

MARIN COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

TABLE OF CONTENTS

Table of Contents.....	1
1. Overview and Scope	2
2. Guiding Principles	3
3. System Overview	4
A. Eligibility	4
B. Entry Points	5
C. Assessment	6
D. Prioritization and Match	7
E. Placement	12
4. Equal Access.....	14
5. Data Privacy and Safety Protections.....	15
A. Data Privacy Protections.....	15
B. Additional Safeguards for Survivors of Domestic Violence	16
6. Evaluation	16
7. Marketing.....	16
8. Training	17
Appendix A.....	17
Appendix B.....	19
Appendix C.....	23

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.

Policy Making Agility and Decisions

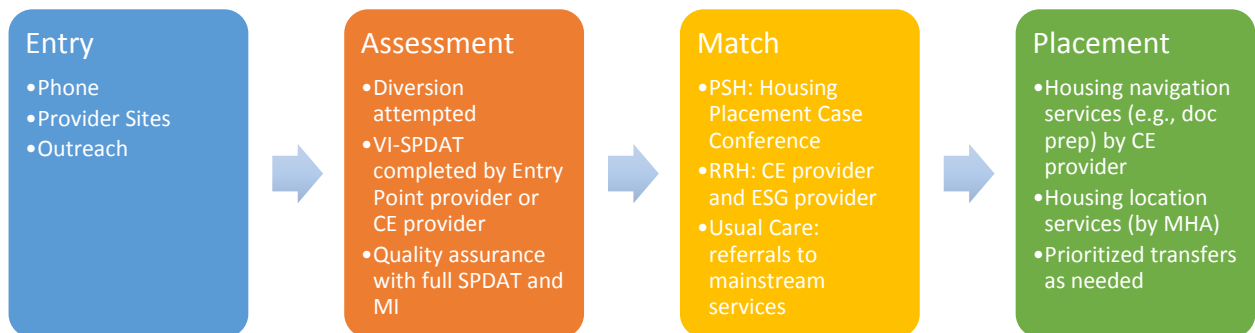
Between the larger CoC CE meetings, interim working policies can be adopted by the CE steering committee and at CE housing placement meetings. Once established, these policies must be approved and adopted in the larger CE meetings when they meet.

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.
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

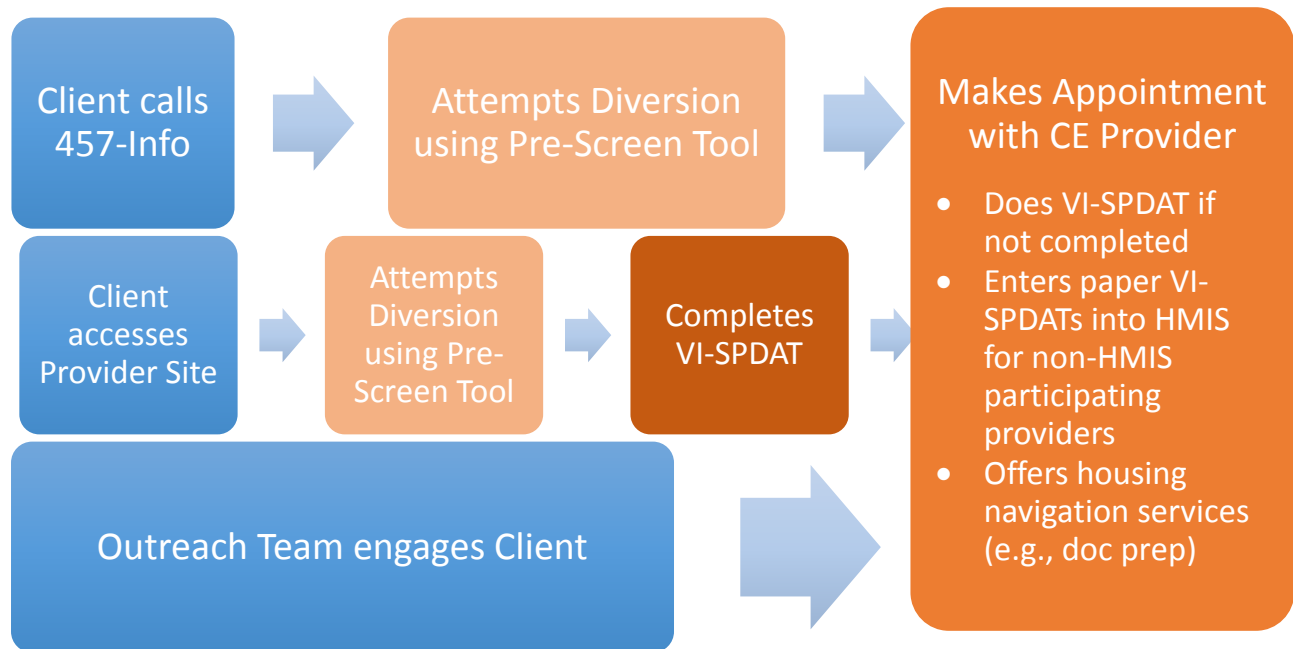


The Marin Coordinated Entry System is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services ranging from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing. The Marin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

Active List Policy: Coordinated Entry maintains an Active List of twenty to thirty individuals or families who have come to the top of the Coordinated Entry Community Queue. As those individuals or families are housed or become inactive, new households will be added to the Active List from the Community Queue in the following prioritization: 1) highest VI-SPDAT score, and then; 2) prioritized within the same band of scores from oldest to youngest, with one exception of prioritizing Transition Age Youth (18-24) over adults under 50. Families with the same score as single adults will be prioritized over the single adults.

Within the Active List, households will be prioritized based on date added to the Active List.

VI-SPDAT Revision Policy & Worksheet: VI-SPDAT scores may be inaccurate for a number of reasons. Clients may underreport for fear that the true answer may prevent them from being housed or they may overreport if they think vulnerability will help their scores. Like other counties, Marin has found that the VI-SPDAT sometimes needs to be supplemented by case manager knowledge. Marin has adopted a VI-SPDAT Revision worksheet (available to agencies participating in CE by doing VI-SPDATs) to allow this information to be considered. Without abandoning the more objective approach of the VI-SPDAT, the revision worksheet enables the Coordinated Entry Process to account for a case manager's intimate knowledge of a client.

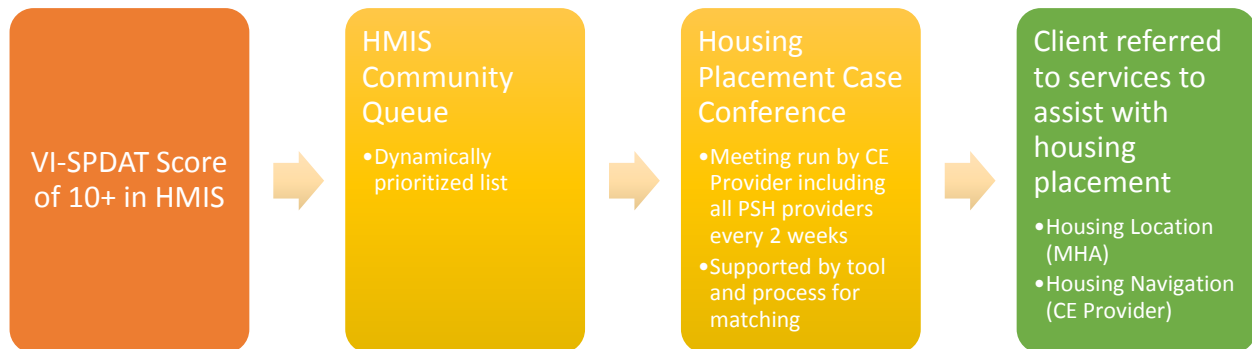
Agencies and Case Managers have the option of submitting a VI-SPDAT revision form if they think that a person's VI-SPDAT is substantially mistaken (too high or too low). The revision form documents the basis of the revision and requests detailed, verifiable information about the sources of information. To provide additional accountability, the case manager's program supervisor must sign off on the revision worksheet.

The revision worksheet will be reviewed by the Steering Committee or an appointed workgroup and if the revision is approved, the person will be given a new revised score which will determine placement in the community queue.

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

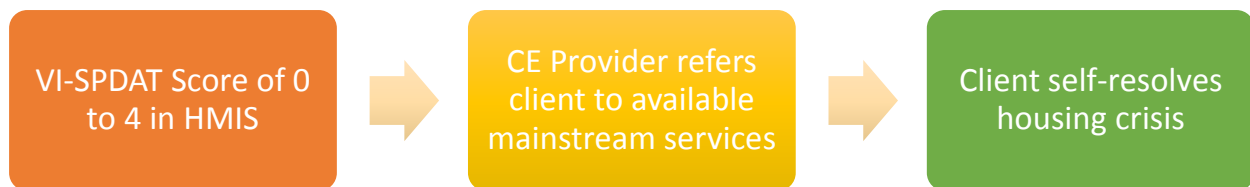
Eligibility: Clients who have received a voucher for Permanent Supportive Housing through Coordinated Entry may receive deposit assistance through Rapid Rehousing funds. Housing

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.

Housing Providers Refusals: It is expected that provider agencies will only rarely reject a referral from the Coordinated Entry System. When a housing opening is available, the Coordinated Entry Placement Meeting (or the Coordinated Entry Steering Team, between meetings) will act to refer a person or persons from the Active List most appropriately to the opening. "Most appropriate" here means that Coordinated Entry will look not only to eligibility requirements of the program but also make referrals of person(s) who the Coordinated Entry Placement Meeting collectively believe will be most successful in that particular opening. That may mean, for example, taking account of who will live well with a roommate or who can navigate steps to a second floor, etc. Once the Coordinated Entry Placement Meeting makes what it regards as a reasonable referral, the housing programs are expected to accept that referral. However, under certain circumstances, an agency may refuse the referral.

A CoC- or ESG-funded permanent housing program may always refuse a referral by the Coordinated Entry System for the following reasons, with no penalty:

- (1) The participant does not meet the eligibility criteria for the program
- (2) The vacancy is in a shared unit and the existing roommate(s) have objected to a person of the participant's gender, and those are reasonable objections as judged by the CE Steering committee
- (3) The vacancy is in a shared unit and the participant's active substance use would endanger a roommate's active recovery
- (4) The vacancy is in a shared unit and the participant has previously demonstrated violent behavior toward a roommate
- (5) The participant requires a live-in aide and the vacancy is in a master-leased unit that does not have space for a live-in aide
- (6) The vacancy is in a master-leased unit that is not accessible to the participant
- (7) The vacancy is in a master-leased unit that the participant is ineligible to live in (note: agencies must take affirmative action to reduce landlord-imposed barriers)

A program may also reject a client they believe cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program. However, in recognition of our community prioritization of the most vulnerable people experiencing homelessness, if a program rejects more than one referral per calendar year, that rejection is subject to review and overrule by the Coordinated Entry Steering Committee.

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.

Exits to Institutions: Preventing re-entry to homelessness is a primary goal of the Marin County Coordinated Entry program. In the event that a client leaves a PSH program for an institutional setting (including, but not limited to, jail, prison, hospital, skilled nursing facility, mental health facility, and substance use treatment), the exiting program is responsible for maintaining contact with the client during their institutionalization. After exit from the institution:

- If the client was institutionalized for *fewer* than 90 days, the client should remain enrolled in the PSH program throughout their institutionalization and should reenter the program upon discharge.
- If the client was housed in PSH, and while housed experienced an institutional stay of *more* than 90 days, the PSH program should inform the Coordinated Entry program prior to the client's release. The client shall be placed at the top of the Active List and shall receive the next PSH bed for which they are eligible (e.g. county-funded programs or WPC Section 8 vouchers).

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, further precautions 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.

When the Coordinated Entry program receives referrals from victim services providers, the client's VI-SPDAT must be entered in HMIS pseudonymously. Pseudonymous data entry should also be an option for anyone known to be fleeing or suffering from any form of domestic violence when referred from a non-victim-specific provider. The Coordinated Entry provider shall maintain a separate, secure, offline list to match each client's pseudonym with the information needed to identify and contact them if they are recommended for a housing placement.

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;
- 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.¹ 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.

¹ 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 in Marin are encouraged to contact the local domestic violence shelter at Center for Domestic Peace through its 24/7 Hotline at 415-924-6616 (English) or 415-924-3456 (Spanish), or by email at administrator@c4dp.org, for assistance in creating a safety plan. Additionally, the National Domestic Violence Hotline can be accessed at 1-800-799-7233; 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 local 24-hour crisis hotline for Community Violence Solutions at 1-800-670-7273, or may visit their website at <https://cvsolutions.org/>. Additionally, the Rape, Abuse & Incest National Network's National Sexual Assault Hotline may be accessed by calling 800-656-HOPE, or by visiting the online hotline at <https://ohl.rainn.org/online/>.

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

APPENDIX C

Marin County Continuum of Care

Instructions: Third-Party Documentation Form Letter

The third-party documentation form is intended for use by emergency shelter staff and outreach staff. The form provides template language for verification of homelessness through observation at emergency shelter and/or in a place not meant for human habitation. It is not required that details for both categories of information be filled out (i.e. shelter and place not meant for human habitation). **Please ensure that you only complete information for occasions of homelessness that you have personally observed.**

Per HUD guidelines, a single personal encounter in a month, between staff and program participant, is sufficient to consider the household homeless for the entire month, unless there is evidence of a break of seven or more consecutive nights. A staff member should complete information for as many occasions of homelessness as the staff member has personal knowledge. If necessary, the staff member can indicate additional occasions by completing the back side of the form or attaching an additional sheet to the form. If one of the listed occasions of homelessness does not qualify, having information about additional occasions helps ensure that the program participant can meet the eligibility criteria.

Please complete the following steps to ensure proper form completion:

- Print on Agency Letterhead
- Complete Attention Field
- Complete Staff Name
- Complete Participant Name
- Complete Program & Agency Name (If Applicable)
- Complete Occasion Information:
 - Indicate with a Checkmark (✓) the category of information for which you have personal knowledge: Emergency Shelter **OR** Place Not Meant for Human Habitation
 - Enter Approximate Address of Location Observed (If Applicable)
 - In rare cases, a staff member may be able to verify residence at both emergency shelter *and* a place not meant for human habitation. Usually, however, staff completing the form will only have personal knowledge for one of these categories.
 - Indicate Number of Months Homeless and Total Months Homeless,
 - **Remember a single encounter in a month = 1 month**
- Complete Staff Phone Number Information
- Complete Staff Name/Title, Signature, Date
- Return to Staff Member/Agency in Attn: Line

MARIN COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

[AGENCY LETTERHEAD]

Attention: _____

[Agency Address]

To Whom It May Concern:

I, _____, (Staff Full Name), am writing this letter as verification of homelessness for _____ (Participant Full Name). I have **personally observed** that, **without a break of seven or more consecutive nights**, the Participant has resided and/or been observed continuously on the following occasions at _____ emergency shelter (Program & Agency Name), and/or in an Unsheltered Location **not meant for human habitation**; (please indicate the approximate address of location(s) observed in the spaces provided below).

Occasions*	Emergency Shelter/Location Observed	Start Date	End Date	# of Months
1	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
2	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
3	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
4	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
* If the Participant has resided/been observed on more than four occasions , or if you would like to share additional information , please fill out the back side of this form .			Total Months:	

Please contact me at (_____) _____ - _____ with any questions.

Best Regards,

[Staff Full Name & Title - Printed]

[Signature]

[Date]

MARIN COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

Occasions	Emergency Shelter/Location Observed	Start Date	End Date	# of Months
5	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
6	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
7	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
8	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
9	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: <input type="checkbox"/> _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
10	<input type="checkbox"/> Emergency Shelter (See above) <input type="checkbox"/> Unsheltered Location: _____	_____ [MM/DD/YYYY]	_____ [MM/DD/YYYY]	_____
Total Months:				_____

Please explain additional information in the box below, (or attach to this form in a separate document):

Marin County Continuum of Care

Instructions: Verification of Disability Form

The verification of disability form is intended for use by a qualified healthcare professional. In many cases, it is not always clear **who** counts as a suitable professional. Please see the chart below for guidance.² HUD has indicated that qualifying healthcare professionals “must be licensed to treat whatever disability it is that they are confirming.”³

Can Certify a Disability	
Medical Doctor	Cal. Labor Code Section 139.2
Osteopathic Doctor	Cal. Labor Code Section 139.2
Psychiatrist	Cal. Labor Code Section 139.2
Psychologist	Section 2903 of the Business and Professions Code
Nurse Practitioner	Section 2835.7 of the Business and Professions Code; CA Dept. Consumer Affairs Board of Registered Nursing
Physician Assistant	Section 3502.3 of the Business and Professions Code; SB 1083
Licensed Clinical Social Worker (LCSW)	Cal. Business and Professions Code Section 4996.9
Licensed Professional Clinical Counselor (LPCC)	Cal. Business and Professions Code Section 4999.2
Licensed Marriage and Family Therapist (LMFT)	Cal. Business and Professions Code Section 4980.2
Licensed Educational Psychologist (LEP)	Cal. Business and Professions Code Section 4989.14
Addiction counselors with certificates from CADE, CADTP, or CCAPP	CCR Chapter 8, Div. 4, title 9, subchapter 2, section 13015

Please complete the following steps to ensure proper form completion:

- Print on Agency/Organization Letterhead, or Enter Agency/Organization Information where indicated
- Complete To/From Fields
- Complete Participant Information
- Obtain Participant Signature & Date
- Complete Diagnosis Information
- Complete Fields 1-3 with “X”
- Complete Participant’s Diagnosed Disability
- Complete Professional Information
- Complete Professional Signature & Date
- Return to Individual/Agency indicated in To line.

² A cautionary note: Because this is an area of state law, rather than federal regulation, there may be some discrepancies in how HUD staff members interpret the state’s licensing requirements.

³ [Defining Chronically Homeless Final Rule](#), Combined Q&A Transcript. Regions 1 and 2. January 13, 2015. Webinar: Page 13.

**[INSERT AGENCY NAME]
VERIFICATION OF DISABILITY**

Date: _____

To (Requesting Organization):

From (Supplying Organization):

RETURN THIS VERIFICATION TO THE PERSON LISTED AS "REQUESTING ORGANIZATION" ABOVE.

PARTICIPANT INFORMATION

Name: _____

Date of Birth: _____

SSN: _____

Contact phone or email: _____

RELEASE: I hereby authorize the release of the requested information; this release reflects information that is valid, **at least**, as of 12 months prior to the date signed, or for a longer period designated here:_____.

Participant Signature

Date

Note to Participant: You should not sign this form if either the requesting organization or organization supplying the information is left blank.

VERIFICATION OF DISABILITY

The Participant named above has applied for housing assistance under a program that requires verification of disability to determine eligibility for the program. *Please note that verification of disability must be completed by a qualified professional who is licensed by the state to diagnose and treat that condition.*

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for housing. Enclosed is a self-addressed, stamped envelope for this purpose. The Participant has consented to this release of information as shown above.

INFORMATION REQUESTED

(to be completed by the qualified professional)

For each numbered item below, mark an “X” in the applicable box that accurately describes the Participant listed above.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the Participant have a physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury) that:</p> <ul style="list-style-type: none"> • is expected to be of long-continued or indefinite duration, and • substantially impedes his or her ability to live independently, and • is of a nature that such ability could be improved by more suitable housing conditions?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the Participant have a developmental disability? Developmental disability is defined as:</p> <ul style="list-style-type: none"> • A severe, chronic disability of an individual that is: <ul style="list-style-type: none"> ○ Attributable to a mental or physical impairment or combination of mental and physical impairments; ○ Is manifested before the individual attains age 22; ○ Is likely to continue indefinitely; ○ Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and, ○ Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. <p><i>Note: An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria above if the individual, without services and supports, has a high probability of meeting those criteria later in life.</i></p>
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the Participant have Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)</p>

What is the Participant’s diagnosed disability? (For Program Eligibility Purposes Only – Optional)

I certify that the Participant named above has the condition(s) as documented above.

**Printed Name and Credentials of Qualified Professional
Number**

Certification/License

Signature

Date

Phone Number