The system will utilize a consistent assessment tool and process across all points of access. The assessment will be made available via multiple methods, such as over-the-phone and in-person.

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4. The system will rely on a centralized and accurate database that has real-time availability of housing resources.
5. All access points will serve or refer all sub-populations with respect for their unique needs.
6. The system will reduce barriers by increasing program accessibility, limiting restrictive program criteria and turnaways, and focusing on matching the person in need to the right resources.
7. In rolling out the system, there will be a strong communication plan and branding in order to educate consumers and providers about coordinated access.
8. Trustworthiness and transparency will be fundamental principles of the system. As entry into the coordinated entry system does not guarantee housing, providers will offer consumers accurate information about the probability of obtaining housing through Coordinated Entry.
9. The system will coordinate with other systems of care, including but not limited to, the health care system, the criminal justice system, and the different geographic areas of Marin County.
10. The system will build on current infrastructure and will be mindful of cost and capacity.
11. In order to ensure a high-quality coordinated access system, Marin will implement policies and procedures, regular training and evaluation, and a standardized assessment tool.
12. Performance metrics and data captured through the coordinated entry system will be used to evaluate the success of the CoC's homeless housing and services, driving continuous quality improvement.
13. Providers in the coordinated entry system will take all reasonable steps to prevent clients from falling out of housing, through coordination with all available resources.

### 3. SYSTEM OVERVIEW



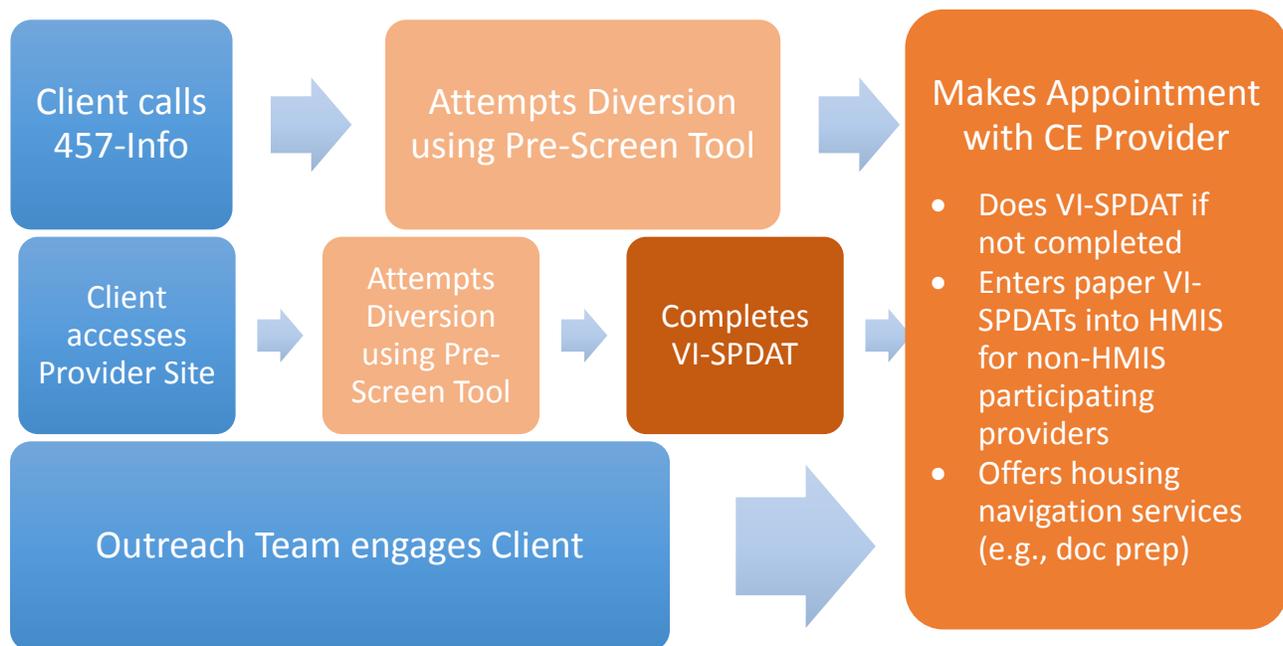
The Marin Coordinated Entry System is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services ranging from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing. The Marin Coordinated Entry System is uniform and coordinated

for all beds, units, and services available at participating projects within the geographic area, with a targeted access point (Center for Domestic Peace) for survivors of domestic violence. All vacancies in CoC- and ESG-funded permanent housing shall be filled through the coordinated entry referral process.

## A. Eligibility

The Marin Coordinated Entry System is designed to serve individuals and families who meet the federal and state definitions of homelessness detailed in the Marin CoC Written Standards of Service. Intake and eligibility screening will be conducted in accordance with the Marin CoC's Written Standards of Service, as published on the Marin Homeless Policy Steering Committee website.

## B. Entry Points



All participating programs and other community partners refer clients for intake and initial assessment at entry points or street outreach. These locations are accessible by public transit and were chosen in order to provide reasonably convenient access to as many residents of the CoC as possible, including those least likely to use CoC services. In addition, street outreach workers may conduct assessments in the field or at other locations.

### 1. Provider Sites

The agencies that serve as designated provider sites for entry into the Marin Coordinated Entry System are listed in an appendix to these Policies & Procedures. All entry points offer standardized assessments for all individuals and families experiencing or at risk of

homelessness and if appropriate, immediate linkage to an alternative entry point. For example, individuals with disabilities may be accommodated through referral, and domestic violence survivors may be linked to focused access points and care including victim service providers and shelter. A household including more than one of the populations for which an access point is dedicated (for example, a family fleeing domestic violence) may be served at all of the access points for which they qualify.

### *2. Street Outreach*

The teams that provide street outreach services covering the full geography of Marin County that are participating in the Marin Coordinated Entry System are listed in an appendix to these Policies & Procedures. All participating street outreach staff will offer necessary and appropriate engagement, including referrals to prevention and diversion services, case management, emergency health and mental health, and transportation services as needed to ensure individuals are connected to the coordinated entry system, making referrals to the Coordinated Entry Provider or a Provider Site as appropriate for further assessment.

### *3. Phone*

To supplement the provider sites, outreach teams, and other referring partner agencies in ensuring full geographic coverage of the Marin CoC, the Marin Adult Information and Assistance Line (415-457-INFO) is available Monday through Friday from 8:30 am to 5:00 pm. Information and Assistance (I&A) social workers answer calls from the public regarding the full range of social services and related resources available to Marin county residents, including the ability to conduct a diversion pre-screen and make referrals to the Coordinated Entry Provider or a Provider Site as appropriate for further assessment. Language translation is available, and social workers who speak Vietnamese, Spanish, and Cantonese are available during business hours. Partner agencies may also use this service to facilitate referrals to entry points for their clients.

## **C. Assessment**

The Marin Coordinated Entry System offers the same assessment approach at all access points to ensure fair, equitable, and equal access to services within the community. The CoC uses the VI-SPDAT 2.0 as its assessment tool to determine individuals' vulnerability and needs, and the VI-F-SPDAT 2.0 will be used for families.

Staff at designated provider sites conduct an intake assessment using the VI-SPDAT 2.0 or VI-F-SPDAT 2.0 tool. The answers provided result in a numerical score that determines what system resources are most appropriate for the client. The assessment and score is then entered into HMIS in an accurate and timely fashion, according to the HMIS Policies & Procedures and HMIS Governance Charter.

While all entry points in the Marin Coordinated Entry System will be completing VI-SPDATs, the Coordinated Entry Provider will serve as additional assessment staffing, supporting other agencies by completing VI-SPDATs and entering paper VI-SPDATs into HMIS as needed. The Coordinated Entry Provider will also be available to complete full SPDATs (a more intensive case management tool) as needed for quality assurance when requested by any participating provider.

All assessments are conducted using trauma-informed, client-centered methods, including motivational interviewing. Assessment areas are safe and private to allow individuals to identify sensitive information or safety issues in a private and secure setting.

All CoC coordinated assessment participants are free to 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 or placement on the community queue.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

All staff administering assessments must use age appropriate, culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency. Coordinated entry process materials will be offered in English and Spanish, and translation services will include the use of bilingual staff, the County translation line, and/or other provider resources.
- Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge text), assistive learning devices, Braille, audio, or sign language interpreters.

## **D. Prioritization and Match**

Individuals and families are prioritized for a full continuum of housing and service interventions according to Marin CoC's Written Standards of Service, which prioritize those who are most vulnerable and with the most acute needs for referral and placement into appropriate housing

interventions. Those with the highest VI-SPDAT or family VI-SPDAT scores are prioritized for longer-term housing solutions.

Housing is awarded based on the prioritization order, except for housing with specific subpopulation requirements. For example, individuals who are veterans may be housed more quickly than someone else who is higher on the priority list if the next bed that opens is targeted to that subpopulation. Similarly, if there is a vacancy in a unit targeted toward survivors of domestic violence, the highest-scoring survivor of domestic violence will be referred for that vacancy.

**Emergency Transfer Priority.** An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG- funded programs). Per the Violence Against Women Act and Marin CoC’s Written Standards of Service, any consumer who is a survivor of domestic violence, dating violence, sexual assault, or stalking who expressly requests an emergency transfer and a) against whom a sexual assault occurred on the premises of his or her HUD-funded housing program during the 90-day calendar period preceding the date of the request for transfer; or b) who reasonably believes that he or she is imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking if they remain in their HUD-funded dwelling unit, qualifies for Emergency Transfer priority.

For more information, see the Marin CoC Emergency Transfer Plan listed as Appendix B to these Policies & Procedures.

1. *Permanent Supportive Housing (PSH)*



**HMIS Community Queue:** Clients who score in the Permanent Supportive Housing range of the VI-SPDAT will be placed in the Permanent Supportive Housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

**Reporting Vacancies/Availability/Turnover:** Permanent Supportive Housing providers participating in the Coordinated Entry system are required to alert the Coordinated Entry

Provider of any new or pending vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than seven days following a vacancy. Tracking of vacancies may be handled through HMIS.

**Housing Placement Case Conference:** The Coordinated Entry Provider will run updated Community Queue lists from HMIS every two weeks for two populations: individuals and families. To place clients into available housing, clients at the top of each list will be selected for a case conference among all provider agencies participating in HMIS who have served that client. The Housing Placement Case Conference will recommend a housing placement from among the vacant units that have been reported to the Coordinated Entry Provider. HMIS may assist in determining program eligibility, but housing placement decisions will be vetted by the Housing Placement Case Conference. Individuals and families will be prioritized for PSH according to HUD Notice CPD 16-11 and the CoC’s Written Standards of Service. The Coordinated Entry Provider will ensure that all Permanent Supportive Housing provider agencies are made aware of a placement, and will follow up as needed to confirm that the placement referral has occurred.

The Housing Placement Case Conference will also be the venue to discuss transfers of clients between different Permanent Housing programs; please see the Marin CoC Written Standards for Service for additional details. Case conferencing will also be utilized to identify potential candidates for the Moving On Program, to connect clients currently living in CoC or ESG Permanent Supportive Housing who are no longer in need of intensive case management and support services to Housing Choice Vouchers.

**Client Choice:** The Housing Placement Case Conference will take clients’ known preferences into account when generating referrals. Should a prospective tenant choose to reject a particular housing placement, case managers will attempt to determine the reason for the clients’ refusal to accept the offered housing and to communicate this reason to the Coordinated Entry Provider.

2. *Rapid Re-Housing (RRH)*



Rapid Re-Housing funds in Coordinated Entry may be used for three purposes, at the discretion of the Rapid Re-Housing Provider in consultation with the Coordinated Entry Provider.

A. Rental and Deposit Assistance for Moderate Needs Clients

**HMIS Community Queue:** Clients who score in the Rapid Re-housing range of the VI-SPDAT will be placed in the Rapid Re-housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

**Referrals:** The Coordinated Entry Provider will run an updated list from HMIS weekly and distribute it to Rapid Re-housing provider agencies participating in the Coordinated Entry System, who will conduct an eligibility determination and facilitate placement into the program. HMIS may assist in determining program eligibility, but housing placement decisions will be vetted by the Rapid Re-housing provider.

Individuals and families will be prioritized for RRH according to the CoC’s Written Standards of Service and their ability to maintain housing after the termination of rental assistance. The Coordinated Entry Provider will monitor placements, on a monthly basis, to ensure that placements are in alignment with the prioritization strategy as mandated in these Policies and Procedures and the CoC’s Written Standards of Service.

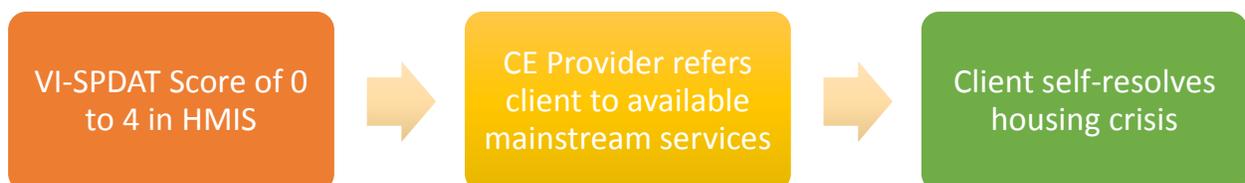
B. Deposit Assistance for PSH

**Eligibility:** Clients who have received a voucher for Permanent Supportive Housing through Coordinated Entry may receive deposit assistance through Rapid Rehousing funds. Housing Providers will determine whether such funds are needed and will request assistance from Rapid Re-Housing Providers. The Rapid Re-Housing Provider will determine client eligibility and whether there is sufficient funding to support the request.

C. Interim Housing for PSH

**Eligibility:** If a client has been assigned a voucher for Permanent Supportive Housing that is not yet available, and the client or Permanent Supportive Housing program has identified a unit for the client, Rapid Re-Housing funding may be used to provide rental and deposit assistance to bridge the gap between when the client moves into permanent housing and when the voucher is available to provide rental assistance.

3. *Prevention/Diversion*



Individuals and families who are homeless or at risk of homelessness may access ESG- and CoC-funded prevention and diversion services through the Coordinated Entry System. A diversion pre-screen tool will be used by 457-INFO and provider sites. These entry points will prioritize referrals to prevention and diversion services based on need and availability of appropriate interventions, as informed by the diversion pre-screen tool. The CoC is committed to further integrating prevention, diversion, and mainstream services into the coordinated entry system.

The Coordinated Entry Provider will develop and maintain a list of diversion resources available in Marin County, to be used by all provider agencies serving as entry points into the Marin Coordinated Entry System. In addition, the Coordinated Entry Provider will refer clients who do not score in the PSH or RRH ranges of the VI-SPDAT to available mainstream resources.

4. *Emergency Crisis Services*

Services that are needed for an emergency crisis response, such as entry to homeless emergency shelter, will not be prioritized through coordinated entry at this time. A housing first approach to emergency shelter is being explored and developed. Instead, all persons who qualify for and require emergency services will receive those services on a first-come, first-serve basis. Further, access to emergency services and to the Coordinated Entry System is not limited to operating hours of the Coordinated Entry System physical entry sites. When shelters or other entry points are not open for assessments, street outreach workers and the emergency care system will ensure that individuals and families experiencing homelessness are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating using the following techniques:

- Emergency service and other providers will promptly forward information about homeless residents who were served outside of coordinated entry operating hours to an appropriate access point, so that they can be integrated into the coordinated entry system as soon as the access point opens for business.
- Meetings between homeless service providers and emergency medical or behavioral health care providers will be regularly scheduled in order to discuss strategies for reducing barriers to communication between the health care system and the homeless system of care.

**E. Placement**



For clients at the top of the Community Queue in HMIS (i.e., those with the highest VI-SPDAT scores), and for those matched with PSH or RRH, the Coordinated Entry Provider will offer housing preparation services to assist clients with navigating the homeless system of care. These services may also be provided by outreach teams and/or other provider agencies as appropriate. Housing Preparation Services will include, at a minimum, acquiring identification documents, completing housing applications, and completing supportive and subsidized housing paperwork. In addition, clients matched with PSH or RRH will be connected to housing location services offered through the Marin Housing Authority (MHA).

When a client is matched to a permanent housing program, the Coordinated Entry Provider will complete the referral in HMIS and coordinate with the provider agency and all entry sites to locate the client and encourage them to enter the program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after one week of attempting to engage the intended tenant(s), the Coordinated Entry Provider will determine whether the housing placement should be considered open again, and returned to the Coordinated Entry system for additional referral attempts with new client(s).

If the Coordinated Entry Provider believes that a client no longer resides in the CoC's geographic area, and the CoC has no effective means of contacting that client, then the Coordinated Entry Provider may remove that client from the Community Queue.

**Reasons for Denial by Programs:** It is expected that provider agencies will only rarely reject a referral from the Coordinated Entry System. The two reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a client referred by the Coordinated Entry system are if:

- (1) That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources, or
- (2) The program lacks the capacity to safely accommodate that client.

All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider agency that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. The CoC will provide training and technical assistance on this topic as needed.

## 4. EQUAL ACCESS

The Marin Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the Coordinated Entry process.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the Marin Coordinated Entry process will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the Coordinated Entry System will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

When a non-discrimination complaint is received, the Coordinated Entry Provider, in coordination with an ad hoc committee of the Homeless Policy Steering Committee, will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the Coordinated Entry Provider will write an adequate report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

All CoC- and ESG-funded programs, including the coordinated entry process, are committed to adopting a Housing First approach and reducing barriers for accessing their services. Individuals are not screened out of the assessment process due to perceived or actual barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, 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.

## 5. DATA PRIVACY AND SAFETY PROTECTIONS

### A. Data Privacy Protections

The Marin CoC ensures adequate privacy protections of all participant information and complies with HUD's HMIS Data and Technical Standards and other legal standards using the Marin County HMIS Policies and Procedures Manual. The Marin CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.

The Marin CoC prohibits denying services to participants if the participant declines to allow their data to be gathered or shared, unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

The Marin CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

### B. Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers. Any data collected from this group of people must not be entered into HMIS. Instead, the data can be entered into a parallel database that is only accessible to users who are trained in responding to domestic violence and who have passed a higher level of background checks and/or investigation. If no such database exists, then the data should be recorded and protected on-site by individual victim service providers, using all appropriate safeguards, including, where necessary to keep clients safe, the total anonymization of all incoming data on potential victims of domestic violence.

If necessary to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative Coordinated Entry process for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD's minimum Coordinated Entry requirements, i.e., non-discrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire

geographic region of the Marin CoC according to the priority assigned by the Coordinated Entry system.

## 6. EVALUATION

In coordination with Marin Health and Human Services, the Coordinated Entry Provider will regularly review HMIS data and collect qualitative feedback to monitor and evaluate the performance of the Marin Coordinated Entry System. The Coordinated Entry Provider will consult with each participating project annually to evaluate the intake, assessment, and referral processes associated with coordinated entry, as well as to assess the quality and effectiveness of the coordinated entry experience. The process will be monitored for fairness and consistency through case notes, HMIS, and independent tracking.

Where an atypical placement or client rejection occurs, providers should fully note the situation and allow a neutral third-party to review these cases to ensure fair play.

## 7. MARKETING

The Marin CoC will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach. The marketing may be conducted using methods such as brochures, flyers, community announcements, and websites.

Marketing will be designed to ensure the coordinated entry process is available to all eligible persons regardless of membership in any protected classes under federal and state law.

Similarly, marketing and outreach efforts will be designed to ensure people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

## 8. TRAINING

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as entry points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the Marin CoC's Coordinated Entry written policies and procedures.

New staff and new volunteers who begin to participate in the Coordinated Entry process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the Marin CoC's written Coordinated Entry system policies and procedures, including any adopted variations for specific subpopulations;
- Use of the VI-SPDAT and SPDAT tools;

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- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the Coordinated Entry system, and
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment. All assessment staff must be trained on cultural and linguistic competence.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A

The agencies that have been proposed to serve as designated provider sites for entry into the Marin Coordinated Entry System are listed as follows:

- Adopt A Family of Marin
- Center for Domestic Peace
- County Mental Health
- Downtown Streets Team
- Homeward Bound
- Marin City Health & Wellness
- Marin Community Clinics
- Marin Housing Authority
- Ritter Center
- St. Vincent de Paul

The following teams that provide street outreach services have been proposed as the outreach teams for the Marin Coordinated Entry System:

- CARE Teams 2 and 3
- Homeless Outreach Team (HOT)
- Mental Health Outreach Teams
- San Rafael Police Department

The following permanent housing (Permanent Supportive Housing and Rapid Rehousing) projects receive ESG and/or CoC funding and therefore are statutorily required to participate in Coordinated Entry:

- Buckelew – Marin SHP
- Homeward Bound – Palm Court I-IV, CH Families PSH, Housing At Last, Family Place
- Housing Authority of Marin – Shelter Plus Care 1 & 3, Expansion
- Ritter Center – Housing First Expansion, ESG Rapid Rehousing

Other permanent housing programs may elect to participate in the Coordinated Entry system. These lists will be updated and finalized once memoranda of understanding are in place.

## APPENDIX B

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

## 1. Emergency Transfers

The Marin CoC is concerned about the safety of tenants in HUD-funded programs who are survivors of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), tenants who are survivors of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>1</sup> The ability of the Coordinated Entry (CE) system to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether another dwelling unit is available for transfer placement and is safe to offer the tenant for temporary or more permanent occupancy.

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

## 2. Key Terms

**Emergency Transfer Plan.** Provides for emergency transfers for survivors receiving rental assistance or in units subsidized under a covered housing program.

**External Emergency Transfer.** Emergency relocation of a tenant to another unit where the tenant would be considered a new applicant.

**Internal Emergency Transfer.** Emergency relocation of a tenant to another unit where the tenant would not be a new applicant.

**Safe Unit.** A unit the victim believes is safe.

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<sup>1</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

**Victim.** A victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L.

### 3. Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

- A. The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; OR
- B. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

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

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

### 4. Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the CE provider, and submit a written request for a transfer to a Safe Unit. The CE provider will provide reasonable accommodations to this policy for individuals with disabilities.

The tenant's written request for an emergency transfer should include either:

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

### 5. Confidentiality

CoC- and ESG-funded housing providers operating within the geographic boundaries of the Marin CoC will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives their housing provider written permission to release the information on a time limited basis, or

disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about CoC- and ESG-funded housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

#### 6. Emergency Transfer Timing and Availability

The CE system operating within the geographic boundaries of the Marin CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CE system and network of providers will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CE provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If within the geographic boundaries of the Marin CoC, there are no safe and available units, the CE provider will work with Center for Domestic Peace, and other available resources to assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the CE provider will also assist tenants in contacting the local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

#### 7. Retention of Documents and Reporting requirements

A record of all Emergency Transfer requests and outcomes of those requests must be retained for five years from the date of the request or outcome (whichever is later). Emergency Transfer requests and outcomes must be reported to HUD annually.

#### 8. Safety and Security of Tenants

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

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for

assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

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

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

Local assistance may be found through Center for Domestic Peace's 24/7 Hotline at 415-924-6616 (English) or 415-924-3456 (Spanish), or by email at [administrator@c4dp.org](mailto:administrator@c4dp.org)