

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

1A-2 Collaborative Applicant Name: Maricopa Association of Governments

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Organizational employee
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Continuum of Care Regional Committee on Homelessness	Decision making group, approves the CoC Program priority listings for funding, approves the final application to HUD and implements the Regional Plan to End Homelessness. This group approves the work of the other working groups within the CoC and is the strategic planning and decision making body for regional planning on ending homelessness.	Bi-Monthly	Councilmembers from 4 cities, staff from 8 cities, Valley of the Sun United Way, HMIS Lead, UMOM, Human Services Campus, AZ Coalition to End Homelessness, State Dept. of Ed, Vet Services, Housing, Corrections, Economic Sec.
1C-1.2	Planning Subcommittee	This group is the technical group that completes work and makes recommendations to the CoC Regional Committee on Homelessness. This group is charged with completing the Housing Inventory Chart, the annual gaps analysis, coordination and action steps in the regional plan, develops the performance evaluation tool, and other work as determined by the CoC Regional Committee.	Bi-Monthly	Cities of Tempe, Mesa, Phoenix, Maricopa County, HMIS Lead, Sojourner, UMOM, LCSA, Tumbleweed, Valley of the Sun United Way, US Vets, Save the Family, Native American Connections, CASS
1C-1.3	Coordinated Assessment Working Group	This group is charged with completing action steps and implementation of the regional Coordinated Assessment System. This group developed the flow of the system, the overall plan for coordinated assessment and makes recommendations to the CoC Regional Committee on items that need to be approved by the CoC.	Quarterly	Group includes 80 + members: Human Services Campus, UMOM New Day Center, Valley of the Sun United Way, Save the Family, City of Phoenix, City of Tempe, CoC funded grantees, staff from cities and towns, HMIS lead agency, DV providers.
1C-1.4	Homeless Veteran's Working Group	This group is charged with coordination of regional work to end homelessness among veterans.	Monthly	AZ Dept. of Veterans Services, Human Services Campus, VA Medical Center, Community Resource and Referral Center, US Vets, AZ Coalition to End Homelessness, MANA House, UMOM New Day Center.
1C-1.5	PIT Count Working Group	This group plans and implements the annual PIT Homeless Street Count throughout the region.	Annually	Staff from cities and towns in CoC Region. Including City of Phoenix, Mesa, Tempe, Chandler, Glendale, Scottsdale and others.

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.

(limit 750 characters)

Membership on the CoC and groups represented are diverse, including a broad range of individuals representing organizations from the public, private, and non profit sectors. The CoC Governance Charter specifies the membership structure of the Continuum of Care Board that will be implemented in the first quarter of 2014. The membership categories include a wide-range of groups: formerly homeless, ESG recipient, policy/advocacy representative, CoC funded provider, funder, and community member. Membership among Committees and working groups will be even broader to ensure involvement includes a complete range of knowledge about homelessness. Rosters of the CoC Committee and Planning Subcommittee are attached as I could not list all the members in the space (250 characters) above.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. (limit 750 characters)

The CoC will evaluate HUD CoC Program funded programs to ensure compliance with both federal and local goals. A CoC Ranking and Review Panel will evaluate the performance of all renewal projects requesting funds. A Program Performance Report (PPR) will be created for each Continuum of Care Program funded project. The reports will act as a performance evaluation tool and will indicate program achievement in each of the performance standards outlined below. Achievement of the established performance standard varies as defined by each standard. Agency presentations were required of all projects. Ranking and Review Panel made project listing decisions based on the PPR score, the presentation score, and application information presented to the panel.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis. (limit 1000 characters)

The ranking and review panel ranked projects based on a program performance report (PPR) created with data from HMIS and the project APR. Data elements include: Percent of households served by program at entry that meet hard to serve criteria. Housing retention rates; exit rates from TH to PH; percent of participants who increased income from employment from entry to exit; percent of participants who increase income from sources other than employment; percent who obtained non-cash benefits; percent of APR goals achieved; percent of HUD funds expended; utilization rates; compliance with HUD data standards; alignment with HEARTH goals; bonus for prioritizing PSH turnover to CH. During presentation, projects were asked to address how project plays a critical role in helping people obtain & maintain PH directly from homelessness; how the project is reaching highest needs clients; is the project cost effective, efficient, and performing with highest quality. Ranking was based on PPR and presentation.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC is open to proposals from any eligible grantee. The CoC believes in and run a public and open process and will accept applications from grantees that have never received funds. Application announcements and materials are made public through website postings, emailed through various distribution lists, as well as shared with local groups. A local application training is held and made public and open to all renewal as well as new applicants. Technical assistance if made available and offered to an eligible grantee whether they are a returning applicant or a new applicant.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/31/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

The CoC received a letter requesting an appeal to the project listing decision made by the CoC. Recovery Innovations of Arizona was listed as the first project in tier two. They appealed this decision formally to the CoC. The CoC followed the appeals process by holding a meeting of the appeals review committee in an open meeting format. The appeals committee heard the appeal from Recovery Innovations staff and made a final recommendation to uphold the project listing.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC Lead and the HMIS Lead Agency meet monthly to review the functions of the HMIS project in coordination with the CoC. The HMIS Lead provides reports and updates to the CoC at meetings and the members of the CoC are invited to all HMIS Advisory Committee meetings.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The HMIS Lead agency has developed a draft privacy plan, security plan and data quality plan. A data quality plan has been fully developed and was approved by the CoC on March 18, 2013. The security and privacy plan is currently in development and in draft form. It will be taken to the HMIS Advisory Committee and then to the CoC for approval in 2014.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).

Bowman Systems Service Point

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).

Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$400,921
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$400,921

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$2,000
County	\$0
State	\$10,000
State and Local - Total Amount	\$12,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$10,000
Private - Total Amount	\$10,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$65,000
Other - Total Amount	\$65,000

2B-3.6 Total Budget for Operating Year	\$487,921
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

N/A

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	76-85%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	46
Transitional Housing	153
Safe Haven	103
Permanent Supportive Housing	303
Rapid Re-housing	112

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	13%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	11%
Housing status	1%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS is used as the primary data source for all CoC reports including the APR reports, HIC reports, and all other reports in the HDX. HMIS data is also used for ESG reporting and CDBG reporting within the CoC. In addition, Valley of the Sun United Way uses HMIS data for funding purposes as well. HMIS data is used at the CoC planning level and at the agency level as well. HMIS data reporting is also used to generate the point in time shelter count and in determining the unmet need in the community. HMIS data is also used in the local ranking and review process to recommend and make funding decisions with regard to the CoC Program competition.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The HMIS Lead agency reviews data quality regularly with CoC organizations. Each provider receives a data quality report from the HMIS Lead agency quarterly and the organizations are asked to review and make any corrections to the data. The HMIS Lead agency works one on one with organizations to help them with training, data entry, and data quality. This includes data input and depth of data. All CoC provider agencies are required to attend HMIS training annually. Data quality and attending HMIS trainings are both scoring factors in the local CoC funding application project score sheet and impact the ranking and review of each project.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

All HMIS provider agencies are required to create an entry assessment and then exit assessment for every person who enters and exits their program. This is not specifically stated in the Policy and Procedure Manual, but is part of HMIS training and data entry process.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/29/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		10%		90%
Transitional Housing				100%
Safe Havens				100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Overall, there was a 9% decrease 4,736 in 2012 to 4,308 in 2013 of sheltered homeless. The exact reason for the decrease is unknown but we believe there are several factors attributing to the decrease in people counted during the PIT count. First, we had a 9% increase in the number of people in PSH on the same night as the PIT count. The CoC has increased the number of PSH for chronically homeless and is actively engaged in identifying and quickly moving people from streets and shelters to PSH. Second, one large faith based shelter closed beds and was not sheltering clients the night of the count. Thirdly, we believe that we are making strides in our community toward ending homelessness by reducing the number of people who are homeless in the community and quickly finding housing solutions for those who become homeless.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

N/A

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Our CoC primarily used HMIS to collect data for the 2013 PIT shelter count. HMIS data was collected for the night of the count, confirmed by shelters and provided to the CoC Lead Agency. The HMIS Lead Agency communicated to shelter providers about the date of the count, the importance of entering data in HMIS quickly and accurately and allowed shelters an opportunity to review data and make corrections as needed. An electronic survey was emailed to shelter providers who are not in HMIS, such as DV shelters and small faith-based shelters. Shelters entered data via Survey Monkey and submitted the data to the CoC Lead Agency. The CoC confirmed the data and combined it with the data in HMIS for a total CoC-wide shelter count.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:

HMIS plus extrapolation:

Sample of PIT interviews plus extrapolation:

Sample strategy:
(if Sample of PIT interviews plus extrapolation is selected)

Provider expertise:

Interviews:

Non-HMIS client level information:

Other:

2I-2 If other, provide a detailed description. (limit 750 characters)

N/A

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The HMIS lead agency informed shelter provider of the date of the shelter count and when data was going to be collected from HMIS. A shelter count report was run in HMIS for each shelter and program. The data collected was made available to shelters for review and staff had the opportunity to clean up data, if necessary. Once the data report was confirmed, it was sent to the CoC for review and submittal in HDX.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Training was provided by the HMIS lead agency to shelter providers on entering data accurately and in a timely manner. Notice was given to shelters in advance of the shelter count informing them of the date of the count and the data for the count is run from HMIS. The HMIS lead ran a shelter count report for the night of the count. The HMIS team reviewed the data and allowed shelters to review and confirm the data. Follow-up was completed with shelters to confirm and to discuss data issues.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/29/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Overall there was a 9% decrease from 2012 to 2013 in the unsheltered count from 1,749 to 1,581. We believe the reason for the decrease is because of local efforts to identify and quickly house chronically homeless people. In addition, we implemented a new street count methodology in 2013 that makes comparing numbers a challenge. In 2013, we used a 20 question survey tool and changed the time of day of the count from evening to 5am to 9am across the entire region. Because of these changes, we won't have an apples to apples comparison of data until the 2014 count.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Coordinators were identified in each city/town throughout the region. Each coordinator was trained by the Collaborative Applicant on the count methodology as well as the survey tool. Volunteers were assigned to geographic areas throughout the region. Volunteers received maps, survey tools, and were trained on how to conduct the count and survey. Volunteers interviewed each person who identified themselves as being unsheltered. If a homeless person refused to be interviewed then an observation form was completed. Volunteers completed their surveys and turned them in to Regional Coordinators who then submitted all surveys to the Collaborative Applicant for data entry. Volunteers were trained on techniques to ensure an un-duplicated count.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

The Phoenix, Mesa, Maricopa County region is a very large geographic area. For the PIT Count, we used a combination of known locations as well as a random sampling method. All areas identified as high-density were completed covered throughout the entire region. Areas identified as low-density were randomly selected to be covered during the count. We feel this is the best way to cover our vast region during the time of our count.

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2N-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

Training: Coordinator trainings were conducted. Coordinators trained volunteers and the Collaborative Applicant trained the coordinators to ensure consistency. Unique identifier: Each person interviewed was asked for their first and last name. If they were not willing to provide that volunteers asked for first initial and first three letters of last name. This helped to de-duplicate surveys. Survey question: We used a 20 question survey instrument to collect data for each person who agreed to be surveyed. Enumerator observation: For those who refused the survey, volunteers collected basic information such as location, gender, and number of people.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		2,320	2,320	2,320
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	882	680	777	877
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		380	49	0
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		80%	90%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		97	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

In the local application process, the CoC incentivized PSH programs to prioritize beds that are turned over to the CH population. In 2014, 90% of CoC funded beds will be prioritized through referrals made by the coordinated assessment system and by agency commitments made to dedicate vacant beds to this population. Once the CoC has fully implemented regional Coordinated Assessment, referrals to PSH programs will prioritize 10 % of PSH beds to the chronic population. In addition, the CoC reallocated supportive service only projects and a transitional housing project this year to create 97 new beds for the chronically homeless. We may have reallocated beds dedicated to the chronic population in 2014/15 if performance indicates this is necessary. CSH will host a supportive housing institute in partnership with the Valley of the Sun United Way (VSUW) to create new permanent housing units, prioritizing CH. The CoC partners with the VSUW in the Partnership to End Chronic Homelessness and in goals to improve the allocation of resources to the chronic homeless population.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The groups responsible for implementing these goals are the Continuum of Care Regional Committee on Homelessness, staffed by the Collaborative Applicant, and the Valley of the Sun United Way, the partners in the collaborative group, The Partnership to End Chronic Homelessness, and the PSH CoC Funded agencies who agreed to prioritize vacant beds to the chronic population. The Coordinated Assessment Working Group will also be responsible for setting priorities in the referral process to ensure that chronically homeless are prioritized for PSH beds.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	3339	3436	3536
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	3077	3161	3253
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	92%	92%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The Continuum of Care Regional Committee on Homelessness will monitor and review the performance of all CoC funded PSH programs. Programs not meeting or exceeding HUD's goal for housing stability will be required to develop a 12 month action plan to improve their performance. Programs who are not meeting this standard will receive quarterly reviews to assess the progress toward housing stability. SOAR will be implemented to connect clients to SSI and SSDI resources. Supportive Housing Institute will be held to provide best practices training to PSH providers on supportive housing best practices. Additional training opportunities will be provided annually through the Statewide Conference to End Homelessness.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The responsible groups are the Continuum of Care Regional Committee on Homelessness to monitor and review performance of the CoC funded permanent supportive housing projects. All CoC funded PSH projects are responsible for maintaining or increasing their performance to meet or exceed HUD's goals. The AZ Department of Health Services is responsible for implementing SOAR.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 3290

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	22%	36%	40%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	27%	45%	56%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	712	21.64	%
Unemployment Insurance	37	1.12	%
SSI	289	8.78	%

SSDI	214	6.50	%
Veteran's disability	27	0.82	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	138	4.19	%
General Assistance	45	1.37	%
Retirement (Social Security)	13	0.40	%
Veteran's pension	12	0.36	%
Pension from former job	2	0.06	%
Child support	68	2.07	%
Alimony (Spousal support)	1	0.03	%
Other Source	50	1.52	%
No sources	4	0.12	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC Lead Agency will work with the AZ Department of Health Services to conduct SOAR training and expand the number of Case Managers who are trained in assisting clients apply for SSI and SSDI. The CoC Lead Agency will monitor the performance of all CoC funded programs and require programs to develop action plans if they are not meeting or exceeding HUD goals. Training will be provided to project applicants on connecting clients to mainstream resources.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Through the local performance review process, the CoC required programs who are not meeting HUD goals to develop action steps toward achieving HUD's goal of increasing income through employment. Agencies that are excelling at this goal will provide best practices recommendations to the CoC. Training will be conducted to raise awareness of local resources and ensure access to employment opportunities. The CoC will improve collaboration with community partners to develop effective employment strategies for PSH providers. Partnerships will be developed with Workforce Connections to ensure full awareness of employment opportunities and resources to assist with job search.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Responsible groups include the Continuum of Care Regional Committee on Homelessness, all CoC Program funded grantees, and the Arizona Department of Health Services for SOAR training.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 5199 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	51%	55%	60%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1393	26.79 %
MEDICAID health insurance	968	18.62 %
MEDICARE health insurance	107	2.06 %
State children's health insurance	6	0.12 %
WIC	57	1.10 %

VA medical services	41	0.79 %
TANF child care services	56	1.08 %
TANF transportation services	4	0.08 %
Other TANF-funded services	5	0.10 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	5	0.10 %
Other Source	17	0.33 %
No sources	494	9.50 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC Lead Agency will coordinate training directed to all CoC funded projects on the Health-e-Arizona on line application. The application can be used to apply for medical assistance, nutrition assistance, and cash assistance. This covers many of the mainstream benefits including AHCCCS health insurance, KidsCare, nutrition assistance, and Temporary Assistance for Needy Families. The CoC Lead Agency will evaluate the performance of all CoC Program funded agencies. Programs performing low in this area will be required to develop an action plan for improving performance. Technical assistance will be provided by connecting low performers to high performing programs as a peer learning group.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Responsible groups include the Continuum of Care Regional Committee on Homelessness, all CoC Program funded agencies.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	179	214	250
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	34	34	34
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Continuum of Care will reallocate an SSO grant in the 2013 application process to create 35 new RRH beds for homeless families. The CoC will coordinate an ESG Working Group to encourage continued coordination among the CoC and ESG grantees toward increasing RRH for homeless families. The CoC will meet with transitional housing grantees to discuss the success of RRH programs for families and encourage transitional housing providers to consider voluntary repurposing of TH beds for RRH where it makes sense to do so.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Responsible groups include the Continuum of Care Regional Committee on Homelessness, the Arizona Department of Economic Security, the City of Phoenix, the City of Glendale, the City of Mesa, and Maricopa County.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC has rolled out phase one of the regional coordinated assessment system. The CoC adopted the Service Priority Decision Assessment Tool (SPDAT) and Family SPDAT tool to assess the acuity of individuals and families. Homeless households who score for RRH during the pre-assessment process will be prioritized for RRH. Coordinated assessment centers will make referrals to RRH programs based on the need for this assistance.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

RRH providers funded by the CoC provide case management to clients on site on a monthly basis. Case Managers are trained on critical time intervention and use that model as well to deliver monthly case management on an as needed basis. For RRH programs funded by ESG, case management is provided monthly on an as needed basis depending on the needs of the family.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Yes, RRH provider do routinely follow up with previously assisted households when they have contact information and are able to follow up with households. The CoC recently created a working group to define the CoC process for defining homeless recidivism and measure return entries into homelessness. The CoC will encourage follow up with previously assisted households to ensure that they remain stably housed.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain. (limit 750 characters)

N/A State Mandated Policy

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

It is policy that the Dept. of Economic Security (DES) shall not transition a young adult to a state of homelessness. The Director of DES co-chairs the State Commission on Housing and Homelessness which ensures coordination of this population. Youth are supported to exit care and avail themselves of aftercare services which may include funding for room & board costs. A case plan meeting when discharge is imminent, shall be held and the Dept. shall ensure an appropriate discharge plan which includes: the plan to meet the identified needs gathered from the comments, recommendations, & requests of the youth, caregiver & service team members & specific plans for obtaining services. The Dept. shall explore suitable resources & ensure the child & caregiver are provided sufficient information to enable them to contact the service provider & initiate services identified in the discharge plan. HMIS ID's any clients that may have come from foster care. This protocol is reviewed annually. The CoC participates in the State Commission on Homelessness and Housing meetings.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Arizona Department of Economic Security (DES) is the State agency responsible for the Foster Care System and ensuring there is a discharge plan. The DES State Homeless Coordinator is a member of the Continuum of Care Regional Committee and actively participates in activities related to discharge planning.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain. (limit 750 characters)

N/A State Mandated Policy

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

In AZ, primary health care is provided by the AZ Dept of Health Services, the public and behavioral health state agency that is represented on the AZ Commission on Homelessness and Housing. In 2011, the AZ Dept of Health Services pursued and obtained a grant to develop an at-risk managed care program for the complete physical and behavioral health care needs via health homes for adults with SMI. The goal of health care plan is to establish healthy homes focusing on maintaining success of transformative initiatives through our Integrated Health Home Project (IHH). The IHH seeks to facilitate the integrated delivery of physical health care for clients. This model seeks to address barriers clients have and move client to recovery with a holistic approach. The CoC participates on the AZ Commission on Homelessness and Housing meetings.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Stakeholders include the Arizona Department of Health Services and the Arizona Commission on Homelessness and Housing.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

N/A State Mandated Policy

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Sections 3/17.7 and 3.8 AZ Dept of Health Services Provider Manual covers transitions & re-engagement activities of persons being discharged from inpatient settings. Key components of the discharge plan, developed upon admission, include the review of medical necessity criteria for inpatient admissions, the requirements for completing hospital discharge plans & the review and/or modification of the recipient's Individual Service Plan. Housing is critical the recipient's recovery. In order to get this accomplished, the recipient and Case Manager (CM) will complete a housing assessment, & ID their rehabilitation needs. The CM will schedule a meeting w/ all interested & applicable parties, including the recipient, hospital staff, Housing ACT Team Clinical Team, probation/parole officer & any other person recipient would like to invite (i.e. family to discuss housing-related needs and re-engagements activities, so that a successful discharge can occur. The CoC participates on the State Commission on Homelessness and Housing meetings.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Stakeholders include the Arizona Department of Health Services, our Regional Behavioral Health Agency, and the Arizona Commission on Homelessness and Housing.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

N/A State Mandated Policy

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC follows state policies. Before release, focus is given to preparations that enhance successful re-entry. The AZ Dept of Corrections (ADC), collaborating with state and local partners, provides re-entry classes, pre-release assistance with housing and referrals for community services to all inmates. Pre-release assistance to qualify for community health services is given to specialty populations. ADC works with the Social Security Admin. to re-qualify prior to release inmates who were on SSDI benefits before incarceration. For released inmates, the focus is on stable housing and access to case management, supervision and services, provided by ADC's Community Corrections staff. An inmate submits at least three release housing possibilities, such as private residences or halfway houses. ADC opened a Community Corrections Center in Tucson that offers re-entry and sanctions services and will house offenders unable to secure other viable housing. The CoC participates on the State Commission on Homelessness and Housing meetings and has asked the ADC to present this policy to the CoC Committee.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The stakeholders include the Arizona Department of Corrections, Social Security Administration for benefits, and the Arizona Commission on Homelessness and Housing.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

1-Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to homeless individuals and families.2-Leverage funding, services and housing to end homelessness in the region by creating new partnerships and strengthening collaborative relationships.3-Coordinate an effective network to prevent people from becoming homeless.4-Raise awareness and support for coordinated responses to end homelessness in the region.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC facilitates an ESG Collaborator's Group which meets quarterly. The group consists of all of the ESG recipients in the geographic area. The group shares funding plans and coordinates with each other on planning for how funds will be allocated, processes that will be followed, goals and how performance will be reported and evaluated. Participants share ideas with each other, forms, and processes that have proven to be effective as well as reporting from HMIS. The group will continue to meet and will be integrated into the local funders collaborative for further collaboration with other funders of homeless housing and services in the community.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

40 percent of ESG funds are dedicated to rapid re-housing and 60 percent of ESG funds are dedicated to prevention resources. ESG funders will coordinate with the CoC on goals to increase the number of rapid re-housing beds in the community. ESG funders will also require ESG funded providers to coordinate with the CoC in the Coordinated Assessment system and will take referrals from Coordinated Assessment.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The Collaborative Applicant will encourage providers in the CoC to take advantage of every opportunity to secure federal and local grants to provide housing and services to decrease the number of homeless individuals and families. The CoC lead agency will maximize community resources through coordinated assessment and refer individuals and families to the most appropriate intervention. This will ensure that families do not become homeless again. The CoC will also work with Community Action Programs to identify prevention resources in the community and to ensure that referrals to prevention resources are being made through the statewide 2-1-1 system.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC coordinates on many levels. The CoC is part of the Dedicating Opportunities to End Homelessness Initiative, a federal initiative to use data and best practices to set strategies to end homelessness. The CoC participated in the 100 day boot camp to end homelessness for veterans and the 100 day boot camp to end chronic homelessness for individuals and families. We set 100 day goals that included federal, state and local partners. We have had great success with implementing action steps from those boot camps. The CoC also participates in the 100,000 Homes Campaign through Project H3 and Project H3 Vets. The CoC also participates and has made several presentations to the Arizona State Commission on Homelessness and Housing, our local Interagency Council on Homelessness. The CoC coordinates with ESG funders on many levels including allocating funds and performance evaluation. The CoC also coordinates with local cities including serving on the City of Phoenix Mayor's Initiative to End Chronic Homelessness.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

We have made great strides over the past year in improving the extent to which PHA(s) are engaged in the CoC. The City of Phoenix PHA has prioritized housing vouchers for the homeless population and set aside vouchers specifically for this population. The City of Mesa PHA received a Shelter Plus Care Grant and is partnering with a local non profit to provide permanent housing for homeless families in Mesa. The Mesa PHA has also prioritized housing for homeless in their city. The Arizona Behavioral Health Corporation, designated PHA, is the grantee of 13 CoC funded permanent housing grants throughout the region and has partnerships in place with other non profits to administers the rent assistance grants. Members of the CoC and the local Partnership to End Chronic Homelessness have been meeting with the PHA's to educate increase awareness and engagement between PHA's and homeless service providers. These efforts will continue in 2014 and the years to come.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Removing barriers to housing is one of the goals of the CoC and we began taking steps toward this beginning in 2013. The Collaborative Applicant started by meeting with each HUD funded transitional housing provider. The Collaborative Applicant met with each TH provider and discussed ways the provider could remove barriers, ways to serve other populations and provided incentives through the local funding application process for those providers who served harder to serve homeless populations. During the local application process, the Collaborative Applicant required all HUD CoC funded providers to complete an eligibility matrix indicating the eligibility criteria for each program. The Collaborative Applicant will use the matrix to identify providers that have extensive eligibility criteria and will work with those providers to remove barriers. This information will also be critical as we implement our Coordinated Assessment system. The Coordinated Assessment Access Points will be making referrals to interventions that are the best fit for the homeless household and providers will be required to accept a certain percent of referrals.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has developed a housing first approach and prioritizes funding for programs who implement housing first strategies. During the local application process, the CoC asked all CoC funded programs if they are utilizing a housing first approach in their programs. During project presentations, programs were asked to describe how they are serving hard to serve clients and helping to reduce homelessness through housing first methodologies. We are also working to define service standards for housing interventions and will prioritize these programs in funding decisions.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

In August 2013, the CoC adopted the Service Priority Decision Assessment Tool (SPDAT) and Family SPDAT as the official assessment tool for the regional coordinated assessment system. During the pre-assessment or VI-SPDAT, the homeless individual or family will receive a score based on their acuity. Individuals and families will be referred to the most appropriate housing intervention based on their pre-assessment score. The pre-assessment was recently added in HMIS. Coordinated assessment staff will complete the pre-assessment in HMIS and make the referral to the most appropriate intervention based on the score generated in the system.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The AZ Department of Housing as well as the jurisdictions within the CoC take an active role in the education and training of housing providers to ensure awareness of fair housing laws. Housing providers are encouraged to and sometimes required to attend fair housing law training and market their housing opportunities according to the law. Fair housing training and workshops are provided through the state of Arizona. At least two fair housing workshops are provided in Maricopa County each year. CoC funded providers are made aware of these training opportunities.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC requires all HUD CoC funded programs to have a policy in place within their agency to ensure that children are enrolled in school and connected to the appropriate services in our community. This is a requirement of the local annual funding application process. The Arizona Department of Education holds training sessions and conferences in which CoC funded programs are encouraged to attend on the McKinney Vento Education law and connecting with school liaisons and community resources and housing.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Arizona Department of Education State Homeless Coordinator serves on the Continuum of Care Regional Committee on Homelessness and is actively engaged with CoC funded providers. Each year, a homeless education track is provided at the Arizona Coalition to End Homelessness Conference. Homeless assistance providers attend the conference and are encouraged to attend sessions focused on McKinney-Vento education services. At the same time, homeless school liaisons are invited to attend training sessions offered by homeless assistance providers so that they can learn about the housing and services that are available in the community for homeless children.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC will collaborate will emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. The CoC will work with the Coordinated Assessment working group to ensure that a policy is developed on this and is incorporated in the referral process. The CoC will inform the community of this goal and will ask CoC funded providers to report on their compliance with this goal.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

At the January 27, 2014 Continuum of Care Regional Committee on Homelessness meeting, the CoC approved the creation of a working group to define homeless recidivism locally and determine the process for measuring, monitoring and reporting on returns to homelessness. Next steps include recruiting members to serve on the working group, determining the definition, and process for monitoring and measuring return entries. The recommendation will be made by the Working Group to the CoC and then implementation will begin upon approval.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC, in partnership with the Valley of the Sun United Way, have adopted the goals of Opening Doors. 1)Finishing the job of ending chronic homelessness: the CoC has prioritized housing CH in all CoC funded PSH programs. The CoC is part of the Partnership to End CH and is tracking CH placements in PSH and prioritizing turnover to CH. 2)Prevent and end homelessness among veterans: The CoC created a veterans working group that is developing and implementing action steps such as programs like Project H3 Vets which has housed all chronically homeless veterans in the greater Phoenix area. Systems have been developed to identify and quickly house homeless veterans. 3)Prevent and end homelessness for families, youth, and children: The CoC is requesting the reallocation of SSO project to create new RRH beds for homeless families. The CoC will collaborate with ESG providers to strengthen the capacity of programs for homeless families, children, and youth. 4)Set a path to ending all types of homelessness. The CoC will incorporate best practices and local successes like system change policies to end homelessness quickly and effectively for all populations.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The CoC implemented the first phase of coordinated assessment which includes an assessment center for homeless families, staffed by UMOM New Day Centers. The Family SPDAT tool will be used to refer homeless families to the most appropriate housing intervention to end homelessness. Homeless outreach teams will identify homeless families and refer them to the Coordinated Assessment Center for assessment. Additional resources will be made available through new RRH programs for families through CoC and ESG funding.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The CoC is coordinating with domestic violence service providers on the development of a parallel coordinated assessment process for victims of domestic violence. Safety is the number one concern for victims of domestic violence. The 2-1-1 resource and referral center will immediately refer victims of domestic violence to the DV assessment center. Staff is trained to assess for safety and make the most appropriate referral. The CoC has comprehensive system of DV emergency shelters and transitional housing programs that offer services to victims of domestic violence that addresses safety first. Case management services are provided to victims and their families and safe housing is available throughout the region. The CoC lead agency provides staffing for a Regional Domestic Violence Council that includes membership of DV providers, the DV Coalition and ensures housing and resources are available for victims of domestic violence.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

The CoC has transitional housing, emergency housing, permanent housing, rapid re housing, group homes, and semi-independent housing, drop in centers and resources centers throughout the community for homeless unaccompanied youth. Most resources for unaccompanied youth are specific to youth between the ages of 18-24. The 2013 application includes new (reallocated) RRH and PSH beds for homeless youth. A broad spectrum of support services are available for homeless youth through youth providers including job training, secondary and post-secondary education support, access to medical and mental healthcare, life skills, home furnishings, individual assessment of services needs, legal assistance, financial literacy, parenting skills, and rental tenancy education.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The CoC includes a Street Outreach Collaborative (SOC), facilitated by the Valley of the Sun United Way. The SOC includes all the homeless outreach teams in the region. The purpose of the SOC is to improve overall outreach to people on the streets. This group has developed a tool for all outreach teams, the areas they cover and services they provide. This tool is helpful to ensure that all parts of the region are covered in a collaborative way. Outreach teams will also be trained on conducting the SPDAT pre-assessment for those on the street unable to get to coordinated assessment centers. Outreach teams are encouraged to follow a navigation approach and develop housing focused goals.

3D-6 Describe the CoC’s current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The CoC established a Homeless Veterans Working Group through the CoC that is charged with addressing the needs of homeless veterans in the CoC. This group includes the federal, state and local veterans' groups, including the AZ Department of Veterans' Services, VA Medical Center and the CRRC. The City of Phoenix was recently was acknowledged by the White House as the first US city to house all chronically homeless veterans through Project H3 vets. This group has developed a system in place to quickly house homeless veterans. Partnerships include HUD-VASH, SSVF and Grant Per Diem programs. HUD VASH and section 8 housing has been prioritized for chronically homeless veterans and programs have been identified that serve non-VASH eligible homeless veterans. The goal is to expand the success in Phoenix across the entire region.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)

Yes, the CoC is reallocating funds to create one new RRH project for families (35 beds) and 3 new PH projects for CH (97 beds).The CoC has 680 beds dedicated to the chronic homeless population. We are seeing decreases in the number of chronically homeless on the streets, especially CH veterans as the White House recently acknowledged Phoenix as the first U.S. City to house all CH veterans.We are also incentivizing PSH projects to prioritize turnover to CH population and will prioritize PSH to CH through implementation of coordinated assessment. We have identified a need for additional RRH beds for families and have reallocated an SSO project to create RRH beds for families as a community priority.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$827,636				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Lamplighter	AZ0075L9T021204	PH	\$82,855	Regular
Nurture Care Enha...	AZ0079L9T021204	SSO	\$187,584	Regular
HUD EI/Mlrage/Sur...	AZ0073L9T021205	TH	\$24,039	Regular
Tempe Youth Resou...	AZ0092L9T021205	SSO	\$214,429	Regular
Phoenix Youth Res...	AZ0080L9T021205	SSO	\$318,729	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Lamplighter

Grant Number of Eliminated Project: AZ0075L9T021204

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$82,855

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The applicant, UMOM New Day Center, voluntarily decided to reallocate this project \$82,855 plus one other project, UMOM Nurture Care for \$187,584 to create one new PH project called Housing First for Families II in the amount of \$270,439. The CoC Ranking and Review Panel reviewed this request and approved the reallocation of this grant as recommended and approved by the CoC.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Nurture Care Enhanced Childcare for Homeless Families

Grant Number of Eliminated Project: AZ0079L9T021204

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$187,584

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The project applicant, UMOM New Day Center, is voluntarily reallocating this grant for \$187,584 plus another grant, UMOM Lamplighter in the amount of \$82,855 to create a new PH grant called Housing First For Families II in the amount of \$270,439. The CoC Ranking and Review Panel reviewed this request and approved the reallocation of this grant as recommended and approved by the CoC.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: HUD EI/Mirage/Surprise Transitional Housing

Grant Number of Eliminated Project: AZ0073L9T021205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$24,039

3F-2 Describe how the CoC determined that this project should be eliminated. (limit 750 characters)

The applicant, Catholic Charities, has voluntarily reallocated their TH grant to create a new PSH grant for CH called Verde Villas on Thomas in the amount of \$24,039. The CoC Ranking and Review Panel reviewed this request and approved the reallocation of this grant as recommended and approved by the CoC.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Tempe Youth Resource Center

Grant Number of Eliminated Project: AZ0092L9T021205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$214,429

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The applicant, Tumbleweed Youth Resource Center, has voluntarily reallocated this SSO grant in the amount of \$214,429 to create a new PSH grant called Tumbleweed START Housing Solutions PSH in the amount of \$235,842. The CoC Ranking and Review Panel reviewed this request and approved the reallocation of this grant as recommended and approved by the CoC.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Phoenix Youth Resource Center (Pappas)

Grant Number of Eliminated Project: AZ0080L9T021205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$318,729

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The applicant is voluntarily reallocating this grant for funds for a new PSH grant, called START Housing Solutions PSH (using \$21,413 of this grant) and one new RRH grant, called START Housing Solutions RRH in the amount of \$297,316. The CoC Ranking and Review Panel reviewed this request and approved the reallocation of this grant as recommended and approved by the CoC.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$827,636				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
28	Verde Villas...	PH	\$24,039	Regular
29	START Housin...	PH	\$235,842	Regular
30	Housing Firs...	PH	\$270,439	Regular
31	START Housin...	PH	\$297,316	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 28

Proposed New Project Name: Verde Villas on Thomas

Component Type: PH

Amount Requested for New Project: \$24,039

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 29

Proposed New Project Name: START Housing Solutions Permanent Supportive Housing for Young

Component Type: PH

Amount Requested for New Project: \$235,842

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 30
Proposed New Project Name: Housing First For Families II
Component Type: PH
Amount Requested for New Project: \$270,439

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 31
Proposed New Project Name: START Housing Solutions Rapid Rehousing for Young Families
Component Type: PH
Amount Requested for New Project: \$297,316

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$827,636
Amount requested for new project(s):	\$827,636
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC established a Performance Evaluation plan and measurement tool that was approved and implemented in August 2012. The CoC monitors performance on an annual basis, at a minimum and on a quarterly basis for projects that are identified as being "low performing". Our scoring tool was integrated into HMIS so that we can pull HMIS reports, mostly from APR data. This allows the CoC to assess the performance of all CoC Program funded projects and compare programs with like programs. Agencies identified as poor performing are required to develop an improvement plan and are monitored quarterly and will receive technical assistance to improve.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

Projects that are identified as low performing will receive technical assistance from the Collaborative Applicant as well as be matched with a high performing program of similar nature. The goals in the CoC is to work with low performing projects so that they can become high performing projects.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The Collaborative Applicant will provide technical assistance to projects that are underperforming with the goal of improving capacity and performance. The CoC held one-on-one technical assistance meetings with providers in 2013 and will continue to do so in 2014. During technical assistance meetings, best practices are shared and options for improving performance are discussed.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The CoC is working with the HMIS Lead Agency to develop a tracking method through HMIS to collect this data. In addition, we have incorporated a question in our point-in-time count to determine the length of time an individual or family is homeless. Our CoC began implementation of our regional Coordinated Assessment system with the first phase starting in the City of Phoenix for individuals and families. A pre-assessment is done and then referrals are made to the most appropriate housing intervention based on the score of the pre-assessment. This will reduce the amount of time people are homeless by quickly placing them in the housing intervention that will end their homelessness as quickly as possible.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography? (limit 1000 characters)

The goal of the CoC is to quickly and effectively end homelessness for individuals and families. We plan to do this through the implementation of a regional Coordinated Assessment System. We began implementation of our Coordinated Assessment System and know that this will reduce returns to homelessness because individuals and families will be placed in housing interventions that are most appropriate and effective for them. We are moving from a first come first served system to one that will assess for the level of need and make program referrals based on the specific needs of the individual or family. Once placed in the most appropriate housing possible, the individual or family is less likely to become homeless again.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

Valley of the Sun United Way, A CoC member agency, coordinates a homeless outreach team collaborative group. The group is made up of all the outreach team members in the CoC. The outreach teams are actively coordinated and collaborating with each other. During meetings they plan for ways to work better together and ensure that outreach is coordinated throughout the region. A one day summit was held in which outreach teams received training on Trauma Informed Care as a best practice to incorporate. Outreach teams are actively involved with our local 100,000 Homes Campaign called Project H3 and Project H3 Vets. The relationships outreach teams develop with homeless persons on the street carries over into their housing placement. Teams continue their interaction with clients once they are housed by doing welfare checks, connecting them with resources and services in the community, and ensure that their transition to housing is a success. This continued interaction contributes to housing retention.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

N/A

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	72%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 10/28/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

Trainings on the ACA were held in October at the statewide Arizona Coalition to End Homelessness annual conference. This session was highly attended by homeless service providers. Providers were provided with information about the ACA and trained on how to access the application to sign up for benefits. Providers were also encouraged to work with their clients on applying for ACA benefits and assist clients with signing up. The City of Phoenix is also holding information sessions and providing trainings on accessing and signing up for the ACA benefits. CoC funded providers also commit to ensuring staff is trained on available resources and how to assist clients.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (limit 1000 characters)

The Collaborative Applicant met one on one with homeless service providers, specifically transitional housing and supportive service only grantees, to discuss opportunities to identify other funding sources. Potential other funders include the municipalities, the County, the Department of Economic Security, Department of Health and Human Services as well as local philanthropy. Our local United Way, a member organization of the CoC, started a Funders Together group that is collectively and collaboratively planning to provide strategic funding for homeless housing and services in a way that maximizes funds and fills gaps in the community.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ502 - Certifica...	01/31/2014
CoC Governance Agreement	No	AZ 502 CoC Govern...	01/31/2014
CoC-HMIS Governance Agreement	No	AZ-502 HMIS Gover...	01/31/2014
CoC Rating and Review Document	No	AZ502 Rating and ...	01/31/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	AZ502 FY2013 HUD-...	12/30/2013
FY2013 Rank (from Project Listing)	No	AZ502-Project Lis...	01/31/2014
Other	No	AZ-502 CoC Commit...	01/31/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	AZ502 - Local App...	01/31/2014

Attachment Details

Document Description: AZ502 - Certification of Consistency with Consolidated Plan

Attachment Details

Document Description: AZ 502 CoC Governance Charter

Attachment Details

Document Description: AZ-502 HMIS Governance Documents

Attachment Details

Document Description: AZ502 Rating and Review Program Performance Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: AZ502 FY2013 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description: AZ502-Project Listing

Attachment Details

Document Description: AZ-502 CoC Committee CoC Planning Subcommittee Roster

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: AZ502 - Local Application - Public Solicitation

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/25/2014
1C. Committees	01/31/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/25/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	01/26/2014
2C. HMIS Beds	01/26/2014
2D. HMIS Data Quality	01/26/2014
2E. HMIS Data Usage	01/26/2014
2F. HMIS Policies and Procedures	01/26/2014
2G. Sheltered PIT	01/25/2014
2H. Sheltered Data - Methods	01/25/2014
2I. Sheltered Data - Collection	01/25/2014
2J. Sheltered Data - Quality	01/31/2014
2K. Unsheltered PIT	01/25/2014
2L. Unsheltered Data - Methods	01/25/2014
2M. Unsheltered Data - Coverage	01/25/2014
2N. Unsheltered Data - Quality	01/31/2014
Objective 1	01/30/2014
Objective 2	01/30/2014
Objective 3	01/31/2014
Objective 4	01/30/2014
Objective 5	01/31/2014
3B. CoC Discharge Planning: Foster Care	01/31/2014
3B. CoC Discharge Planning: Health Care	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/31/2014
3B. CoC Discharge Planning: Corrections	01/31/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/31/2014
3E. Reallocation	01/30/2014
3F. Grant(s) Eliminated	01/31/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/31/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/25/2014
4B. Employment Policy	01/25/2014
4C. Resources	01/31/2014
Attachments	01/31/2014
Submission Summary	No Input Required

Continuum of Care Committee

Roster

Name:	Organization	Title	Phone Nos.	E-mail/Fax	Address:	Paper:
	Department of Public Health				1645 E Roosevelt St Phoenix AZ 85006-3638	No
Tammy Albright	City of Mesa			tammy.albright@mesaaz.gov	PO Box 1466 Mesa AZ 85211	Yes
Karia Lee Basta	Arizona Department of Housing	Special Needs Programs Administrator	(602) 771-1085 (602) 771-1000	karia.basta@azhousing.gov (602) 771-1005	1110 W Washington St Ste 310 Phoenix AZ 85007	Yes
Libby Bissa	City of Phoenix Human Services Department	Family Advocacy Center Director	(602) 534-3070	libby.bissa@phoenix.gov (602) 534-2122	2120 N Central Ave Phoenix AZ 85004	No
Donna Bleyle	Arizona Department of Economic Security	State Homeless Coordinator	(602) 542-9949 (602) 568-2155	dbleyle@azdes.gov	1789 W Jefferson Phoenix AZ 85007	Yes
Kathryn D. Brown	Arizona Department of Corrections	Placement Administrator	(602) 771-5725 -	KBrown@azcorrections.gov	1601 W Jefferson St Phoenix AZ 85007-3002	No
Fredrick (Rick) Buss	Town of Gila Bend	Town Manager	(928) 683-2255	fbuss@gilabendaz.org	PO Box A Gila Bend AZ 85337	Yes
Steve Capobres	Catholic Charities	Vice President of Business Development	(602) 650-4807 (480) 699-3356	scapobres@cc-az.org	4747 N. 7th Ave. Phoenix AZ 85013	Yes
Kendra Cea	Arizona Public Service	Customer Relations Manager	(602) 371-7872	kendra.cea@aps.com	PO Box 53933 MS 3108 Phoenix AZ 85072	No
Michael Celaya	City of Surprise	Intergovernmental Relations Director	(623) 222-3623 (623) 640-1467	michael.celaya@surpriseaz.gov (623) 222-1301	16000 N Civic Center Plaza Surprise AZ 85374	Yes
Krista Cornish	City of Buckeye	Community Action Program Supervisor	(623) 349-6615	kcornish@buckeyeaz.gov (623) 349-6610	201 E Centre Ave Buckeye AZ 85326	Yes
Shana Ellis	City of Tempe	Councilmember	(480) 350-8813	shana_ellis@tempe.gov (480) 350-8997	PO Box 5002 Tempe AZ 85280	Yes
Kevin Hartke	City of Chandler	Councilmember	(480) 782-2200	kevin.hartke@chandleraz.gov	PO Box 4008 Chandler AZ 85244	Yes

Continuum of Care Committee

Roster

Name:	Organization	Title	Phone Nos.	E-mail/Fax	Address:	Paper:
Ian Hugh	City of Glendale	Councilmember, Cactus District	(623) 930-2249 (602) 615-7672	ihugh@glendaleaz.com	5850 W Glendale Ave Glendale AZ 85301	Yes
Theresa James	City of Tempe	Homeless Coordinator	(480) 858-2360	theresa_james@tempe.gov (480) 350-8902	PO Box 5002 Tempe AZ 85280	Yes
Stephanie Knox	Magellan Health Services of Arizona	Housing Director	(602) 797-8280	SMKnox@magellanhealth.com (866) 891-3693	4129 E Van Buren St Ste 150 Phoenix AZ 85008	No
Nick Margiotta	City of Phoenix Police Department	Central City Precinct	(602) 708-3647	nick.margiotta@phoenix.gov	1902 S 16 St Phoenix AZ 85034-5306	No
Michael McQuaid	Human Services Campus	Managing Director	(602) 840-7572 (602) 363-0011	rmmcquaid@aol.com	1209 W Madison Phoenix AZ 85007	No
Frank Migali	Arizona Department of Education	Homeless Education Coordinator	(602) 542-7463	Frank.Migali@azed.gov (602) 542-3100	1535 W Jefferson St BIN 32 Phoenix AZ 85007	Yes
Linda Mushkatel	Maricopa County	Contract Administrator Health Care	(602) 506-7062 -	lmushkat@mail.maricopa.gov (602) 506-8567	301 West Jefferson Ste 3200 Phoenix AZ 85003	No
Darlene Newsom	United Methodist Outreach Ministries	CEO	(602) 275-7852 x201	DNEWSOM@UMOM.ORG (602) 275-6548	3333 E Van Buren St Phoenix AZ 85008	No
Christina Plante	City of Goodyear	Neighborhood Services Coordinator	(623) 882-7801	christina.plante@goodyearaz.gov	190 N Litchfield Road Goodyear AZ 85338	Yes
Sean Price	Arizona Department of Veterans Services	Homeless Veterans Services	(602) 234-8402	sprice@azdvs.gov	3839 N Third St Ste 209 Phoenix AZ 85012	Yes
Gina Ramos Montes	City of Avondale	Neighborhood and Family Services Director	(623) 333-2700 -	gmontes@avondale.org (623) 333-0270	1007 S Third St Avondale AZ 85323	No
Catherine Rea	Community Information & Referral Services	Chief Executive Officer	(602) 263-8845	crea@cir.org	2200 North Central Avenue Suite 211 Phoenix AZ 85004	Yes
Amy Schwabenlender	Valley of the Sun United Way	Community Investment Manager	(602) 631-4841 -	aschwabenlender@vsuw.org (602) 776-3341	1515 E Osborn Rd Phoenix AZ 85014-5386	Yes

Continuum of Care Committee

Roster

Name:	Organization	Title	Phone Nos.	E-mail/Fax	Address:	Paper:
Joan Serviss	Arizona Coalition to End Homelessness	Executive Director	(623) 225-6728 (602) 340-9393	jserviss@azceh.org	2800 N Central Ave Ste 1570 Phoenix AZ 85004	Yes
Ursula Strehans	Maricopa County Human Services Department	Assistant Director for Community Development	(602) 372-1526	strehansu@mail.maricopa.gov	234 North Central, 3rd Floor Phoenix AZ 85004	Yes
Jacki Taylor	Save the Family	Executive Director	(480) 898-0228 -	jtaylor@savethefamily.org (480) 898-9007	450 W 4th Pl Mesa AZ 85201	Yes
Margaret Trujillo	MgTrujillo & Associates LLC		(480) 345-4333 (602) 695-8811	mgtrujillo@cox.net (480) 345-4333	7158 S Jen Tilly Lane Tempe AZ 85283	No
Ted Williams	Arizona Behavioral Health Corporation	President	(602) 330-3700 (602) 712-9200	tedw@azabc.org (602) 712-9222	1406 N 2nd Street Phoenix AZ 85004	No
Thelda Williams	City of Phoenix	Councilmember, District 1	(602) 262-7444	council.district.1@phoenix.gov (602) 534-4793	200 W Washington St 11th Floor Phoenix AZ 85003-1611	Yes
Diana Yazzie Devine	Native American Connections Inc	Executive Director	(602) 254-3247 x1000 (602) 463-9432	d.devine@nativeconnections.org (602) 238-9081	4520 N Central, Ste 600 Phoenix AZ 85012	No

Continuum of Care Planning Subcommittee

Roster

Name:	Organization	Title	Phone Nos.	E-mail/Fax	Address:	Paper:
Richard Geasland LCSW	Sojourner Center	Associate Director	(602) 296-3340 (602) 818-8239	rgeasland@sojournercenter.org (602) 244-8006	PO Box 20156 Phoenix AZ 85036	No
Katie Hobbs	Sojourner Center	Director of Government Relations	(602) 296-3337	KHOBBS@SOJOURNERCENTER.ORG (602) 244-8006	PO Box 20156 Phoenix AZ 85036	No
Theresa James	City of Tempe	Homeless Coordinator	(480) 858-2360	theresa_james@tempe.gov (480) 350-8902	PO Box 5002 Tempe AZ 85280	No
Nick Margiotta	City of Phoenix Police Department	Central City Precinct	(602) 708-3647	nick.margiotta@phoenix.gov	1902 S 16 St Phoenix AZ 85034-5306	No
Linda Mushkatel	Maricopa County	Contract Administrator Health Care	(602) 506-7062 -	lmushkat@mail.maricopa.gov (602) 506-8567	301 West Jefferson Ste 3200 Phoenix AZ 85003	No
Darlene Newsom	United Methodist Outreach Ministries	CEO	(602) 275-7852 x201	DNEWSOM@UMOM.ORG (602) 275-6548	3333 E Van Buren St Phoenix AZ 85008	No
Laura Peters BSW	Labor's Community Service Agency		(602) 263-5741	laura@lcsaphx.org	Email Only	Yes
Catherine Rea	Community Information & Referral Services	Chief Executive Officer	(602) 263-8845	crea@cir.org	2200 North Central Avenue Suite 211 Phoenix AZ 85004	Yes
Cynthia A. Schuler Esq.	Tumbleweed Center for Youth Development	CEO/Executive Director	(602) 271-9904 x110	cschuler@tumbleweed.org	1419 N 3rd St #100 Phoenix AZ 85004	Yes
Amy Schwabenlender	Valley of the Sun United Way	Community Investment Manager	(602) 631-4841 -	aschwabenlender@vsuw.org (602) 776-3341	1515 E Osborn Rd Phoenix AZ 85014-5386	No
Rob Schweitzer	City of Mesa	Community Revitalization Coordinator	(480) 644-3024	Rob.Schweitzer@mesaaz.gov	PO Box 1466 Mesa AZ 85211	Yes
John F. Scott II MSW	United States Marine Corps U.S. VETS-Phoenix	Executive Director	(602) 501-5548	jscott@usvetsinc.org	804 E. Jones Avenue Phoenix AZ 85040	Yes
Laura Skotnicki	Save The Family	Director of Case Management	(480) 898-0228 x203	lauras@savethefamily.org (480) 898-9007	450 W 4th Pl Mesa AZ 85201	No

Continuum of Care Planning Subcommittee

Roster

Name:	Organization	Title	Phone Nos.	E-mail/Fax	Address:	Paper:
John Wall	Central Arizona Shelter Services	Arizona Housing Inc Program Director	(602) 256-6945 x3043	jwall@cassaz.org (602) 256-6401	1735 NW Grand Ave Phoenix AZ 85007	No
Diana Yazzie Devine	Native American Connections Inc	Executive Director	(602) 254-3247 x1000 (602) 463-9432	d.devine@nativeconnections.or g (602) 238-9081	4520 N Central, Ste 600 Phoenix AZ 85012	No