MARICOPA ASSOCIATION of GOVERNMENTS
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50th Anniversary
1967–2017

September 7, 2016

TO: Members of the Maricopa Regional Continuum of Care Committee

FROM: Mattie Lord, UMOM New Day Centers, Chair
Jacki Taylor, Save the Family Foundation of Arizona, Vice Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 9:30 a.m.
Wednesday, September 14, 2016
MAG- 2nd floor Ironwood Room
302 N. 1st Avenue
Phoenix, AZ 85003
(Parking is available from the garage below the building. Bring your parking ticket to the meeting for validation.)

The next Maricopa Regional Continuum of Care Committee (CoC) meeting will be held at the time and place noted above. Members of the CoC may attend either in person or by phone. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: ftp://ftp.azmag.gov/ContinuumOfCareRegionalCommitteeonHomelessness.
This location is publicly accessible and does not require a password.

Please park in the garage underneath the building. Bring your ticket to the meeting, parking will be validated. For those using transit, the Regional Public Transportation Authority will provide transit tickets for your trip. For those using bicycles, please lock your bicycle in the bike rack in the garage.

In 1996, the Regional Council approved a simple majority quorum for all MAG advisory committees. If the Maricopa Regional Continuum of Care Committee does not meet the quorum requirement, members who have arrived at the meeting will be instructed a legal meeting cannot occur and subsequently be dismissed. Your attendance at the meeting is strongly encouraged.

Pursuant to Title II of the Americans with Disabilities Act (ADA), MAG does not discriminate on the basis of disability in admissions to or participation in its public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the MAG office. Requests should be made as early as possible to allow time to arrange the accommodation.

If you have any questions, please call the MAG office.

MARICOPA REGIONAL CONTINUUM OF CARE COMMITTEE (COC)
TENTATIVE AGENDA
September 14, 2016

	COMMITTEE ACTION REQUESTED
1. Call to Order	
2. Call to the Audience An opportunity will be provided to members of the public to address CoC on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless CoC requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.	2. Information.
3. Approval of August 10, 2016 Meeting Minutes The Committee will consider the approval of the minutes from the August 10, 2016 meeting. The draft document "Draft Minutes for the August 10, 2016 Meeting" was distributed with the meeting materials.	3. Approval of the August 10, 2016 Continuum of Care Committee meeting minutes.
4. Welcome New CoC Committee Members The Committee will welcome new members: Linda Elliott, one n ten; Major Barb Sloan, the Salvation Army; Brandi Whisler, Circle the City; and, Andrea Williams, Southwest Behavioral Health Services.	4. Information.

5. 2017 NOFA Scorecard

The CoC Committee adopted changes to the Program Performance Scorecard and changes to the Ranking and Review process for the 2016 NOFA. To prepare for the 2017 NOFA, the Committee will review the scorecard for comment, feedback, and possible changes. A draft of the 2016 CoC-adopted scorecard was distributed with the meeting materials.

5. Information, discussion, and possible action to recommend changes for the 2017 NOFA Scorecard.

6. Regional Plan to End Homelessness

The CoC Board adopted the Regional Plan to End Homelessness at the August 29, 2016 Board meeting. The Board expressed interest in having the plan serve as a working document that is updated as we gather new information. The Committee will discuss the plan and suggest changes/input. The draft Strategic Plan to End Homelessness was distributed with the meeting materials.

6. Information, discussion and possible action to suggest input on the Regional Plan to End Homelessness.

7. NOFA Debriefing Process

The 2016 NOFA will be submitted by September 14, 2016. The Committee will discuss the 2016 process and suggest changes for the next NOFA process and review the Ranking and Review Process. The 2016 Ranking and Review Process was distributed with the meeting materials.

7. Information, discussion, and possible action to recommend changes for the 2017 NOFA process and Ranking and Review Process.

8. Performance Improvement Process

Volunteers from the Committee offered to work together to define the Performance Improvement Process and align it with the CoC's monitoring Plans. A report from the group will be provided.

8. Information and discussion.

9.	CoC Committee Minutes Format Discussion of CoC Committee minutes. Some members have expressed dissatisfaction with the CoC Committee minutes, concern that they are too detailed, etc. As one of the official MAG approved committees, there are constraints in what can be done. The Committee will discuss the minutes and format.	9. Information and discussion.
10.	Reports from Work Groups and Board The following updates will be provided for information and discussion: -Performance Standards and Data Quality (PSDQ) -Coordinated Entry and Oversight Work Group (CEOWG) -HMIS Committee -ESG Collaborators -CoC Board	10. Information and discussion.
11.	Request for Future Agenda Items Topics or issues of interest that the Maricopa Regional Continuum of Care Committee would like to have considered for discussion at a future meeting will be requested.	11. Information and discussion of future agenda items.
12.	Comments from the Committee An opportunity will be provided for Continuum of Care Committee (CoC) members to present a brief summary of current events. CoC members are not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.	12. Information.

Adjournment

MINUTES OF THE
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)
CONTINUUM OF CARE COMMITTEE
August 10, 2016
MAG Office Building, Ironwood Room

MEMBERS ATTENDING

Karia Basta, Arizona Department of Housing (ADOH)
David Bridge, Human Services Campus (HSC)
Kathy Di Nolfi, A New Leaf
Lisa Eddings-Wilburn, Terros Safe Haven
#Robert Ferraro, City of Tempe Law Enforcement
Joann Hatton, Arizona Healthcare Cost Containment System (AHCCCS)
Vicki Helland, Community Bridges
#Michelle Jameson, United States Veterans Initiative, U.S. VETS-Phoenix
Nicole Janich MSW, Arizona State University
#Jessa Johnson, Mercy Maricopa Integrated Care (MMIC)
Mattie Lord, UMOM New Day Center
Suzie Martin, Homeward Bound
Linda Mushkatel, Lodestar Day Resource Center (LDRC)
Stephen Sparks, Labor's Community Service Agency (LCSA)
Charles Sullivan, Arizona Behavioral Health Corporation (ABC)
Jackie Taylor, Save the Family
Michelle Thomas, Community Information & Referral
Keith Thompson, Phoenix Shanti Group
Vivian Mann, Tumbleweed
John Wall, Arizona Housing Inc.

*Neither present nor represented by proxy.
#Attended by telephone conference call.
+Attended by video conference.

OTHERS PRESENT

Renee Ayres-Benevidez, City of Glendale
James Claymon, Phoenix Shanti Group
Jane Clajes, La Frontera Empact
Linda Elliott, one-n-ten
Carol Merritt, Citizen
Lisa Miller, UMOM
Stephanie Shaw, Area Agency on Aging
Brenda Ward, La Frontera Empact
Dr. Andrea Williams, Southwest Behavioral Health (SWBH)
Brandi Whisler, Circle the City

Anne Scott, MAG

1. Call to Order and Introductions
   Mattie Lord, UMOM New Day Center, Chair of the Continuum of Care (CoC) Committee, called the meeting to order at 9:33 a.m. Introductions of the Committee and audience ensued.
2. Call to the Audience

Audience members were given an opportunity to address the Committee on items that were not on the agenda that are within the jurisdiction of the Committee, or non-action agenda items that are on the agenda for discussion or information only. There were no comments.

3. Approval of the May Meeting Minutes

Chair Lord entertained a motion to approve the July 13, 2016 meeting minutes. A motion to approve the minutes was made by Keith Thompson, Phoenix Shanti Group. The motion was seconded by Suzie Martin, Homeward Bound. There were no comments. The motion passed unanimously.

4. Approval of New CoC Committee Members

Chair Lord expressed that as is illustrated in the governance charter, the Committee makes an annual commitment of a small group of the Committee members to form a membership review workgroup, which utilizes the same process employed in January and in July. Six applications were received for three vacancies. A scoring matrix was used, which contained four different domains to determine if the applicant was in a priority recruitment group. The Committee's strategy was to recruit from members of the business community, medical providers, property management, housing developer, or workforce development program. Points were assigned if the applicants met the criteria for the priority category. Additionally, points were assigned based on the applicant's interest and experience in addressing homelessness, for their interest in working with the CoC and their intended contributions based on the CoC's responsibilities. Scores were aggregated and candidates were rank-ordered, after which point the workgroup made its decision to include Brandi Whisler, Director of Outpatient Services at Circle the City for a two year term; Linda Elliott, Executive Director at one-n-ten for a three year term; Major Barbara Sloan, Executive Director of Family Services at Salvation Army for a two year term, and Dr. Andrea Williams, Program Coordinator at Southwest Behavioral Health (SWBH) as the recommended four new members. Mr. Thompson moved to approve the new membership. Charles Sullivan, Arizona Behavioral Health Corporation (ABC) seconded the motion. The motion passed unanimously, putting the CoC membership at 31.

5. NOFA Scorecard

Chair Lord directed attention to the Notice of Funding Application (NOFA) scorecard, and expressed that after some deliberation, the group made some changes at the last meeting, but ran out of time and lost quorum, and could not finish the intended action. She communicated that some sub-committees followed up afterward, making some changes for Part II of the scorecard. She expressed that the scorecard had already been approved by the Board, which would be used for this year's NOFA. She invited members to share their concerns and provide feedback for next year's scorecard, and added that the group should be working on details of the scorecard now to prevent working against a deadline next year.

Chair Lord indicated that the group struggled to find an alternative to the risk adjustment points, so the question stayed as it was approved from the last round. Ten points were assigned to agencies who serve higher needs populations based on the categories. David Bridge, Human Services Campus (HSC), expressed that one of the challenges was trying to incorporate federal benchmarks around housing first, and inquired how those were incorporated into the scorecard. Anne Scott, MAG, agreed they were difficult to incorporate, but expressed that "returns to homelessness" (a system performance measure), "increases in income" (as a non-scored measure to look at for the future) and "cost effectiveness" (not a system performance measure), were added in Part II. Seven points were

assigned for housing first. Joann Hatton, Arizona Healthcare Cost Containment System (AHCCCS), inquired whether clients were being released from prison should be included on question 1 for "Harder to Serve", and wondered why that did not appear on the scorecard. Chair Lord indicated that there was an assumption that households that have a prevalence of these conditions make it harder to meet the outcome measures, and she supposed that coming out of a corrections facility wasn't a factor that would impact other things. She continued that Ms. Hatton's inquiry had not been brought up in the three years this had been a measure, and that it would be an item that could be added in that category. She added that part of the contributing factor is that this is not currently measureable in Homeless Management Information System (HMIS).

Linda Mushkatel, Lodestar Day Resource Center (LDRC), pointed out that it is difficult for felons to obtain employment, leading to a relationship with income, adding that she has brought it up in the Point in Time (PIT) count. Vivian Mann, Tumbleweed, added that many landlords screen felons out. Chair Lord indicated that sex offenders are on the bottom of the list, and are not tracked in HMIS. Mr. Sullivan noted that while some agencies use a field in HMIS to track sex offender status, not all agencies use it. He added that if the CoC chooses to track sex offenders, that field could be added into HMIS. Chair Lord indicated the Committee would consider adding felons for next year's scorecard. Mr. Bridge inquired whether it made sense to incorporate the Housing Urban Department's (HUD) defined criteria on items to exclude, such as sex offenders and manufacturing methamphetamine in public housing. Mr. Wall pointed out that this was also in the HUD application to meet federal criteria for Housing First, autoscoring how questions are answered. Chair Lord expressed that some people in the community feel this section is unnecessary, because everyone funded by HUD is taking referrals from coordinated entry, agencies don't have the ability to choose, and there is more of a level playing field.

Mr. Sullivan indicated there have been several conversations regarding that topic, and that this is true, especially for permanent housing, which is comprised of many legacy projects. He indicated that those agencies are only taking new people from coordinated entry. He expressed that felonies may affect income, but not everything on the scorecard. He suggested implementing more of the systems performance measures, such as how projects contribute to the length of time homeless, or how fast clients are housed, which would affect felonies. He expressed there would be validity in having a consideration for the harder to serve, perhaps not 10 percent of the scorecard, but added it should still be part of the conversation each year.

Discussion ensued on points on the scorecard. Chair Lord expressed that performance should be a bigger percentage of the score than 15 percent. Mr. Bridges stated that points should be decreased if Committee feels it's arrived at a point where agencies have gotten rid of their eligibility barriers, assessments, and criteria in favor of a Housing First or low barrier model. Mr. Bridges proposed that those points should be allocated to "Outcomes" and "Performance" instead. Mr. Bridges expressed that the Continuum was probably not there yet, and conveyed that the biggest problems were legacy issues around programs that have unique criteria that aren't consistent with HUD's direction in creating low barrier programs. Chair Lord noted that no one in the Committee seemed intent on getting rid of these points, and pointed out that agencies could score ten points for housing stability; five for income, and five for returns to homelessness, which are 20 points out of 100 that are related

to actual performance, while 80 percent was allocated for other items. She expressed that the percentage seemed low.

Karia Basta, Arizona Department of Housing (ADOH), expressed that performance is part of the Continuum as a whole, and breaking that performance down by each program is difficult. She added that there lots of other programs in the Continuum that aren't necessarily funded by the Continuum dollars, and expressed that the Continuum is much more than the CoC-funded programs. Ms. Basta proposed that if the CoC does not have Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Outreach, Access, and Recovery (SOAR) or source-trained staff, it should have a Memorandum of Understanding in place (MOU) so that it sends staff to work with someone who is SOAR trained. She indicated that instead of one big question, it should be broken down into a series of bullet points to ensure the CoC is receiving all its points.

Chair Lord replied that she recalled language that the Continuum must look at how each project contributes to the performance at a systems level. Mr. Sullivan expressed that the same performance measures, which have been used for years, may not be in place moving forward. He pointed out that project performance measures (where goals are set for income and housing stability), were completely taken out of this year's application, and that there was no indication of where that would be placed. He added that leverage was also taken out, and that this should be a consideration when the application in the NOFA comes out in the next year. Chair Lord expressed that the CoC will still have to come up with objective criteria, even if HUD chooses to take these items out. Mr. Sullivan pointed out that part of the challenge is that the CoC uses the annual performance report (APR) as backup documentation, and if HUD removes it, the CoC has to figure out to track them locally to continue measuring it this way. Additionally, if removed, the CoC has flexibility in the wording and how it's measured as a community, as opposed to how HUD has presented it.

Mr. Sullivan inquired whether the CoC should stick with the current measures, or revamp the entire scorecard. Chair Lord expressed not wanting to wait until HUD announces what they are doing with the APR and putting forth the best effort, then making minor adjustments when the registration and NOFA are announced. Mr. Bridge expressed that the points should reflect the priorities of the Continuum if it is moving toward a system whose goal is to reduce homelessness across the board, for example: weaknesses in HMIS participation, program performance, participation in coordination entry meetings, etc. He indicated that the Continuum's perceived weaknesses should be addressed with the points, and that if performance was everything, perhaps it should allotted 50 percent of the grade this year. Chair Lord indicated that #7 is a placeholder for priorities, and expressed that this year the CoC chose participation in coordinated entry, but noted it was only five points. She added that perhaps the category should be expanded and weighed differently. Chair Lord summarized that the Committee discussed:

- Adding fill-ins or the federal restriction category to question #1 (risk adjustment points);
- Increasing overall percentage of points for performance, which is currently 20;
- Figuring out how projects contribute to the systems-level performance measures;
- Having more points for incremental steps, rather than a blanket outcome measure;

- Discuss alternatives for objective criteria;
- Looking at the CoC's priorities and regional plan to ensure it's reflected in the scorecard;
- Fitting the program improvements process into the evaluation;
- Consider recalculating cost effectiveness, and finally,
- Discuss weighting in general (point distribution).
- Parceling out the scorecard for area-specific blocks, such as performance measures, cost effectiveness, leverage, administrative, etc.

Chair Lord invited Ms. Scott to brainstorm with the Committee on content for the collaborative applicant to consider. Ms. Scott indicated she would like to discuss three items:

A description of the CoC strategies to assist the CoC program-funded projects to increase program participant cash income from employment, and non-employment noncash income sources. Ms. Scott indicated that while the NOFA asks about SOAR trained staff, the narrative is limited to a 1,000 character answer. She inquired began the discussion by asking how projects connect with income, how to provide noncash benefits to clients, and the employment partnerships that exist.

Mr. Thompson responded that Serious Mental Illness (SMI) is one of the largest housing populations of this CoC, and that there had been lots of development surrounding the state rehab and RBHA in terms of Medicaid funding and employment support for the SMI population. He indicated that all the providers and SMI housing providers would greatly benefit in terms of increased employment for that population.

Mr. Sullivan indicated that the SMI population has access to vocational rehab and supported employment through the clinics. He expressed that the same array of services are available to the SMI and GMHSA populations, so those services may also be available to those with general mental health substance abuse issues. Ms. Hatton clarified that any of the services that AHCCCS provides, such as employment and supportive services, are eligible to all eligible-AHCCCS members, including GMHSA, unless specifically stated that they are for a certain population, such as SMI. She added that AHCCCS is in process of drafting documents to communicate to providers that funding for GMHSA is available.

Mr. Sullivan expressed that the community has a growing SOAR program. Mr. Bridges inquired whether community outcomes for the SOAR program had been reported, as this was a requirement on the national level. He offered to send statistics, as HSC not only Campus clients but other agencies in the community as well. He expressed there might be a regional SOAR report that must be regularly submitted to the Social Security Administration (SSA). He indicated that St. Joseph the Worker, Circle the City, and other employment agencies in the community now have mobile units that are dispatched to the homeless community. He volunteered to reach out to St. Joseph the Worker to obtain a list of where it is providing mobile services to the homeless community. Jackie Taylor, Save the Family, added that Women, Infants and Children (WIC) will also go to individual programs to work with clients. She expressed that another robust activity in the community is the Supplemental Nutrition Assistance Program-eligibility (SNAPS) focus, which Mr. Sullivan suggested adding to the Health-e-Arizona application online, where clients can apply for other benefits. Chair Lord indicated that this would have a huge impact on systems potential, as it provides employment and training programs to SNAP-eligible recipients who are not receiving Temporary Assistance for Needy Families (TANF) benefits.

Ms. Hatton indicated that Adam Robson at AHCCCS is the state lead for SOAR, and that she is the backup. She offered to provide data. Mr. Bridges inquired about homeless grants in the community, and wondered about the possibility of gathering grant data from Arizona Women Education and Employment (AWEE), as they are partnering with various onsite employment services. He proposed incorporating outcomes for the Department of Labor Homeless grants in the community.

- The narrative around connection for victim service providers and non-victim service providers, CoC program funded, and non-CoC program-funded to ensure survivors of Domestic Violence (DV) are provided housing and services that provide and maintain safety and security. Ms. Scott expressed that last year's discussion centered on coordinated entry, and that this year's direction focuses on how the CoC connects services within the program in the Department of Justice (DOJ), the Emergency Shelter Grants (ESG) and HMIS programs within victim services. Ms. Scott inquired on best practices for the CoC to share data, while projecting personally identifiable information, as well as providing support.

  Chair Lord expressed that as DV provider do not provide information on the family side. Mr. Sullivan clarified that in order to process referrals, the least necessary information must be provided. He added that the homeless provider has to get a release in order to protect the clients' information. Chair Lord expressed that clients are empowered in taking the next step for the most appropriate service by calling centralized screening.

  Ursula Strephans, Central Arizona Shelter Services (CASS), expressed that part of the answer is the option for clients to protect their information in HMIS, which cannot be shared with homeless providers. Chair Lord indicated this was a Board-approved policy, and added that perhaps it was as simple as having the coordinated entry systems (CES) work together.

  Chair Lord shared that UMOM provides yearly trauma-informed and basic DV training, along with safety planning, and it routinely makes referrals to centralized screening. She added that when a victim is encountered that would be better served by a victim-specific program, the pipeline is there. Kathy Di Nolfi, A New Leaf, indicated that centralized screening is also done at A New Leaf to place clients in emergency housing. She expressed that now that Faith House Transitional is no longer funded by the CoC, A New Leaf is expanding how it's serving victim of crime, as well as all women and children in crises. She indicated that A New Leaf provides trauma-informed care training for its staff.

  Ms. Scott pointed out that DV providers who are funded through the program cannot input information into HMIS. She inquired about the best way to share clients' records between programs. Chair Lord expressed that records are not shared because this posed a safety issue, and added that DV providers use a different database. Ms. Di Nolfi indicated that centralized screening has a lot of that information in house, and they can provide demographics as need on the number of clients calling, what clients' needs are, and what services they are seeking.

  Mr. Bridge indicated that the data policy could be added to the CE workgroup's coordination policy document to demonstrate working progress. Chair Lord indicated that

the Board approved the policy. Ms. Di Nolfi expressed that centralized screening can pull up data on the number of referrals that a specific programs made, as well as which programs took those referrals.

Ms. Taylor indicated that part of the victim issue includes children, and since A New Leaf is a mandatory reporter, it must provide staff training on the right and responsibility of being a mandatory reporter.

- How the CoC collaborates with organizations; and which organizations the CoC collaborates with to connect clients with health insurance; how the CoC handles health insurance enrollment, and what public, private, nonprofit and other health insurance organizations the CoC collaborates with for program participants. Ms. Scott expressed that this aspect was fairly new to NOFA, and the CoC must ensure that clients are enrolled in AHCCCS or the Health Insurance Marketplace.

  Mr. Thompson indicated that the community behavioral health system underwrites many of the advocates who assist many community agencies with the Marketplace and Health-e-Arizona application with federal dollars.

  Stephen Sparks, Labor's Community Service Agency (LCSA), suggested adding that much of the advocacy done in the past year to encourage state leaders to reinstate the Children's Health Insurance Program (CHIP). He expressed that Arizona is not alone in not having a CHIP program, and added that KidsCare is once again being funded as a result of advocacy among community groups and leaders, such as Children's Action Alliance.

  Ms. Hatton added that many of the providers have access to a "sister module" to Health-e-Arizona Plus to assist in helping people apply for different benefits. The system saves the records, so there is no need in getting duplicate copies of identification.

  Mr. Sullivan expressed that once in the program, case management connects clients to health insurance, especially helping to ensure they stay current with Medicaid.

  Mr. Bridge indicated that HSC has Healthcare for the Homeless as a Health-e-Arizona site, and added that United Way collaborated with Keogh for a mass enrollment at HSC about a year ago. He added that HSC held a mental health summit as part of the 0-17, and the organization is in the process of sharing the entire list with AHCCCS on the number of enrollees to determine, from a Coordinated Entry (CE) standpoint, if HSC needs to incorporate the AHCCCS eligibility determination enrollment intake process to ensure it is enrolling clients as quickly as possible during the intake process.

Ms. Strephans indicated CASS does a lot of work with hospitals, emergency rooms and social workers when clients are transported, so her case management team transfers information back and forth to ensure clients are enrolled in health insurance.

Chair Lord mentioned that UMOM has an on-site Department of Economic Security (DES) eligibility worker, as well as formal partnerships with Phoenix Children's Hospital (PCH), Healthcare for the Homeless, Midwestern University, and Barros.

Ms. Whisler expressed that Circle the City has a partnership with Keogh, and that seven staff members at are Health-e-Arizona trained.

Ms. Scott thanked the Committee for its helpful input and expressed she would be reaching out to obtain more information.

8. Program Performance Improvement Process

Chair Lord referenced a flowchart, over which the Committee had met twice to discuss and then placed on hold since about April. She indicated that the timeline for scorecards is in January and June, and it was set by the Board. She expressed that the Committee decides which agencies needs assistance based on the results of the scorecard. She inquired whether agencies are only measured on the scorecard, or on the totality of the scorecard.

Ms. Mushkatel indicated that other measures should be reviewed, since performance is only a small percentage of the scorecard.

Mr. Sullivan suggested looking at every area individually, instead of the whole picture.

Chair Lord expressed that it made sense to parcel out the scorecard into area-specific blocks, such as performance measures, cost effectiveness, leverage, administrative, etc. She expressed that a provider could have good performance, yet not be cost effective, and those performance improvement plans would look very different. She continued that the Committee looks at the scorecard by categories and the Board decides who needs a Program Improvement Plan (PIP) by identifying areas of risk or concern, or the agency could request it.

Chair inquired whether training was being written into the proposal for additional planning dollars to provide training and technical assistance. Ms. Scott indicated that the Committee is writing in additional consulting dollars, which would be appropriate for training as well. She expressed that while HUD provides Technical Assistance (TA), the Committee has not accessed it. Ms. Scott indicated that HUD provides other types of training, including CoC 101 training on how to manage a CoC program, which has not been offered for some time now. She expressed it would be helpful if the Continuum could leverage its resources with HUD's training and added that as the Committee figures out its priorities, it could potentially use consulting funds, which the Board would have to approve. Ms. Scott expressed that some providers have been identified by HUD as

struggling on the administrative side, requiring technical support around billing, cost allocation, etc. she added that the group would have to consult with the HUD field office.

Mr. Thompson inquired about the possibility of including some of the Coalition's staffing and motivational interviewing training as part of this training (to include administrative and service delivery training as well), if it was identified as a provider's need. He expressed that there were many types of training resources for all sorts of levels. He continued that part of last year's discussion with the Permanent Supportive Housing (PSH) workgroup related to the ongoing need for staff training on all levels in various areas, and added that there was quite a bit of training available that had been developed. He wondered about the possibility that providers were unaware that the training was available.

Mr. Wall expressed that the Coalition to End Homelessness and Arizona State University (ASU) were taking the lead on finding training, some of which were free.

Ms. Martin agreed that lots of training was available, and voiced that it probably wasn't MAG's or the Continuum's responsibility to provide it. She added that providers who were struggling could turn to other providers for help, and that it made sense for training to be common to lots of providers, affording opportunities for collaboration, especially when associated with costs.

Having discussed training options, Chair Lord moved onto the next part, "Request formal TA". Ms. Scott expressed that it would be a good idea for the Continuum to discuss a sole provider's need for TA from HUD, as the consultant funds would be better used for community priorities that benefitted everyone.

Mr. Sullivan indicated that peer sharing might be most appropriate for those providers needing assistance.

Ms. Mushkatel inquired if training dollars could be used if another provider excels in an area is asked to train one who isn't, and needs funding to backfill or support that. She indicated that while peer sharing was a good concept, every provider is busy. Ms. Scott expressed she would have to investigate whether funding for training was restricted in a situation such as the one that Ms. Mushkatel posed.

Chair Lord directed attention to the box that indicates "Update scorecard", and inquired whether it should be like the line above, as it is not coming off the formal TA. She further questioned why it was a subordinate of TA, and expressed that the training, the TA, and peer sharing are tools to help improve performance. She added that "the project proposes its own PIP" also seemed to be misplaced. She proposed moving that up.

Mr. Bridge expressed that this would be a good opportunity to increase resources for the community by reaching out to the Piper Center and Pulliam to create a partnership to sponsor a few agencies. He indicated this would be more beneficial than having a few agencies increase their funding.

Chair Lord inquired about the groups that have a role in this. She pointed out that the Board would approve providers who need a PIP, and expressed taking action in January.

Ms. Scott indicated that the score contains a question, which was in last year's NOFA regarding monitoring issues on utilization, cost effectiveness. She expressed that the Committee discussed the process for reviewing the scorecard, which is an acceptable form of monitoring. She pointed out that while Tucson is doing desk monitoring, the Committee may not find it to be an adequate form of determining projects' performance. She added that MAG is in process of hiring staff for a monitoring position, and that the monitoring protocol needs to be developed. Additionally, MAG has been reaching out to other Continuums to discuss their monitoring protocol. Ms. Scott indicated that there are several unanswered questions about the PIP: who decides it's necessary? How is it written? Is it standard form, such as a letter with specific items to be addressed within a certain timeframe? She expressed the possibility of using consulting funds to work on the PIP.

Chair Lord inquired whether the collaborative applicant would determine the monitoring process. Ms. Scott expressed that the Committee would need guidance on how to proceed, and that the dialogue would involve the community.

Ms. Taylor recommended that this should be discussed as a Committee, forwarding the decision to the Board, as it oversees the applicants.

Ms. Hatton volunteered to resend the Committee a tool that AHCCCS uses.

Chair Lord reiterated her preference in having one cohesive process to monitor program to include the scorecard.

Ms. Mushkatel expressed that the scorecard strikes her as a formative loop which should serve as a regular evaluation feedback loop, and suggested that this might require a subgroup.

Chair Lord expressed that while the Committee would soon have tools and resources to work with (a new staff member and possibly consulting dollars), the scorecard still needs additional work, including the design. She indicated that the scorecard was not necessarily PSDQ's role, as the workgroup is already overburdened as it is. She invited interested Members to serve on subgroup. Ms. Hatton, Mr. Sullivan, Ms. Janich, and Mr. Wall agreed to serve on the subgroup.

9. Reports from Work Groups and Board

Chair Lord invited Mr. Sullivan to provide an update from PSDQ. Mr. Sullivan indicated that the workgroup has met several times since the last update, and has been working on several issues. He expressed that the biggest task on hand is the policies and procedures for data in the community, which stemmed from the community's need for HMIS' policies and procedures documents to be approved and used. He expressed that with the CE system coming on board, and with multiple systems and other comparable databases in use in the community, PSDQ is working

on a comprehensive policies and procedures document for the application that is due now. He stated that PSDQ did not believe it would be possible to get the full document in place with the short timeframe, and pointed out that the document that includes HMIS is about 80 pages long. He expressed that PSDQ plans on updating the HMIS policies and procedures document with more current language around coordinated entry, systems lead, HMIS admin, amongst others, to present to the Board at the next meeting and for approval and put into place prior to the collaborative application (which is due next month), to review on an ongoing basis, update, and approve as needed. He indicated the HMIS application would be reviewed, as there is no scorecard for that. He added that others would be included, such as the PIT count, the dashboard, and systems performance measures. He expressed that the workgroup would meet again in two weeks, and indicated that the process would pick up again once the NOFA process was complete.

Mr. Sullivan expressed that PSDQ has finalized its part of the scorecard on CE. He indicated that the group recommended that it was either zero or five points, and that's if at least 85 percent of referrals are accepted from the Family Housing Hub (FHH) for providers involved with the family CE, or with the Welcome Center if providers are on-boarded with singles coordinated. He expressed that answers are verified by CES, and added that providers do not receive double the points if they work with both systems.

Chair Lord invited Jessa Johnson, Mercy Maricopa Integrated Care (MMIC), to present an update from the Coordinated Entry Oversight Work Group (CEOWG). Ms. Johnson, who was calling in, could not be heard; therefore, Chair Lord invited Ms. Scott to present the update. Ms. Scott indicated that the group would meet the following day to discuss a "side door policy", which looks at the criteria to approve providers that use "side doors" to CE. She expressed that while some providers don't like that term, it will be used until the group decides on a better one. She added that the work group will also discuss HUD orders of prioritization to come up with pros and cons to take to the next Board meeting. She concluded the update by stating that new CEOWG members include Margaret Kilman, Amy Jacobson and Rian Balch.

Chair Lord invited Michelle Thomas, Community Information & Referral (CIR), to present an update on HMIS. Ms. Thomas indicated that the group's focus over the last few months has been the system performance measurements. She stressed that it had been submitted into HUD Exchange (HDX) as of yesterday. She indicated that HMIS' focus was on data quality and specific data elements that lead into system performance measurement outcomes, such as entry/exit dates, exit destination, and earned income for HUD-funded projects. She added that they are leading a hard data quality effort which is also the same HUD year as the systems performance measurements. She expressed that data quality for one helps the other, and stated that HMIS has its annual data sooner update on October 1st. She expressed that yesterday the group reviewed the changes in detail, and indicated that training and trainings would be available in September after Bowman releases the system updates, as they will actually appear in the system. Ms. Thomas expressed that the team will attend the Bowman conference in mid- September, and hopes to bring back more information on the new reporting tool, as well as the systems performance data quality updates and the systems performance measurements as they look like in the new reporting tool. She indicated that Bowman is actively working on reports in the new reporting tool, and noted that the HMIS meeting has been moved from September 13 to September 30, as the work group will be in New Orleans on September 13.

Chair Lord invited ESG Collaborators to present an update. Ms. Scott indicated that the group hasn't met since the last meeting, and would meet tomorrow. She expressed that the work group is working on a common scope of work for ESG programs.

Ms. Scott added that the Board will meet August 29 instead of August 22 as originally planned, to allow time to complete the ranking and review process. She expressed that this will be a major issue on the agenda, and that there were lots of items on the consent agenda, many of which are documents that the CoC should get in place to attach to the NOFA. She noted that the Board's perspective is that they view documents as living documents, and that the Board will seek feedback from the community and make any necessary changes. She expressed that the Board will be looking at the Plan to End Homelessness, which has been thoroughly vetted by the Board's subgroup. Ms. Scott voiced the community's wish to provide feedback and input on that document as well, as it was originally put together by all the different work groups in the community. She added that they edited the document to have a more consistent size.

10. National Alliance to End Homelessness Conference Highlights

Chair Lord invited members to share their experience at the National Alliance to End Homelessness (NAH) Conference. Ms. Strephans expressed that it was an interesting agenda, which is always politically motivated, but given the political environment this year, it was even more so. She was happy to see more emphasis on emergency shelter, as there have been very few – if any – sessions in the previous conferences. She found it to be a stellar conference. Ms. Basta expressed that overall, it was a good conference, but that HUD did nothing to redeem themselves. She pointed out that of the 430 or so Continuums that HUD looks at, only 42 are Balance of State (BOS) or statewide Continuums, which makes it clear why HUD ignores the BOS Continuum. She indicated that HUD's presentations are always hand-picked from agencies they work with or with whom they have relationships. She added that the three BOS that presented were from the Northwest, and very few presenters were from west of the Mississippi. She expressed that the 11 states that make up the western part of this country are different, and added that 96,000 miles makes up the BOS Continuum, which could accommodate all three states that HUD chose for their presentation.

Ms. Strephans spoke to the bigger problem about the voice that Arizona has in general in Washington, D.C., and encouraged Committee members to visit their representatives anytime they made a trip to the Capitol. She pointed out that it is a geographical issue, as very rarely is there anyone west of the Mississippi visiting HUD.

Chair Lord pointed out that Alliance President Nan Roman spoke for eight minutes on family homelessness in her opening remarks. Chair Lord felt that families have hardly been referenced at all, and called it progress. She added that in the session on ending family homelessness, two small communities were lifted up, one of which had 60 homeless families, and the other 43.

Ms. Strephans suggested lobbying to get the family conference in Phoenix, to which Ms. Basta agreed. Chair Lord also agreed, and added that it is in Houston in February.

Ms. Scott indicated it was her first conference, and that she learned a lot. She expressed that she mostly attended the CoC governing tracks, and attended a session on monitoring, ranking and

review, rapid rehousing, reallocation, CoC governance, board structure, and the PIT count. She expressed wanting to do a summary report, but being that MAG is short-staffed, and with the upcoming NOFA due, was not sure if she could do it on a timely basis. She stated that she shared information on Norman Suchar's preconference presentation on the 25 Cities Zero initiative to learn about what those communities are doing. She expressed she had shared information on the governance session during the Board strategic session. Chair Lord expressed that she could share information from staff who also attended sessions.

11. Request for Future Agenda Items

Chair Lord indicated that the Board wanted to discuss the scorecard, such as PIT count, the Committee's ownership over some items on the scorecard. Mr. Sullivan suggested discussing the NOFA review, which is due that day, as well as discussing the monitoring workgroup.

Adjourn

Chair Lord adjourned the meeting at 11:13 a.m. The next meeting will occur on September 13, 2016.

Maricopa Regional Continuum of Care
Program Performance Report – Part I

Agency Name: **Program Name:**

Program Type (Component): **McKinney-Vento Funding Amount:**

Date of Report: **Completed by:**

*Applicable measures adjusted to HUD Goals, 80% of points set equal to HUD Goal

Goals	**Performance Standard**	**Data**	**Points Available**	**%**	**Points**	**Section Points**
1: Project serves "harder to serve" homeless population.	Percentage of households served by program that meet locally defined "harder to serve" conditions at entry: -Meet the HUD definition of chronically homeless -Mental Illness -Alcohol Abuse -Drug Abuse -Chronic Health Conditions -HIV/AIDS -Developmental Disabilities -Physical Disabilities -Sex Offenders	From "Physical and Mental Health Conditions at Entry" question in APR and client records for service of sex offenders.	***TOTAL - 10 pts.*** *25% of households* *1 pt.=1 condition* *2 pts=2 conditions* *3 pts=3 conditions* *50% of households* *4 pts=1 condition* *5 pts=2 conditions* *6 pts=3 conditions* *75% of households* *7 pts=1 condition* *8 pts=2 conditions* *10 pts=3 conditions*		**/10**	**/10**
2: HUD Objective: Increase Housing Stability.	**Permanent Housing (PSH and RRH) Programs Only**: Percent of homeless persons age 18 and older in PH program who remained in or exited to PH during the year. – As reported in the APR. (HUD Goal 80%= 80% of points)	APR – Housing Stability Measure	***TOTAL 10 pts.*** *10 pts = 95%+* *9 pts =89-94%* *8 pts =80-88%* *7 pts =70-79%* *6 pts =60-69%* *5 pts = 50-59%* *4 pts = 40-49%* *3 pts =30-39%* *2 pts = 20-29%* *1 pt. = 10-19%* *0 pts = <9%*	*%*	**/10 or N/A**	**/10**
	Transitional Housing (TH) Programs Only: Percent of homeless persons in TH program who exited to PH during the year. – As reported in the APR. (HUD Goal 80% = 80% of points)	APR – Housing Stability Measure		*%*	**/10 or N/A**	
	Safe Haven (SH) Programs Only: Percent of homeless persons in SH program who remained in SH or exited to PH during the year. – As reported in the APR. (HUD Goal 80% = 80% of points)	APR-Housing Stability Measure		*%*	**/10 or N/A**	
3: HUD Objective: Increase project participant's income. ****For each project component type (PH or TH), answer either A OR B (not both)*** ***<u>AND</u>*** ***C.***	***A - Permanent Housing (PSH and RRH) Programs Only**: The percent of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Increase Total Income Measure	***TOTAL - 5 pts.*** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	*%*	**/5 or N/A**	PH /5 or N/A
	***B - Permanent Housing (PSH and RRH) Programs Only**: The percent of persons age 18 through 61 who maintained or increased their earned income (i.e., employment income) as of the end of the year or program exit. (HUD Goal 20% = 80% of points)	APR – Increase Earned Income Measure	***TOTAL - 5 pts.*** *5 pts = 25+%* *4 pts = 20-24%* *3 pts = 15-19%* *2 pts = 10-14%* *1 pt. = 5-9%* *0 pts = <4%*	*%*	**/5 or N/A**	
	***A-Transitional Housing Programs (TH) Only**: The percent of persons age 18 and older who increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Increase Total Income Measure	***TOTAL 5 pts.*** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	*%*	**/5 or N/A**	TH /5 or N/A
	***B-Transitional Housing (TH) Programs Only**: The percent of persons age 18 through 61 who increased their earned income (i.e., employment income) as of the end of the year or program exit. (HUD Goal 20% = 80% of points)	APR – Increase Earned Income Measure	***TOTAL - 5 pts.*** *5 pts = 25+%* *4 pts = 20-24%* *3 pts = 15-19%* *2 pts = 10-14%*	*%*	**/5 or N/A**	

			1 pt. = 5-9% *0 pts = <4%*			
	A-Safe Haven (SH) Program Only: The percent of persons age 18 or older who maintained or increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Total Income Measure	***TOTAL - 5 pts.*** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	*%*	**/5 or N/A**	SH /5 or N/A
	C-For PH, TH and SH Programs: The percent of persons age 18 or older who maintained or increased their non-cash benefits as of the end of the year or program exit. (HUD Goal 56% = 80% of points)	APR – Non-Cash Benefits Measure	***TOTAL - 5 pts.*** *5 pts = 66+%* *4 pts = 56-65%* *3 pts = 46-55%* *2 pts = 36-45%* *1 pt. = 26-35%* *0 pts = <25%*	*%*	**/5**	/5
*****3: Subtotal***	**Total of 3 available measures (3A, 3B and 3C) in question 3**					**/10**
	Insert Income Change Measure to establish baseline – No score this year – use 0554.01 report **Please indicate percentage of clients increasing income_____%**					
4: Effective use of federal funding.	Percent of expended HUD funding for the most recent operating year.	LOCCS Report	*5 pts = 95-100%* *4 pts = 90-95%* *3 pts = 85-89%* *2 pts = 80-84%* *1 pt. = 75-89%* *0 pts = <75%*	*%*	**/5**	**/10**
	Percent of HUD funding drawdowns were made at least quarterly. (Number of Drawdowns from LOCCS, Ex. Four drawdowns = 100%)	LOCCS Report	*5 pts. – 4 or more* *4 pts. – 3 draws* *3 pts. – 2 draws* *2 pts. – 1 draw*	*#*	**/5**	
5: HMIS; Data Quality and Training.	a. Percentage of complete data (not null/missing, "don't know" or "refused" data), except for Social Security numbers.	APR	5 pts = 90-100% 4 pts = 80-89% 3 pts =70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = <49%	*%*	**/5**	**/10**
	b. Percentage of staff that have completed at least on HMIS training course within the past year (Insert HMIS GY)	HMIS Lead Agency	5 pts = 90-100% 4 pts = 80-89% 3 pts =70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = <49%	*%*	**/5**	
6: Leverage	Program leverages additional resources as part of overall program budget. Points based on percent of leverage compared to project funding.	Project Application	5 pts. = >150% 4 pts. = 125 -149.9% 3 pts. = 100 -124.9% 2 pts. = 75 - 99.9% 1 pt. = 50 - 74.9% 0 pts. = <50%	*%*	**/5**	**/5**
7: Community Priorities and Standards	**Participation in Coordinated Entry** **A) Welcome Center – cooperation with onboarding schedule** **B) Families or Youth - 85 % of referrals accepted by CE**	**Report from Coordinated Entry Leads**	*5 points*		**/5**	**/5**
8. CoC Engagement and Participation	**8 points** for agency having a representative as a current member of the CoC Committee and who attended at least 75% of meetings from June 1, 2015 to May 31, 2016. **If awarding points – Provide name of member and committee:**	Self-Report/ Meeting Minutes	*8 points*	*N/A*	**/8**	**/15**
	5 points for participation in one of the workgroups (refer to workgroup document) from June 1, 2015 to May 31, 2016. **If awarding points – Provide name of person and workgroup (refer to workgroup listing if unsure of the name of the workgroup):**	Self-Report/Confirmation with work group chair	*5 points*	*N/A*	**/5**	

	2 points for participation in the 2016 unsheltered PIT count **If awarding points – Provide name of person and municipality of count:**	Self-Report	*2 points*	*N/A*	**/2**	
Insert Compliance with Community-adopted Standards of Excellence – No score this year – Will be monitored for FY17 scorecard **Does your agency comply with the Community-adopted Standards of Excellence? Y/N**						
Total Score Part I (*Please complete Part II on the next page for a FINAL SCORE) - 75 Points Available*						**/75**

MAG Continuum of Care Regional Committee on Homelessness
NOFA Addendum: Program Performance Report – Part II

Agency Name: **Program Name:**

Program Type (Component): **McKinney-Vento Funding Amount:**

Date of Assessment: **Completed by:**

Goals	**Performance Standard**	**Data**	**Points Available**	**%**	**Points**
9. HUD Ranking Priorities: *up to 15 points will be based on HUD Priorities as established in the relevant NOFA*	Chronic Homelessness-project **dedicates** 100% of turnover to individuals or families experiencing chronic homelessness. Housing First-project commits to operating according to a Housing First model (project must indicate by answering yes to Housing First questions and related criteria) and referring to the USICH checklist attached.	From Project Application	CH = 8 pts HF= 7 pts	N/A	**/15**
10. Commitment to Policy Priorities: *up to 10 points for commitment to and alignment with HUD Policy Priorities*	a. Cost effectiveness-project is cost effective compared to other projects funded by CoC funds. Measured by average HUD CoC investment per positive housing outcome.	Top 25% = 5 pts Middle 50% = 3 pts Bottom 25% = 0 pts	Enter project's cost per positive housing outcome: $_____ Enter project's rate of return to homelessness: _____%	*N/A*	**/10**
	b. Returns to Homelessness-project achieves a 15% or less return to homelessness rate.	15% or less = 5 pts			
Total Score Part II - 25 Points Available					
				Total Score Part I ***(75 points available)***	
				Plus Total Score Part II (25 points available)	
				FINAL Score (Sum of Total Score Part I and II) ***(100 points available)***	

Threshold

In addition to the scoring criteria, all renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All renewal projects must meet the following thresholds. If threshold criteria is not met, the Review and Rank Panel and the CoC Board will be notified to determine severity of non-compliance with threshold criteria and action needed. The NOFA indicates that HUD will also conduct a threshold review. Please refer to the NOFA for information on HUD's threshold review.

Check all boxes that this project is in compliance with:

- ☐ Project must have full and active HMIS participation, indicated by every HMIS user of the project completing training and/or passing the annual HMIS recertification exam (implemented in April 2015), unless the project is a victim services agency.
    - Project must participate (or agree to participate) in Coordinated Entry
    - *Per HUD contracts, contractors are required:*
        - *To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system.*
- ☐ Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- ☐ Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization must have a valid explanation as well as the plan to increase the utilization rate.
- ☐ Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explain the agency's plan to resolve them.
- ☐ Project must be able to meet the HUD threshold requirements for renewal projects (Refer to NOFA).

Instructions

To capture the most recent data and measure performance for all projects that reflect current outcomes, the CoC will use the most recent data to populate the Program Performance Report.

For the 2016 NOFA, begin by running an APR report for the project for a one-year period, June 1, 2015 through May 31, 2016. These dates reflect the month prior to the issuance of the 2016 NOFA. In addition, run a LOCCS report for the project's most recent **operating** year (the most recent completed year for your grant agreement). The LOCCS report will assist you in answering question 4.

Use the APR to answer question 1. Refer to attached "Disabling Conditions Cheat Sheet" to calculate the answer. If your project provides services to families, you may calculate the answer to question 1 by totaling the number of conditions per family rather than per person. Please be prepared to share your methodology with the Ranking and Review Panel.

Use the APR to answer questions 2, 3, and 5 a.

Use the LOCCS report to answer question 4.

Providers will self-score for questions 5 b, 7, and 8. The answers to those questions will be verified by the Ranking and Review Panel through relevant reports or answers on the NOFA application.

Use the amount of leverage reported in the application to answer question 6.

For question 9 a, indicate whether your project **dedicates** 100% of turnover to individuals or families experiencing chronic homelessness. (Note: points are awarded for dedicated turnover, but not prioritized turnover.)

For 9 b, indicate whether your project follows a "Housing First" philosophy. Refer to the USICH Housing First Checklist for guidance.

For question 10 a, refer to question 36 of the APR. Divide the CoC-funded grant amount by the number that achieved the housing stability measure (actual number rather than percentage). Enter the amount in the space on question 10 a.

For question 10 b, refer to the APR question 29 a1 and 29 a2. Add the number of individuals reported to have exited to a permanent destinations reported in questions 29 a1 and 29 a2. For each participant exiting to a permanent destination, search the HMIS database for the client to determine if there is an entry/exit for the client. Calculate the total number of clients that have returned to homelessness (indicated by entry into another homeless service agency) and divide that number by the total number of clients reported in question 29. For Transitional Housing, Safe Haven, and Rapid Re-Housing projects, CIR will assist you with completing this question. Contact Michelle Thomas at mthomas@cir.org .

Maricopa's Road Home

Maricopa's Regional Plan to End Homelessness

Continuum of Care
2016/2017 ACTION PLAN

Kevin Hartke
Co-Chair of Continuum of Care Board

Darlene Newsom
Co-Chair of Continuum of Care Board

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EXECUTIVE SUMMARY

The Maricopa Regional Continuum of Care (CoC) works to create a diverse and robust, homeless services system to ensure that individuals and families have access to resources that help them to resolve their homelessness.

Homeless services are targeted through a Coordinated Entry System that prioritizes those seeking services according to the U.S. Department of Housing and Urban Development (HUD) "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless". This prioritization ensures that we are targeting our resources to those that with the longest time on the streets and with the most severe service needs.

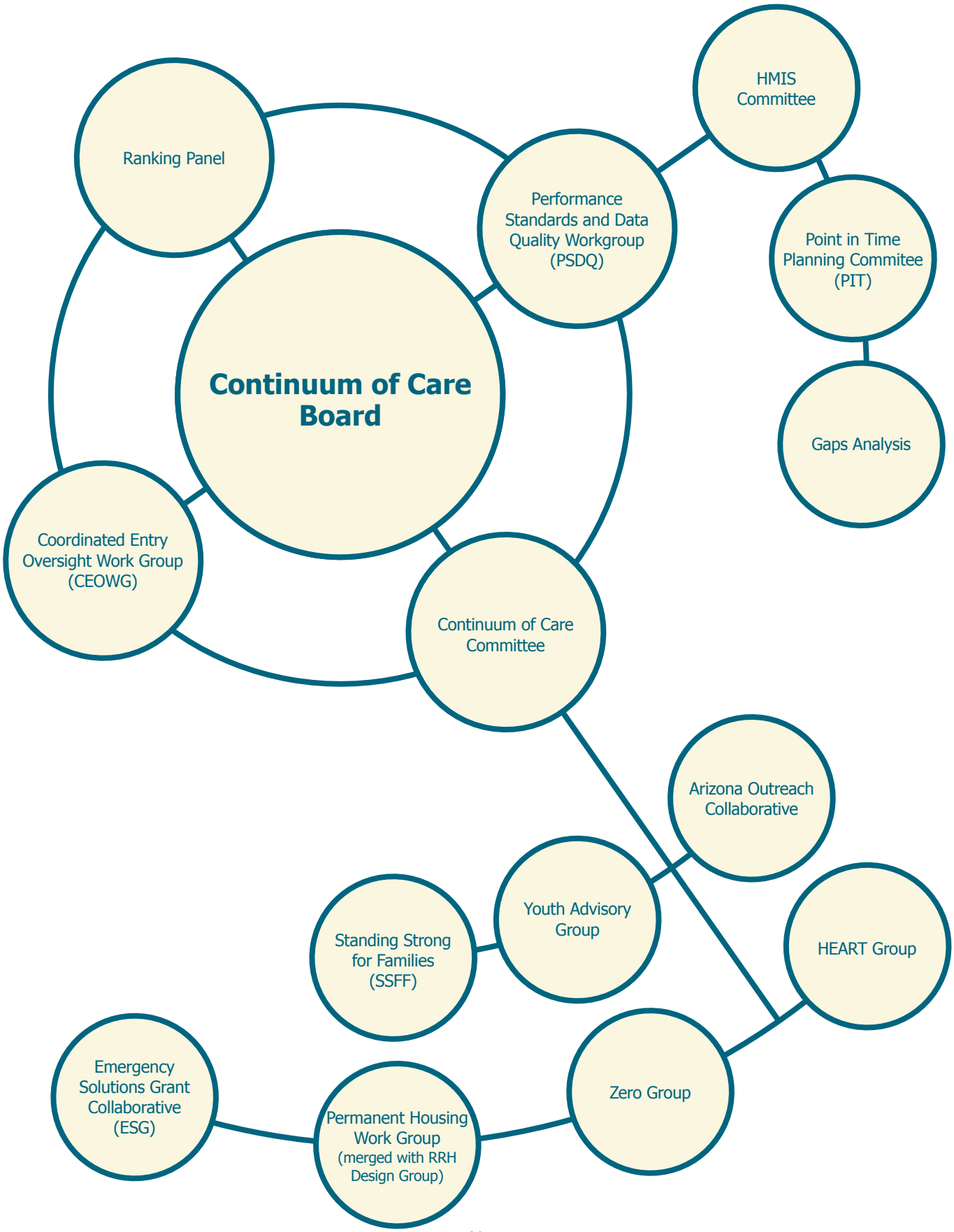
The CoC collectively embraces an approach to the delivery of homeless services that decreases barriers to housing, provides consistent delivery of services and determination of eligibility across providers, and ensures forward thinking case management rooted in evidence-based practices. As a guiding document, the "Plan to End Homelessness" works hand-in-hand with the CoC-adopted "Standards of Excellence" to provide continuity of services across the provider community.

We have made tremendous progress in our efforts to end homelessness in the Maricopa region. Through targeted work on Veteran homelessness, the CoC now has resources to end homelessness for Veteran families within 30 days and hopes to achieve functional zero for all Veteran homelessness soon. The Zero 2016/25 Cities chronic and veteran homeless initiative is working on a statewide effort to end chronic and veteran homelessness for all individuals and families in the State of Arizona. A single by-name list guides us as we coordinate case conferencing around housing those most in need.

Promoting a unified approach, inclusive decision-making, and a transparent process, the Maricopa Regional Continuum of Care seeks to right-size resources to meet the needs of every individual and family experiencing homelessness. The Continuum of Care homeless assistance portfolio consists of more than 50 programs providing 4,515 beds with annual HUD-CoC funding in the amount of over $26 million. Since 1999, the region has successfully secured $349 million for CoC-funded programs providing housing and services for homeless individuals and families. The community leverages the CoC resources with more than 90 programs consisting of an additional 6,379 beds funded through a variety of resources.

While we are proud of our accomplishments, we know that there is significant work remaining to be done. The following Plan to End Homelessness is our roadmap towards a day when the community has ample resources and a seamless homeless services delivery system to reach functional zero on all homelessness in Maricopa County.

MARICOPA REGIONAL CONTINUUM OF CARE



2016 Point-In-Time Homeless Count

Total homeless individuals: **5,702**

709
Chronic

624
Families (2,082 Persons)

307
Youth

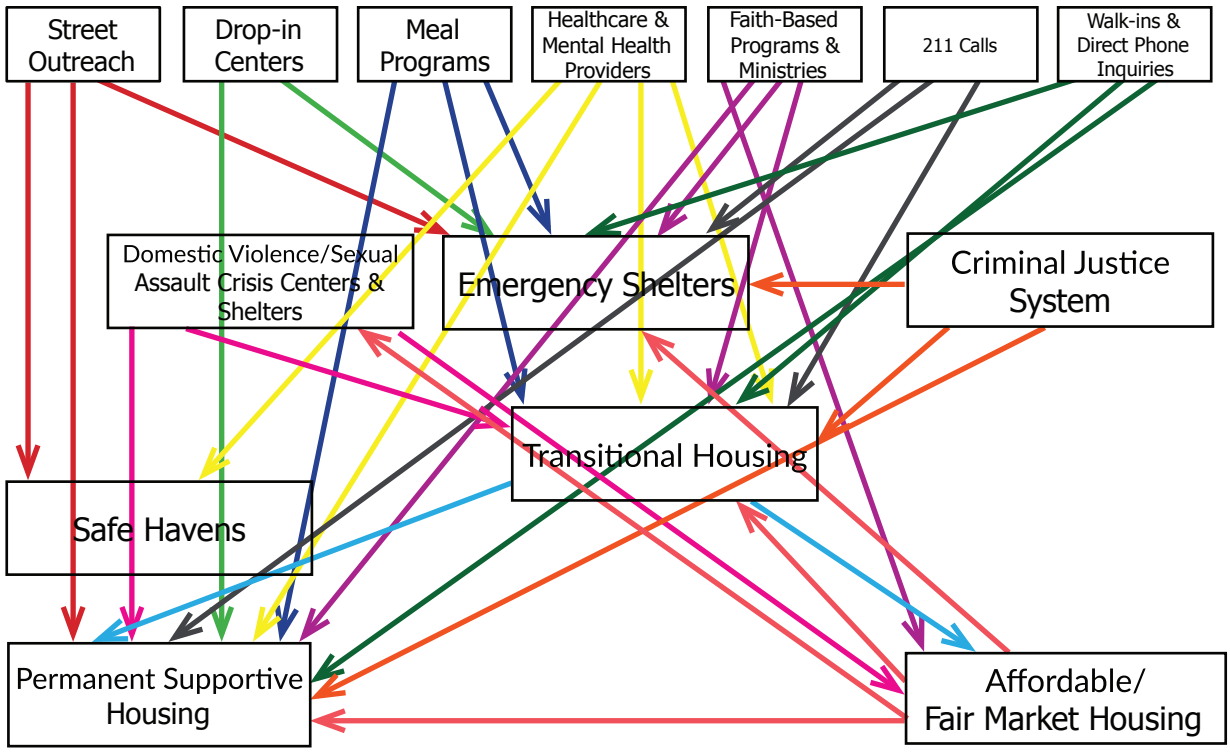
450
Veterans

1,646
In need of immediate shelter (unsheltered)

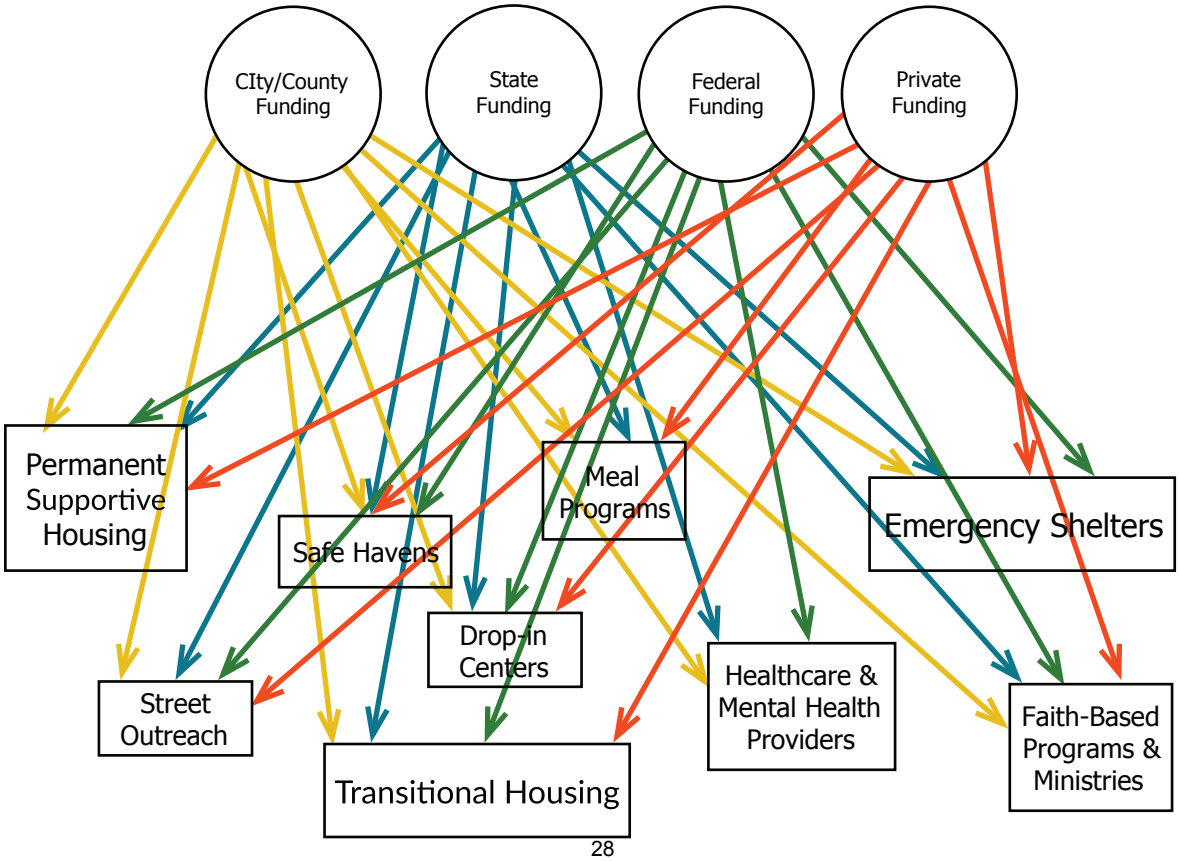
IMPACT

- Since 2014, by providing guidance and referrals, 1,031 families have been diverted from the homeless system. 73% of those diverted do not return to homelessness.
- Providing long-term housing and services, 91% of formerly homeless residents in Permanent Supportive Housing retain their housing every year.
- Regionally, services are available to ensure that homeless veteran families are immediately connected with housing and related services.
- 98% of the CoC housing resources are low-barrier or Housing First units allowing individuals and families immediate access to housing without preconditions.

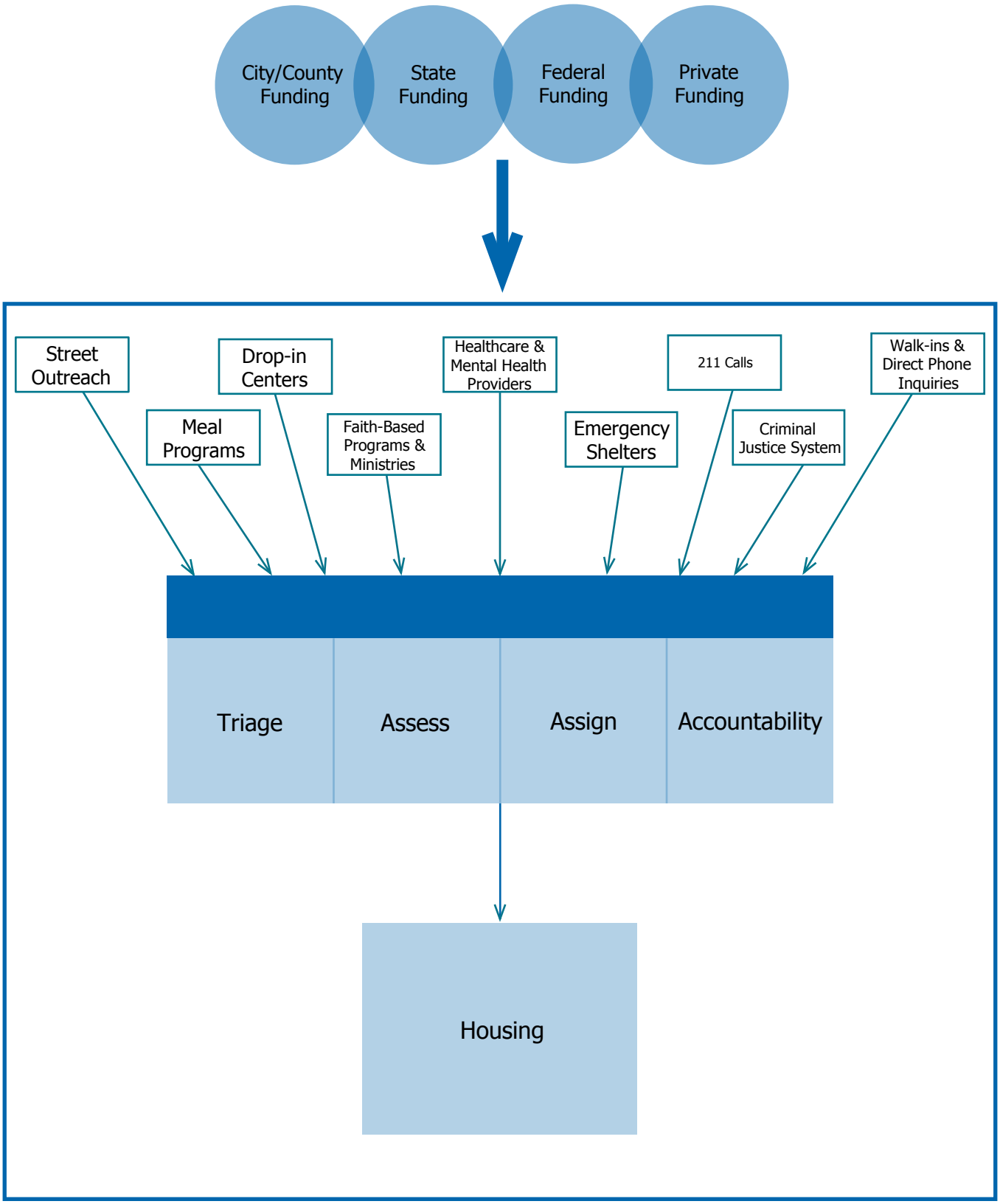
The way a homeless individual could access services previously:



Funding for these services was not efficient either:



Coordinated strategic investments will drive our new system, matching resources to the need for quality affordable housing and stabilizing services:



End Chronic Homelessness

STRATEGIES

Identify and Prioritize Housing Placement for the Most Vulnerable utilizing a "by-name" list.

Increase Permanent Supportive Housing and create efficient access to housing options.

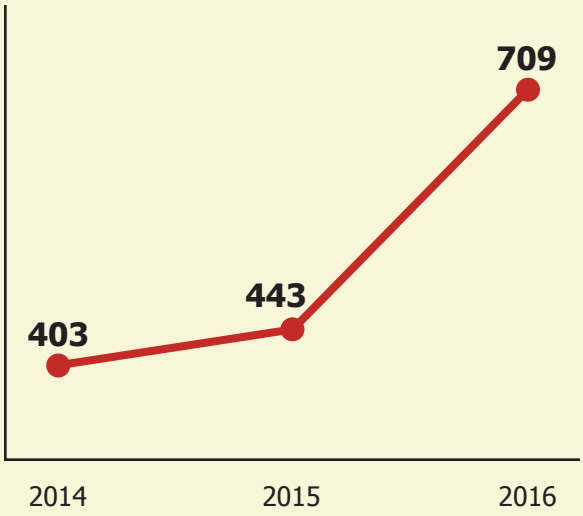
Connect and coordinate with agency work groups to streamline services.

People experiencing chronic homelessness "have disabling conditions and spend long periods of time, often years, living in shelters and on the streets or cycling between hospitals, emergency rooms, jails, prisons, and mental health and substance use treatment facilities at great expense to these public systems. Permanent supportive housing is widely recognized as the solution … [and] costs less."

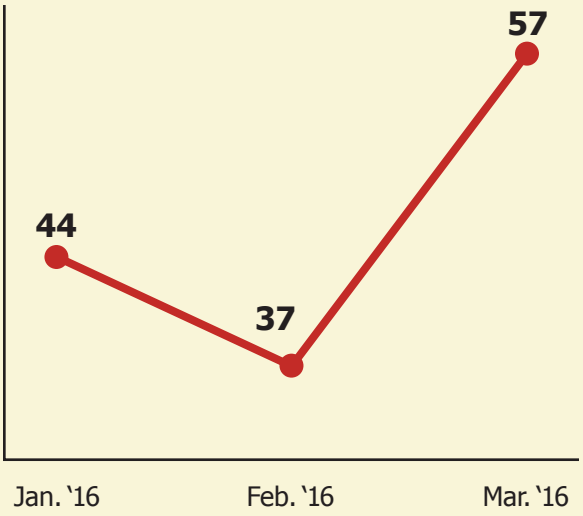
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

PROGRESS

Total Unsheltered and Sheltered Chronic Homeless



Chronic Placements



Action Plan	2016 Action Items
Identify and Prioritize Housing Placement for the Most Vulnerable utilizing the by-name list.	• Establish new entry sites for Coordinated Entry. • Formalize and operationalize the by-name list for more efficient housing placement. • Develop a system to clean and filter data for the by-name list.
Increase Permanent Supportive Housing and create efficient access to housing options.	• Perform a Gaps Analysis to identify the need for Permanent Supportive Housing units. • Align resources (funding sources, coordination strategies, bridge housing, etc.) to prioritize chronic homeless population.
Connect with the Coordinated Entry Oversight Work Group, the HEART Work Group, and the Performance Standards and Data Quality Work Group to streamline services.	• Develop a clear communication plan and get feedback on long term strategies to educate the community about needs of chronic homeless population. • Organize and expand case conferencing to address chronic homeless services and housing placements.

End Veteran Homelessness

STRATEGIES

Identify homeless veterans with the by-name list and use the Coordinated Entry system to prioritize veterans for services.

Connect homeless veterans with existing VASH resources and Veterans Administration services.

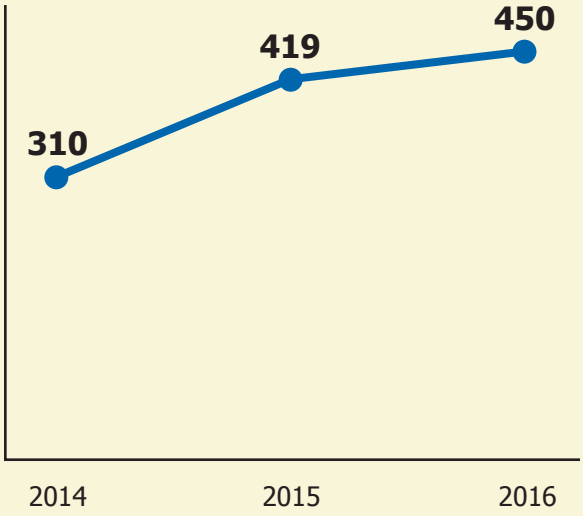
Rapidly connect homeless veterans to services and affordable housing (either VA or CoC-funded).

"Veterans are over-represented among people experiencing homelessness, compared to both the general population and the population of people living in poverty. Combat and repeated deployments introduce additional factors that contribute to the risk of homelessness, including post-traumatic stress and the disruption of connections to family and community supports."

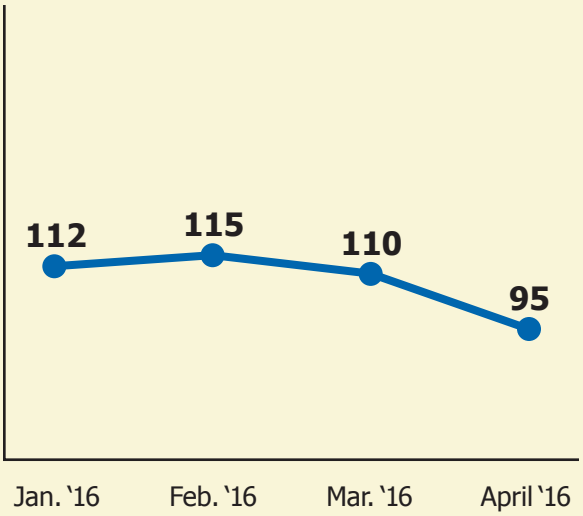
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

PROGRESS

Total Unsheltered and Sheltered Veteran Homeless



Veteran Placements



Action Plan	2016 Action Items
Identify homeless veterans with the by-name list and use the Coordinated Entry system to prioritize veterans for services.	• Coordinate closely with the CRRC to connect veterans who qualify for VA resources to those programs. • Prioritize emergency shelter for the most vulnerable veterans and those awaiting housing placements.
Connect homeless veterans with existing VASH resources and Veterans Administration services.	• Support the transition of leadership on the veteran homeless initiative to the local Veterans Administration. • Work with the VA to identify, track, and manage all VASH, GPD, and SSVF resources. • Coordinate with the VA case conferencing for managing housing placement and services for veterans identified in the by-name list. • Support referrals from the VA for homeless veterans ineligible for VA resources and prioritize for CoC resources.
Rapidly connect homeless veterans to services and affordable housing (either VA or CoC-funded).	• Encourage the VA development of a database of resources for veterans. • Support VA efforts to increase and expand veteran resources and housing availability.

End Family Homelessness

STRATEGIES

Strengthen diversion services.

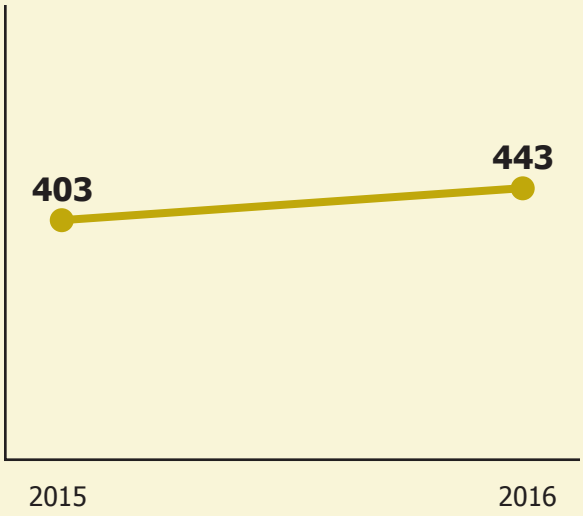
Increase exits to Permanent Housing and maximize community resources.

Educate the community on the system for addressing family homelessness.

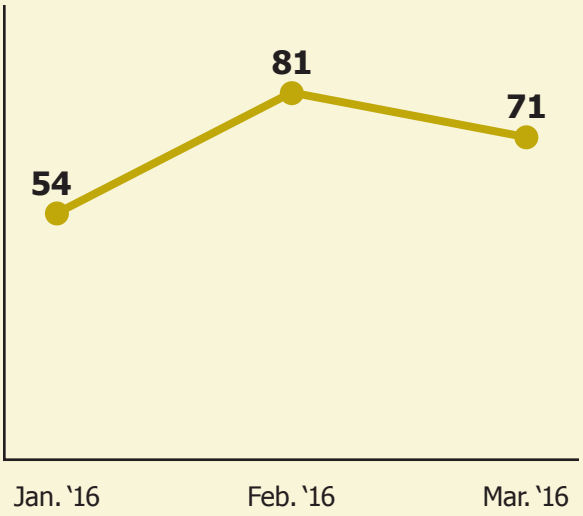
"Homelessness can be particularly traumatizing for children and youth. Many children experiencing homelessness have poor health outcomes and often develop educational deficits as their schooling is disrupted by frequent moves, setting them on a path to underachievement in school, academic failure, and limited employment opportunities."
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

PROGRESS

Total Unsheltered and Sheltered Family Units



Homeless Family Placements



Action Plan	2016 Action Items
Strengthen diversion services and coordinated entiy.	• Annual Coordinated Entry performance review, looking at access points, days and hours of operation, and designated staff resources. • Formally define "diversion" and establish baseline data. • Research and test best practices. • Explore technology solutions for rnaking system more transparent, integrated with HMIS, etc. • Coordinate with quality affordable housing resources in the community. Seek opportunities for LIHTC, HUD Multifarnily, Section 8, public housing, etc. to prioritize families from the PHH.
Increase exits to Permanent Housing and maximize community resources.	• Work to remove barriers to affordable housing programs. • Set threshold goals for the system to include exits to PH, length of stay, and returns to homelessness. • Retain/enhance support services needed to exit families to Permanent Housing. • Implement long-term, extensive services for Rapid Re-housing to prevent recidivism
Maximize the use of all current resources and invest where there is the greatest demand.	• Analyze data collected through coordinated entiy and examine the current comn1unity portfolio. • Make recommendations to funders and policy makers regarding any shifts required in order to better meet the needs of farnilies. • Launch a family campaign to right size the housing and shelter interventions.

***Please refer to the Plan to End Family Homeless for extended version.**

End Youth Homelessness

STRATEGIES

Bridge connection to schools, juvenile justice system, and Foster Care.

Develop Transitional Housing and improve system delivery.

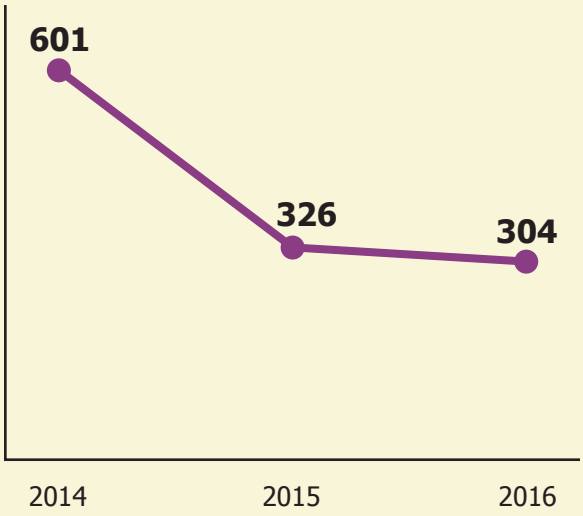
Identify and define unique needs of youth, and improve service delivery to youth populations.

"Youth experiencing homelessness have high rates of health and behavioral health challenges, including trauma from the experience of homelessness, family separation, as well as experiences of interpersonal violence."

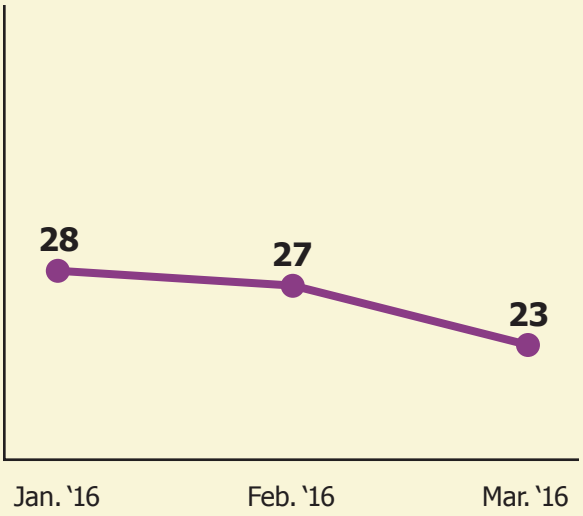
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

PROGRESS

Total Unsheltered and Sheltered Homeless Youth (18-24)



Homeless Youth Placements



Action Plan	2016 Action Items
Bridge connection to schools, juvenile justice system, and Foster Care.	• Develop connection with schools, juvenile justice, and foster care. • Interface with Coordinated Youth Entry System.
Increase Permanent Supportive Housing and Rapid Re-housing resources and create efficient access to housing options.	• Perform a Gaps Analysis to identify the need for Permanent Supportive Housing units and Rapid Re-housing resources. • Align resources (funding sources, coordination strategies, bridge housing, etc.) to prioritize homeless population.
Develop Transitional Housing for underage youth and improve system delivery.	• Develop a detailed action plan that coordinates programs, services, and methodologies that will end and prevent youth homelessness. • Research and implement best practices in Transitional Housing and independent living.
Identify and define unique needs of youth, and improve service delivery.	• Define "youth" homelessness and all sub-categories within the youth homelessness umbrella. • Support development of mapping youth hotspots using Point-In-Time homeless count data. • Identify trends based on Point-In-Time youth homeless count data. • Evaluate data coming out of youth system and report back to Continuum of Care on the needs of the homeless youth. • Revise Program Performance Scorecard to recognize best practices related to serving homeless youth (Transitional Housing is considered a best practice for serving homeless youth).

Set a Path to End All Homelessness

STRATEGIES

Identify and prioritize by need using fully functional Coordinated Entry System.

Implement and report monthly on system progress via a community dashboard report.

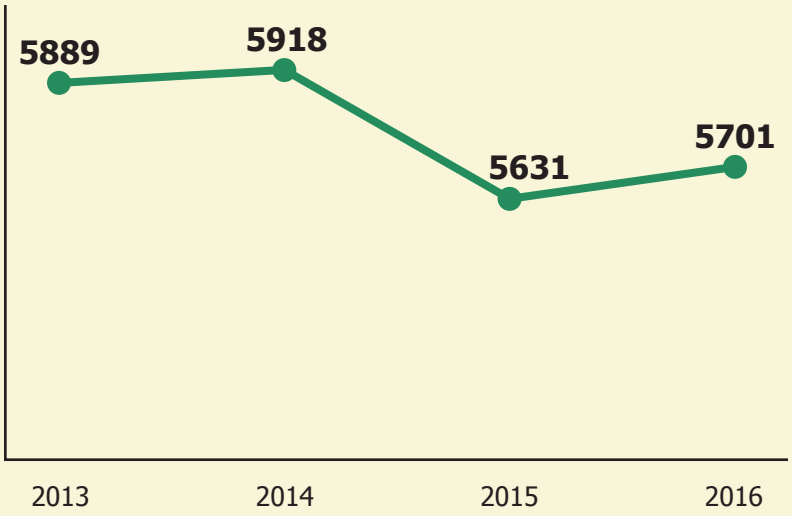
Monitor accountability for system performance.

"An end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience, re-experience, or be at risk of homelessness. An end to homelessness means that every community will have a systematic response."

—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

PROGRESS

Total Unsheltered and Sheltered Persons Homeless



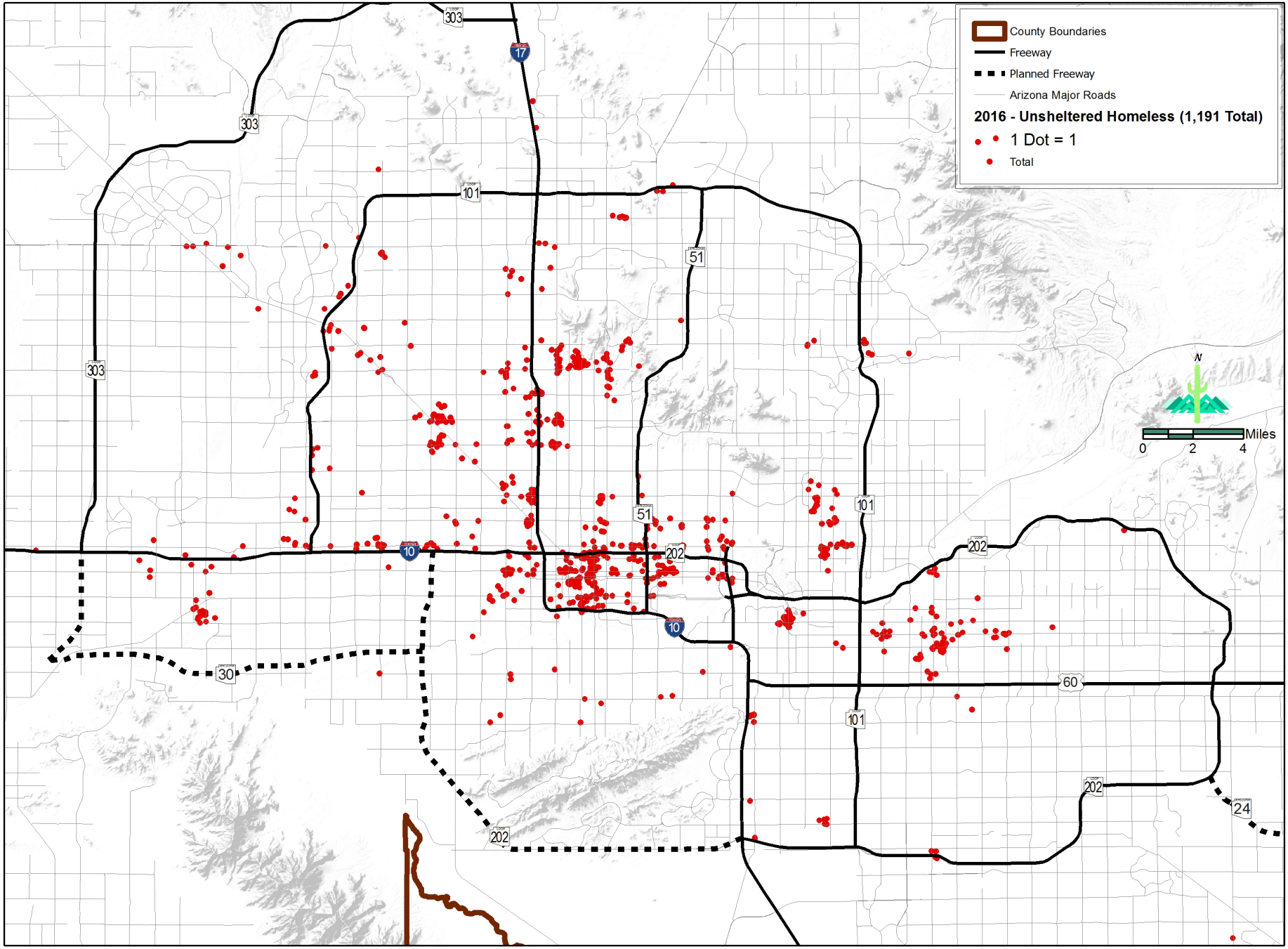
While our work is not finished, our progress thus far is proving that homelessness is not the intractable problem many once thought it to be, but a problem we can solve."

—U.S. Secretary of Labor Thomas E. Perez

—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

Action Plan	2016 Action Items
Identify and prioritize by need using fully functional Coordinated Entry System.	• Establish a Coordinated Entry System connection with jails, emergency services, law enforcement, fire departments, emergency rooms, and Regional Behavioral Health Authority. • Improve connections with domestic violence, youth (18-24), and veterans providers. • Develop regional communication plan on homeless issues. • Identify other funding sources to fund staff, programs, and additional housing resources. • Increase number of case managers/housing navigators for housing placements.
Implement and report monthly on system progress via a community dashboard report.	• Establish and develop matrix for dashboard reporting. • Generate and develop a process for a sustainable monthly report by project, intervention, or region. • Operationalize the collection, analysis, and reporting of data using all systems: Homeless Management Information Systems (HMIS) and HMIS-comparable databases.
Monitor accountability for system performance.	• Improve the functionality of Homelink and HMIS to coordinate resources and provide data. Improve connection between the systems to facilitate data management. • Operationalize the by-name list for efficient and sustainable client identification, prioritization, and service assignment.

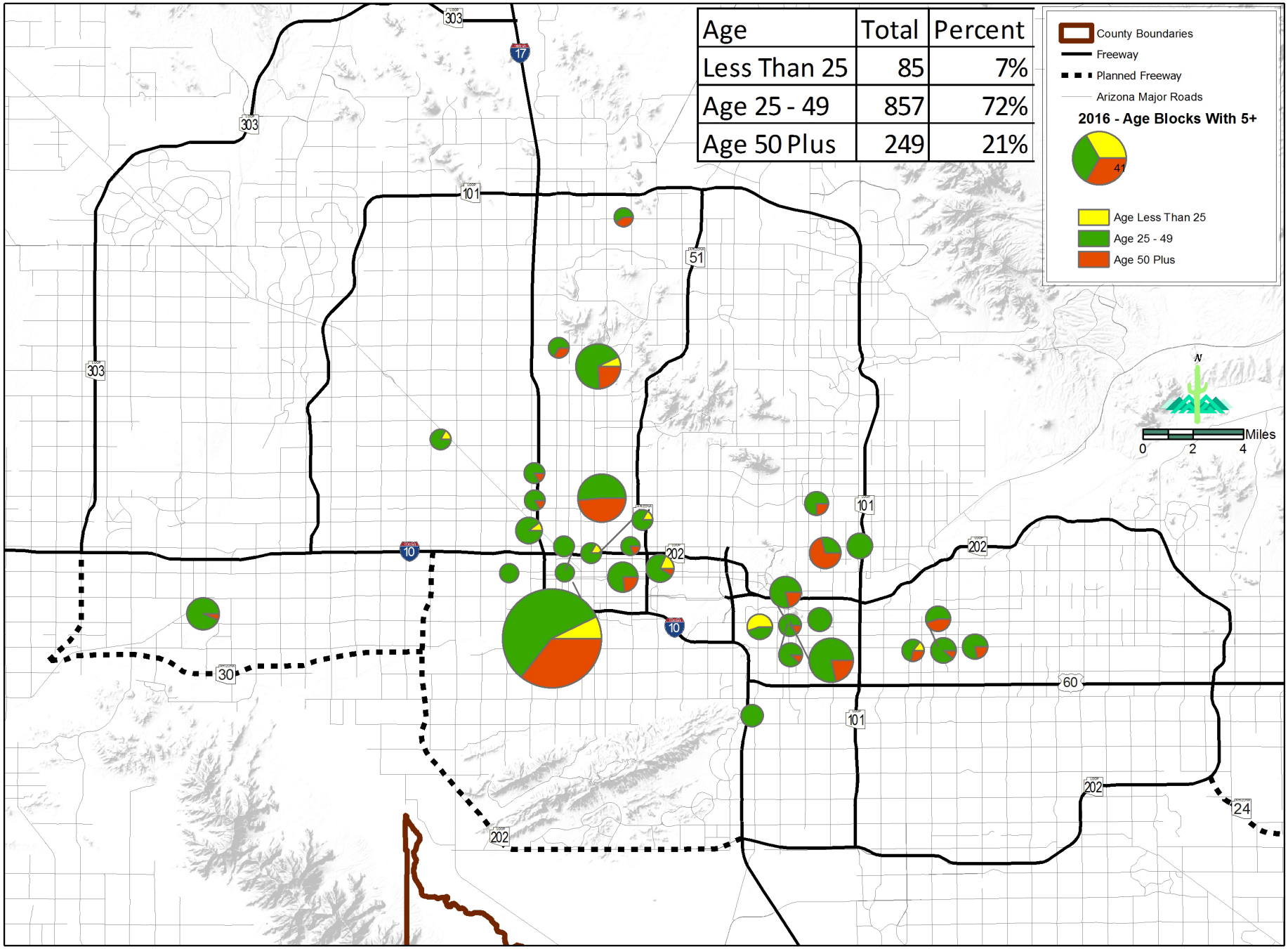
2016 Unsheltered Homeless



CoC Com 9_14_2016 Agd #6 HomelessPlan_v07

2016 Unsheltered Homeless - Age (Blocks With Five or More)

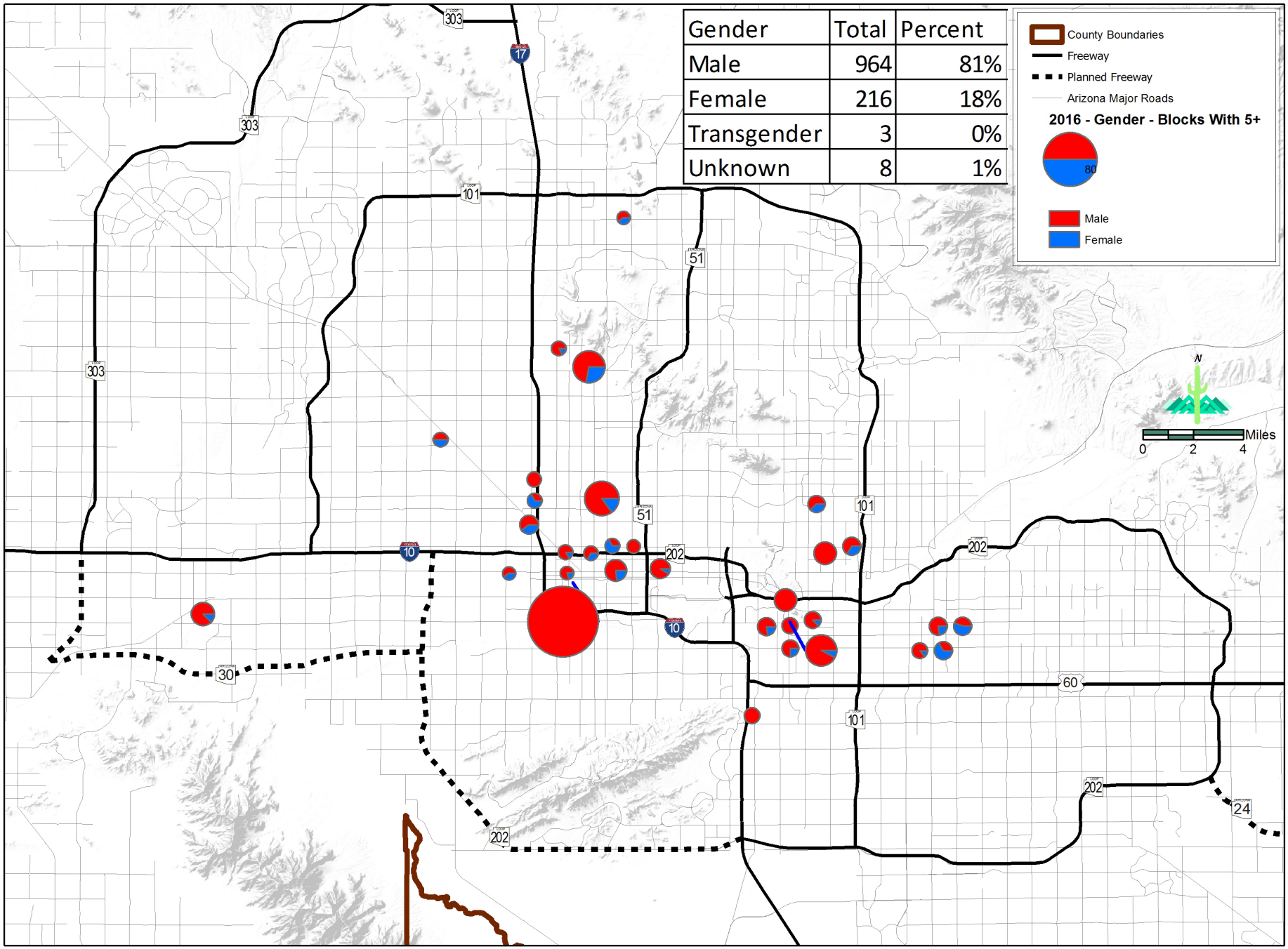
Age	Total	Percent
Less Than 25	85	7%
Age 25 - 49	857	72%
Age 50 Plus	249	21%



CoC Com 9_14_2016 Agd #6 HomelessPlan_v07

2016 Unsheltered Homeless - Gender (Five or More in One Block)

Gender	Total	Percent
Male	964	81%
Female	216	18%
Transgender	3	0%
Unknown	8	1%



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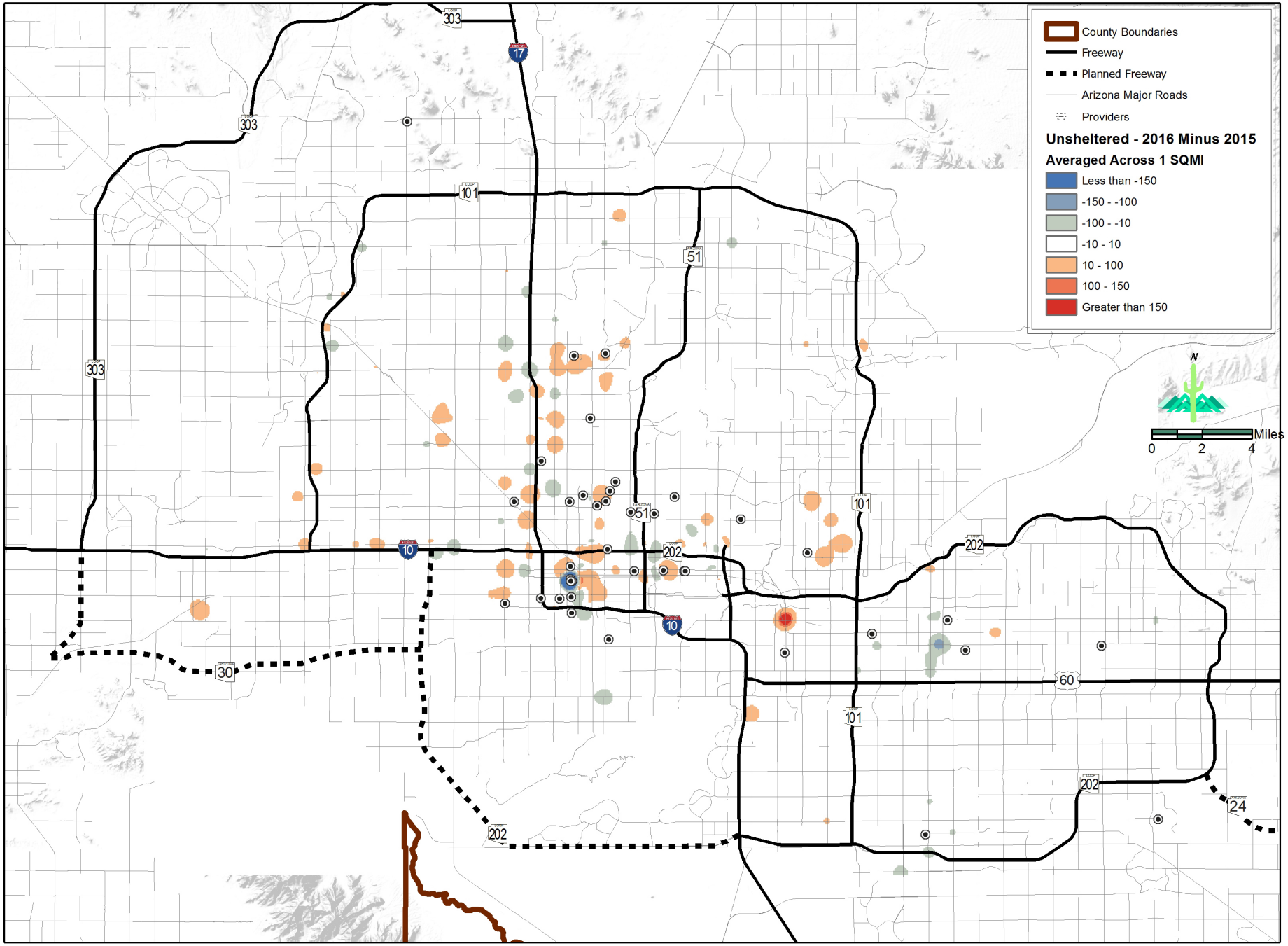
2015 to 2016 Unsheltered Homeless Concentration Change



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MARICOPA REGIONAL CONTINUUM OF CARE

COC NOFA AD HOC WORK GROUP
REVIEW AND RANK PROCESS RECOMMENDATION

The Review and Rank Process that is used to review and evaluate all CoC project applications submitted in the local competition.

GENERAL PROCESS

Prior to NOFA release:

- The CoC Committee and its working groups conduct a formal needs assessment by reviewing all available data sources to determine community needs and gaps in resource portfolios.
- The CoC Committee meets, reviews, and revises the process and scoring materials.
- The CoC Committee and PSDQ make recommendations to CoC Board for review and approval.
- The CoC Committee and CoC Board review and approve a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant (MAG) recruits a non-conflicted Review and Rank panel. The process for recruitment and selection will be transparent to the members of the CoC. The panel should include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Panel and some Panel consistency from year to year. CoC Board members are prohibited from serving on the panel. Panelists sign conflict of interest and confidentiality statements.
- A Collaborative Applicant representative attends Review and Rank panel meetings to act as a resource.

After the NOFA is released:

- The Collaborative Applicant will convene an emergency ad hoc group of CoC Committee members to determine how to utilize the 25 points on the score card to reflect HUD's priorities in the NOFA.
- Project applicants are invited to attend launch session; CoC Program requirements, process and timeline are explained. Deadlines are clearly outlined. Scoring tools and application materials are reviewed.
- Applications are prepared and submitted.
    - Applications received after the deadline will not be accepted.
    - Incomplete applications cannot be cured for Review Panel scoring, but must be corrected prior to HUD submission. The original application (not the copies) will

be examined to determine if all pieces of the application have been submitted.

- Collaborative Applicant finalizes Review Panel membership and prepares final information for Review Panel.
- Review Panel members are oriented to process, trained, receive applications and review materials and then over a one- to two- week period review and score applications.
- CoC staff ensures all applications pass Threshold Review (additional detail below).
- Review Panel members meet to jointly discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference. The purpose of the in-person interviews is to: 1) have questions answered about projects and/or applications; 2) provide feedback to applicants on ways to strengthen their application; 3) review applicant's and committee's scoring sheets to ensure consistency.
    - Renewal projects that score less than 50% of total points will be flagged for review. The Review Panel will recommend that such projects be reallocated in favor of a new project that is aligned with HUD's priorities. (Insert HUD-eligible project language for the year).
    - The Review Panel may recommend that projects with consistently low scores, fewer than 50% of total points, should be considered for reallocation in favor of a new project aligned with HUD's priorities.
    - If a transitional housing project voluntarily reallocates its funding and submits a new project application to use those funds for permanent housing, the funds shall be awarded to that project provided that the application is at least comparable in quality to other applications of the same component type.
- Projects are given feedback from Panel on quality of application and ways to strengthen the application before submission to HUD.
- Renewal HMIS Projects undergo a threshold review and project evaluation by the Performance Standards and Data Quality (PSDQ) Group. The PSDQ Group will provide feedback to the Review and Rank panel on their evaluation of the HMIS project.
- Applications for CoC Planning funds are reviewed by the Review and Rank Panel.
- Scoring results are delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the original Review Panel will attend the appeals panel to provide information but will not be members of the appeals panel or have a vote.
- Appellate hearings, if any.
- Emergency Procedure: MAG staff will do everything possible to ensure that an

application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Review Panel has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, MAG staff will do everything possible to submit applications for the full available amount, with projects representing HUD priorities.

- In addition to the numeric scores, the Ranking and Review panel will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community's system of care when generating recommendations for the CoC Board.
- The Ranking and Review panel will present multiple options to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. The meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Ranking and Review panel and the CoC Board.
- The CoC Board will consider/approve rank order of new projects and submission of renewals.
- Consolidated Application is made available to community for inspection on MAG's website.
- Consolidated Application is submitted to HUD.
- Stakeholders are advised that the application has been submitted.
- Projects have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.
- 2015 Process Debriefing.

APPEALS PROCESS

The Review and Rank Committee reviews all applications and ranks them for funding recommendations to HUD. That ranking decision is communicated to all applicants by email within 24 hours of the determination. All applicants are hereby directed to contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) if no email notice is received.

1. Who May Appeal

An agency may appeal an "appealable ranking decision," defined in the next paragraph, made by the Review and Rank Committee concerning a project application submitted by that agency. If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

2. What May Be Appealed

"An appealable ranking decision" is a decision by the Review and Rank Committee that (a) reduces the budget to a lower amount than applied for, (b) ranks the project in Tier 2, or (c) recommends the project for reallocation.

3. Timing

The ranking decision is communicated to all applicants within 15 days of the NOFA due date. Applicants have until 12:00 p.m. on the day after the CoC Board funding decision to decide if they are going to appeal and contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) for more information, with a formal written appeal (no longer than 2 pages). If an appeal will be filed, other agencies whose rank may be affected will be notified.

as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

4. Initiating the Formal Appeal
The Formal Appeal must be submitted by 12:00 p.m. the day after the CoC Board funding decision. The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the Review and Rank Committee's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Anne Scott (ascott@azmag.gov).

5. Members of the Appeal Panel
A three-member Appeals Panel will be selected from the CoC Board or its designees. These individuals have no conflict of interest in serving, as defined by the existing Review and Rank Committee conflict of interest rules. Voting members of the Appeal Panel shall not serve simultaneously on the Review and Rank; however, a Review and Rank Panel member and a MAG staff person will participate in the Appeals Panel to inform discussion.

6. The Appeal Process, Including Involvement of Other Affected Agencies
The Appeal Panel will conduct an in person or telephone meeting with a representative(s) of the agency/collaborative who filed the appeal to discuss it, if needed. The Panel then will deliberate. The Appeal Panel will inform appealing agencies of its decision.

The CoC Board or its designee will approve the final project list for submission. The decision of the CoC Board will be final.

Reallocation
It is possible that funds will be reallocated from projects that will not receive renewal funding, or who's funding will be reduced. This is a recommendation made by the Review and Rank Panel, and approved by the Board, and will be based on HUD priorities and CoC Board funding priorities. When considering reallocation, the Review and Rank Panel will:

- Consider unspent funds and the ability to cut grants without cutting service/housing levels
    - Panel members will receive guidance about the limitations related to spending CoC funds.
    - For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve).
- Consider history of reductions (e.g., if grant reduced one year, will not be apparent in spending the following year)
- Consider alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
- Consider renewal HUD "covenant" concerns

- Consider impact on consolidated application's score
- Consider impact on the community in light of community needs
- Consider non-compliance issues identified during the Review and Rank process or project monitoring
- Consider projects with consistently low scores

The impact of this policy is that high scoring projects may be reallocated if these considerations warrant that decision. In addition, if a project receives less than 50% of total points, then the Panel should strongly consider reallocation of funding.

Threshold

In addition to the scoring criteria, all renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All renewal projects must meet the following thresholds. If threshold criteria is not met, the Review and Rank Panel and the CoC Board will be notified to determine severity of non-compliance with threshold criteria and action needed:

- Project must have full and active HMIS participation, indicated by every HMIS user of the project completing training and/or passing the annual HMIS recertification exam (implemented in April 2015), unless the project is a victim services agency.
- Project must participate (or agree to participate) in Coordinated Entry (to the capacity the Coordinated Entry system is built out in the community)
    - *Per HUD contracts, contractors are required:*
      To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system.
- Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization must have a valid explanation as well as the plan to increase the utilization rate.
- Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explains the agency's plan to resolve them.
- Project must be able to meet the HUD threshold requirements for renewal projects including that there are none of the following:
    - Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;

- Audit finding(s) for which a response is overdue or unsatisfactory;
- History of inadequate financial management accounting practices;
- Evidence of untimely expenditures on prior award;
- History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly;
- History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established time frames.
- History of non-compliance with HUD CoC Program funding requirements, defined in the HEARTH Act and/or NOFA.
- Program components and project types must meet HUD funding contracts and program regulations, refer to HUD's HEARTH Act and/or HUD's SHP Desk Guide for guidance on project regulations.