

April 19, 2016

TO: Members of the MAG Continuum of Care Board

FROM: Kevin Hartke, Councilmember, City of Chandler, Co-Chair
Darlene Newsom, UMOM New Day Centers, Co-Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 1:30 p.m.

Monday, April 25, 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 MAG Continuum of Care Board (CoC Board) meeting will be held at the time and place noted above. Members of the CoC Board 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 Continuum of Care Board 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.

MAG CONTINUUM OF CARE (CoC) BOARD
TENTATIVE AGENDA
April 25, 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 the Continuum of Care (CoC) Board 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 Board 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.

3. Approval of Consent Agenda

Prior to action on the consent agenda, members of the audience will be provided an opportunity to comment on consent items that are being presented for action. Following the comment period, Board members may request that an item be removed from the consent agenda. Consent items are marked with an asterisk (*).

2. Information.

3. Approval of the Consent Agenda.

ITEMS PROPOSED FOR CONSENT*

*3A. Approval of the March 28, 2016 CoC Board Meeting Minutes

The draft minutes for the March 28, 2016 meeting will be posted with the meeting materials.

3A. Approve the CoC Board meeting minutes of March 28, 2016.

ITEMS PROPOSED TO BE HEARD

4. Continuum of Care Updates

MAG staff will update the Board on priorities and upcoming issues.

5. Data Sharing Recommendations-Affinity Groups

PSDQ formed an Ad Hoc Data Sharing Group to develop options for a community-wide data use and management plan. The group met during the months of January and February to discuss documents and approaches to data sharing and data use. HUD TA facilitated a community meeting to aid relevant community stakeholders in achieving consensus on the issue. The CoC Committee reviewed the PSDQ policy for establishing affinity groups and is supporting the policy for the Continuum. A draft Affinity Group document and Policy for Establishing Affinity Groups document were distributed with the meeting materials. There may be action to recommend options to the Board.

6. Data Sharing Recommendations-Documents

The Ad Hoc Data Sharing Group drafted a new community Release of Information (ROI) form and Baseline Privacy Notice for the community that will address data use and data sharing. PSDQ presented them for feedback to the CoC Committee on April 13, 2016. After Committee feedback, PSDQ has revised the documents and will present them to the Board for adoption. A draft Release of Information and Baseline Privacy Notice were distributed with the meeting materials.

7. HMIS Memorandum of Understanding

The Performance Standards and Data Quality work group (PSDQ) will present a Memorandum of Understanding between the CoC and Community Information and Referral (CIR) regarding the operation and function of the HMIS Lead Agency/System Administrator and the CoC. A draft MOU was distributed with the meeting materials.

4. Information and discussion.

5. Information, discussion, and possible action to adopt the Policy for Establishing Affinity Groups.

6. Information, discussion, and possible action to adopt the ROI and Baseline Privacy Notice.

7. Information, discussion, and possible action to recommend that the MOU be signed by the CoC Board Chairs and CIR.

8. Recovery Housing Recommendations

The Permanent Housing Work Group convened a special session on the role of recovery housing in the CoC. Recommendations were presented to the CoC Committee and were revised and adopted on April 13, 2016. The CoC Committee will present recovery housing recommendations for Board approval. A draft Recovery Housing Recommendations document was distributed with the meeting materials.

8. Information, discussion, and possible action to adopt the Recovery Housing Recommendations.

9. Board Membership and Terms of Office:

The Governance Charter stipulates that the CoC Board be comprised of seven to thirteen members. With the recent resignation of Tami Linkletter, the Board currently has eleven members. In addition, two members of the Board have terms that will expire in August. A subgroup of the Board met to discuss recommendations for filling Board vacancies. A draft of suggested changes to the Board Governance Charter, a draft application, and a timeline for membership selection have been distributed with the meeting materials.

9. Information, discussion, and possible action to adopt the Board membership selection process.

Following Board action on the process, the Board will randomly draw terms for the three Board members voted onto the Board in August 2015.

10. Morrison Institute Presentation

The Funders Collaborative commissioned a report of the clients served by the Human Services Campus for the period of May 15, 2015 to July 31, 2015. Mr. Bill Hart and Dr. Eric Hedberg of the Morrison Institute will present the findings and recommendations of the report. The report was distributed with the agenda and meeting materials.

10. Information and discussion.

11. Request for Future Agenda Items

Topics or issues of interest that the MAG Continuum of Care Board 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 Board

An opportunity will be provided for Continuum of Care (CoC) Board members to present a brief summary of current events. CoC Board 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.

Adjournment.

12. Information only.

MINUTES OF THE
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)
CONTINUUM OF CARE BOARD

March 28, 2016

MAG Office Building, Ironwood Room

MEMBERS ATTENDING

Brad Bridwell, Cantwell Anderson-Cloudbreak

Moises Gallegos, City of Phoenix

#Marisue Garganta, Dignity Health

Scott Hall, Community Bridges Inc.

*Kevin Hartke, City of Chandler,

Councilmember, Chair

Theresa James, City of Tempe

Bruce Liggett, Maricopa County

*Nick Margiotta, Phoenix Police Department

Darlene Newsom, United Methodist Outreach
Ministries (UMOM) New Day Center

Amy Schwabenlender, Valley of the Sun United
Way (VSUW)

*Diana Yazzie-Devine, Native American
Connections

*Neither present nor represented by proxy.

#Attended by telephone conference call.

+Attended by video conference.

OTHERS PRESENT

Riann Balch, City of Phoenix
 David Bridge, Loadstar Day Resource Center/Human Services Camus (LDRC/HSC)
 Billie Cawley, Central Arizona Shelter Services (CASS)
 Kelli Donley, Arizona Department of Behavioral Health Services (ADBHS)
 Lisa Eddings Wilburn, Terros Safe Haven
 Alfred Edwards, Arizona Department of Economic Security (DES)
 Margaret Kilman, Maricopa County Human Services Department (MCHSD)
 Becky Jackson, Homeward Bound
 Shari Lassiter, U.S. Vets
 Mattie Lord, UMOM
 Nancy Marion, House of Refuge
 Suzie Martin, Homeward Bound
 Stephanie Miller, City of Glendale
 Lisa Miller, UMOM
 Catherine Rea, Community Information and Referral (CIR)
 Ty Rosensteel, CASS

TJ Reed, SIRC
 Kristy Salazar, Sojourner Center
 Chela Schuster, UMOM
 Joan Serviss, Arizona Coalition to End Homelessness (ACEH)
 Laura Skotnicki, Save The Family
 Charles Sullivan, ABC Housing
 Barbara Sloan, Salvation Army
 Nicky Stevens, Save The Family
 Stephen Sparks, Labor’s Community Service Agency (LCSA)
 Michelle Thomas, CIR
 Craig Tribken, CASS
 John Wall, Arizona Housing Inc. (AHI)
 Kim Van Nimwegen, VSUW
 Amy Vogelsson, Southwest Behavioral Health (SBH)
 Celina Brun, MAG
 Brande Mead, MAG
 Anne Scott, MAG

1. Call to Order and Introductions

Darlene Newsom, UMOM, Co-Chair of the Continuum of Care (CoC) Board, called the meeting to order at 1:39 p.m. Introductions of the Board and audience proceeded.

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 MAG, or non-action agenda items that are on the agenda for discussion or information only. There were no comments from the audience.

3. Approval of the February 22, 2016 CoC Board Meeting Minutes and Consent Agenda

Addressing the first order of business, Co-Chair Newsom asked if the Board reviewed the consent agenda with the meeting minutes for February 22, 2016. Co-Chair Newsom inquired if Board members had any comments regarding the minutes. Scott Hall, CBI Inc. noted that the minutes reflect him as absent, however he was in-fact present for the February meeting. Co-Chair Newsom opened the floor to the public for comments on the consent agenda. There were no comments. Co-Chair Newsom entertained a motion to approve the February 22, 2016 meeting minutes with the change to mark Mr. Hall as present at that meeting. Moe Gallegos, City of Phoenix motioned to approve the February 22, 2016 meeting minutes with

the change to mark Mr. Hall as present at that meeting. Mr. Hall seconded the motion to approve the February 22, 2016 meeting minutes. There were no comments. The motion passed unanimously.

4. Continuum of Care Updates: Anne Scott, MAG, presented the CoC updates listed below. There are four items to update the Board on.

The first item is the Regional Plan to End Homelessness.

We have continued to meet with work groups to develop recommendations to contribute to the plan. The work group recommendations are starting to be submitted to MAG staff. The deadline for submission was April 1, 2016. MAG staff will be compiling the recommendations into a draft regional plan the week of April 4, 2016 and the ad-hoc work group assigned with reviewing the draft plan will meet on April 7, 2016. The ad-hoc work group includes:

- Amy Schwabenlender, Valley of the Sun United Way
- Bruce Liggett, Maricopa County Human Services Department
- Darlene Newsom, UMOM
- Marisue Garganta, Dignity Health

The group will also discuss a timeline for review and Board action. Mr. Schwabenlender has drafted a draft timeline that will be presented to that sub group. The goal is to have a draft plan ready to present in early summer.

Co-Chair Newsom opened the floor for questions from the Board.

Mr. Gallegos: sought clarification that MAG staff is collecting data and regional update plans on what the work groups are doing or plan to do in the future and then compiling the information into a strategic planning format.

We are working to put together the recommendations from all of the work groups, and then figuring out where all the gaps are and if certain work groups want to come up with their own recommendations for those identified gaps and how to proceed to put together this document. This document is a working document that will morph over time.

The second item: MAG staff are preparing for the Heat Relief Network. Ms. Scott noted that at the first Board retreat there were a few Board members that questioned whether coordinating Heat Relief efforts was an activity that should be spear-headed by the CoC. A summary paper was distributed with meeting materials explaining the role that MAG staff has in coordinating the Heat Relief effort. At this time it is too late to change course regarding leadership of the Heat Relief planning efforts.

Mr. Gallegos: wanted to emphasize that the Heat Relief Network is vital to the community and needs to continue regardless of whom is coordinating for the region. He also emphasized that if there is a transition of leadership and coordination that the transition be made carefully to avoid potential glitches.

Ms. Scott: clarified that MAG does not have a position on the topic, however MAG spear-headed the effort. The responsibilities now expand beyond the MAG CoC staff, as MAG Geographical Information Services staff is responsible for the mapping. MAG staff raises this topic for discussion because it was raised as a concern at the first Board retreat.

Ms. Schwabenlender: recalls that the original discussion came from MAG budget use in the CoC. To clarify, Ms. Schwabenlender inquired about how the administration grant to MAG is utilized, and further details about the budget. If Heat Relief staff hours are not funded by McKinney-Vento dollars and other funding sources are supplementing the staff hours then the Board is ok. However, if MAG staff are utilizing planning grant dollars to fund hours spent on the Heat Relief, the Board wonders how are the planning dollars being spent to maximize work in the community to end homelessness. Board members were more concerned about seeing a breakdown of the MAG CoC planning grant and how much funding was being supplied to which activity.

Co-Chair Newsom: suggested adding the MAG planning grant budget breakdown for the April meeting.

Brandee Mead, MAG: offered to distribute a copy of MAG's grant application for the funds that were recently approved.

Co-Chair Newsom: inquired if there was an obvious leader in the community that could take leadership and oversight of the Heat Relief Network.

Ms. Scott: there isn't a party that has been identified. As of now, a local meeting has occurred, and a state-wide meeting has occurred, and the coordination efforts are in the beginning stages. The discussion of partnering has been brought informally with no anticipated decisions.

The third item is the work group updates: the CoC Committee instituted monthly work group updates to the CoC community. The list of updates presented in the meeting materials came from all of the work groups in the CoC. The updates will be presented to the Committee as well in April.

Ms. Scott: the Veteran Placement dashboard has a disclaimer that the data for February has not been submitted which is why there is no data to present. She added that if Board members wish to receive a monthly dashboard update, to please let her know.

Mr. Gallegos: reiterated how difficult acquiring and updating the data can actually be. He added that it is important to recognize how much work has already been done in support of ending Veteran homelessness. He added praise to the support that the City of Mesa has provided in the process.

Ms. Scott: the PSDQ work group met this morning and discussed having a process which they could vet dashboard reports and anything that is distributed within the community. The community has an opportunity to really look at these data sets before they are

distributed widely with the idea of still trying to ensure that on a monthly basis we are reporting numbers so that the community has an opportunity to review the numbers.

Mr. Liggett: inquired if there was a website where members could access information on work groups and data dashboards. He then inquired about a summary of the work groups.

Ms. Scott: there is a summary of all the work groups which has been distributed through the community and can be added to the CoC web page.

Summary of HUD Technical Assistance (TA) requests:

HUD TA is working with MAG on:

- Data sharing
- HMIS policies and procedures
- Monitoring
- CoC consolidated policies and procedures that will include:
 - Governance charter
 - Roles and responsibilities
 - HMIS policies and procedures
 - Coordinated Entry Policies and procedures.

MAG has been granted TA to assist in working with Transitional Housing providers and the low scorers.

- Board members have inquired about TA for low performers within the ranking and review process.
- May 16 or May 17 will be a half-day meeting with all of the providers and the TA, followed by individual meetings in the afternoon. We are still waiting on confirmation for the final date.

Mr. Liggett: inquired if the TA providers were local or national experts.

Ms. Scott: the TA providers are nationally based. Piper Ehlen has been assigned this project and she is based in Denver Colorado and provides services nation-wide.

There is a different TA for the HMIS policies and procedures. In addition, TA has been requested for Point-In-Time Homeless Count methodologies.

Brad Bridwell, Cloudbreak Communities: inquired if there was a plan for a mid-year evaluation.

Ms. Scott: the Committee and the Board have approved the Program Performance Report. The report is now at Bowman systems and being written. This will allow providers to run their own reports and see where they fall. She recognizes that the Board wants to review

the Program Performance Reports bi-annually. The hope is to have final reports ready to present to the Board by June.

Mr. Bridwell: inquired about a bi-annual ranking and review process.

Ms. Scott: stated that that decision is up for the Board to decide. She added that MAG staff is working on a timeline of all activities that occur in the CoC, so activities like the rank and review process would be a part of that timeline.

Theresa James, City of Tempe: inquired about where funding for TA comes from.

Ms. Scott: funding comes from HUD and is outlined in the HEARTH Act. Also, there is no limit to HUD TA.

There were no further comments.

5. Policy Clarification for Coordinated Entry Oversight Work Group Draft Minutes: Kelli Donley, DBHS took the floor to present to the Board a concern regarding Coordinated Entry that the work group is seeking guidance on.

Ms. Donley: in my work with the coordinated entry work group, we have come up across a philosophical question when it comes to ending homelessness in Maricopa County. When we talk about Coordinated Entry (CE), are we talking about CE only for providers receiving HUD funding, or for all providers in the CoC focused on ending homelessness regardless of their funding sources. This is a concern because in our committee we are responsible for helping mitigate conflicts between providers and individuals, two different providers, etc. We firmly believe that our priority is to be the advocate for the single entry site and the family entry site to improve coordination of care. It is our belief at the CEOWG that we all need to work together in the spirit to end homelessness regardless of what our individual missions are; that we need to put our individual missions aside and agree that philosophically we are here at this table today to try to end homelessness, and we are willing to work towards coordinated entry which means ending side doors, ending special populations; it means working together under the parameters of this organization. The CEOWG wanted to come forward to say that we have agreed that this is the way we are going to operate moving forward.

Participation by providers across the community regardless of funding sources is critical. The spirit of CE means that this community has made the decision to end homelessness over every other priority-including personal mission or mission of a specific organization.

We must be willing to collaborate and share information. So as policy decisions and conflict decisions come to us as a work group, this is the philosophy that we are going to use moving forward. I was informed that a vote is not needed, however the group is seeking feedback.

Co-Chair Newsom opened the floor for discussion.

Mr. Bridwell: as a provider that does not receive CoC funding, we would like to be a part of CE; however, as a part of the tax credit world we have investors that have certain requirements that must be met in terms of occupancy and especially in the initial years, like right now, Victory Place has a very specific timeline in which ever unit must be filled and qualified, and all of that drives the tax credits that the investors have bought. He then suggested that partners outside of directly receiving funding should have the understanding that there are caveats, that providers could never put their projects in jeopardy if they weren't being occupied-to not occupy them. There needs to be some sort of recognition on how you safeguard partners that have other obligations that are going to trump CE every single time.

Ms. Donley: we do fully appreciate that and have discussed it with the work group. One thing we discussed is that we don't want to keep people homeless because we are mandating a certain process as described by Mr. Bridwell. What we would like, especially from members of the Board, is if you have the power to house people, that you would consider the CE process first and try to figure out if you can make that work first, because we don't really feel as a community that we are going to be able to move forward or that this process is going to be successful unless CE is the first opportunity that we are considering.

Mr. Bridwell: provided an example, stating that his proposal could be asked of other organizations in similar situations. In our wait-list procedure we put Coordinated Entry System as a flag and write our policies and such that if it is a CE referral it automatically goes to the top of the list. You can have the policies and its ok. We need a system that feeds referrals.

Ms. Donley: we have a lot of behavioral health dollars that are not going through CE. There are some large systems in Maricopa County that we will slowly have to change their process to get them onboard with CE. We know that the process will not take place over night. We want there to be fewer exceptions and more collaboration across the board.

Mr. Liggett: believes that Board members are in support of a systems improvement and the system goes beyond what the CoC funds. He supports and encourages Ms. Donley and the CEOWG to continue their work. It is part of what we need for all providers and should be the incentive for all providers in the community. When there are barriers we should find ways to work them out.

Mr. Hall: it is our hope and our vision to get there despite a slow process.

Ms. Donley: the Standing Strong for Families work group shows that it can be done. They are various organizations with different missions that came to the table with different ideas and after years of collaboration they are on the same page and the family entry system is working as a result. We would just like to continue this. If you have housing dollars-regardless of your funding source, and you are housing people in Maricopa County we want you to really consider using CE first even if you are not receiving funding through the CoC. We believe that we will be a stronger community and we will end homelessness faster if we all participate in this process.

Mr. Gallegos: well, if we don't do it, we won't end homelessness. The funders collaborative see it clearly. Motivation is essential. You can be *not in it* because you are figuring out a way to not be in it or you can *not be in it* for legitimate reasons that need to be understood and respected. As long as people are working towards CE the community can work through the issues. If we are not together then we are not going to reach our goal. We would hope that everyone wants to be a part of CE and if they are unable to join CE we should be able to understand that.

Ms. Garganta: inquired if a GAPS analysis has been done to identify the providers that are not a part of CE and if there is TA to assist in connecting those agencies. She then inquired there are additional community recourse that can help agencies realign with CE.

Ms. Scott: suggested that CE providers would be able to answer that question. Furthermore, she stated that we do know that there are some organizations that have posed particular challenges and perhaps one part of this process is that at some point the CEOWG and the Board will need to make a determination whether groups are participating or not participating and whether that agency will be deemed as participating or not.

Ms. Garganta: sought clarification and understanding on why some agencies are not a part of CE, and then inquired if all agencies have been provided the necessary tools and information to connect to CE.

Ms. Donley: so this is my perspective, there are organizations that are doing it, for some they are participating in CE somewhat and then they quietly have a side list for their target population for whatever the mission of their organization is. So if they have a bed that becomes open, they do not go through CE-they go off of their side list, and the whole point is if we all have our side lists and our side doors-that is not CE. We are providing specialized priority to certain populations for people we like. The whole point of implementing the SPDAT and VI-SPDAT and doing CE is that we weigh individuals with the exact same scale and the neediest get housed first and that's the way we end homelessness. Some organizations are fully participating, some organizations quietly keep a side list, and some don't participate at all. If we all want to end homelessness, we all need to agree philosophically that we all need to participate regardless.

Ms. Garganta: reiterated that the community should be sensitive and thoughtful to why some organizations have side lists.

Co-Chair Newsom: clarified that this issue has gone on for many years and many of the concerns Ms. Garganta brought up are being deliberated in other work groups.

Mr. Bridwell: stated that the philosophy was right. He then suggested marketing a monthly or quarterly promotion of organizations that are committed to CE and what those standards are.

Ms. Schwabenlender: suggested a three tier process. The Board is required to look at what the HEARTH Act mandates that is McKinney-Vento and ESG funded.

- Tier one: start with what the community is mandated to look at via the HEARTH Act. And report on that first.
- Tier two: Then there is the coalition of the willing. There are great people and great partners that will do it for all the right reasons and they agree with the philosophy and want to end homelessness.

Ms. Schwabenlender: if we start with those two tiers, which is a majority of the inventory of the groups we are talking about, we can work with the unknown providers since we really are not sure why they won't or have not participated. If they are not required to participate-that is a much harder conversation to have. By calling out the organizations that are not participating, we will not create a desire to participate in CE.

Ms. Donley: clarified that it was not her or the intention of CEOWG to scold agencies that are not participating in CE. CEOWG hopes that agencies, regardless of funding source, will fully get on board with CE. She then offered to help market the providers who are a part of CE, and suggested that agencies that are a part of CE could be mentors to agencies that do not know the process.

Mr. Gallegos: noted that Ms. Donley and CEOWG are on the right track.

Co-Chair Newsom: opened the floor to the audience.

Catherine Rea, CIR: sought clarification if projects are not participating because of a lack of regional entry sites.

Ms. Donley: CEOWG has not yet determined that as an issue.

6. Timeline Review for Coordinated Entry: David Bridge, HSC, and Mattie Lord, UMOM and CoC Committee Chair, will update the Board on the CES timeline for implementation. A timeline for the Family Housing Hub and the Welcome Center was distributed with the meeting materials.

The implementation of the Coordinated Entry System for the Continuum of Care is moving forward. The Family Housing Hub is fully operational and the Welcome Center has made great strides towards bringing providers on board and adopting policies and procedures to implement coordinated entry on the singles side.

Mr. Bridge: presented a timeline and roadmap of the Welcome Center.

- Goals
 - Complete all Coordinated Entry Policies and Procedures.
 - Securing funding.
 - Cleaning up Welcome Center processes.
 - System coordination.
- On-boarding for navigation.
 - All PSH in CoC system.
 - Have a navigator for the whole process.

- CASS.
- CBI.
- Phoenix Rescue Mission.
- Terros Safe Haven.
- ABC Inc.
- Working on over-flow initiatives.
- Working on Homelink to have by-name list ready.
- Working with Zero2016 initiatives as well.
- On-boarded 90 percent of designated Chronic Homeless beds.
- Key goals for 2017.
 - Add phone coverage.
 - Additional Welcome Center locations and staff.
 - Additional housing units.
 - Build on-boarding connections with young adults, hospitals, jails, and veterans.

Co-Chair Newsom: opened the floor for questions.

Mr. Liggett: inquired if public housing was included in the process.

Mr. Bridge: noted that public housing was included, and highlighted where it was listed in the presentation.

Discussion continued.

Mr. Hall: praised Mr. Bridge for all the work presented.

CoC Committee Chair Lord: presented the timeline for the Family Housing Hub and listed their highlights:

- 2015 on-boarded all 12 partners.
- Opened two new fully-functional access points.
- Drafted the operations manual.
- Implemented monthly dashboard reporting.
- Institutionalized monthly partnership meetings.
- Transparent and inclusive decision making.
- Begin TA process for CE implementation once funds are available.
- Collected data for DHS for birth certificate fees reduction.

Co-Chair Newsom: opened floor for comments.

Ms. Schwabenlender: inquired if the DHS idea is a policy question. She further admitted her concern that the Homeless ID Project is being refunded for the materials but not funded for the work.

Ms. Garganta: offered to partner with VSUW to assist the Homeless ID Project.

There were no further comments.

7. Board Membership and Terms of Office:

Due to time limitations and other agenda items that were timelier, Chair Newsom inquired with the Board if members were open to moving past agenda item seven and staying until 3:30. Agenda item seven would be revisited either at the end of the meeting if time allowed or at the April Board meeting. There was consensus to revisit agenda item seven at the end of the meeting if there was time, or to discuss it at the April Board meeting.

8. HMIS Memorandum of Understanding: Charles Sullivan, ABC Housing Inc. and Performance Standards and Data Quality work group (PSDQ) representative present a Memorandum of Understanding between the CoC and Community Information and Referral regarding the operation and function of the HMIS Lead Agency/System Administrator and the CoC. A draft MOU was distributed with the meeting materials.

Mr. Sullivan: the MOU is not ready for action. The PSDQ Work Group is seeking feedback. Everything is written down so that the community can hold CIR accountable.

Ms. Scott: clarified that the Board could take action since the MOU would only require some word revisions.

Discussion on word revisions continued.

Mr. Bridwell: did not feel comfortable approving the MOU since he was unable to review it prior to the Board meeting.

Board members came to consensus to hold off on approving the MOU.

Mr. Liggett: inquired about the choice of doing an MOU rather than a contract.

Mr. Sullivan: the issue of doing a contract with the Board was the fact that the Board is not a legal entity. PSDQ wanted an MOU that was meant to be legal when necessary.

Mr. Gallegos: sought the thoughts of Ms. Rea.

Ms. Rea: noted that she did receive the draft four weeks prior. She feels confident that they are very close to an MOU.

Mr. Bridwell: inquired if the “sticking points” need to be vetted before taking action.

Ms. Rea: did not feel it was her place to advise the Board on that question.

Ms. Scott: stated that CIR’s contract is with HUD, so language recognizing that factor was included in the MOU. The CoC can terminate the MOU but as a matter of practice, the MAG does not have the right to terminate the contract with CIR outside of folding HUD into the process. HUD TA did note that it was possible to change the HMIS lead agency mid-contract but it is not an easy process.

Mr. Sullivan: the intention is not to break the contract with CIR, just to have the correct wording.

Ms. Rea: stated that since she has not read the most recent version she would not be signing anything.

There were no further questions.

9. PSDQ Membership: Mr. Sullivan would be presenting the recommended slate of new members to the PSDQ Work Group.

Mr. Sullivan: the CoC Board approved a membership process for PSDQ at the February 22, 2016 meeting. PSDQ has reviewed the letters of interest submitted and will recommend the addition of new members to PSDQ. He then listed the membership roster and process of selection.

- Sought letters of interest
- Received seven letters
- Reviewed with a rubric
- Selected four members
 - Jennifer Dangremond, NAC
 - Ty Rosensteel, CASS
 - David Olivarez, Terros Safe Haven
 - Tricia Cano, CIR (non-voting member)

Mr. Sullivan: still seeking candidates experienced in data analytics. PSDQ recommended the current slate to the Board, and sought permission to conduct targeted outreach outside of the membership policy for a data analytics member.

Co-Chair Newsom: opened the floor for comments.

Mr. Bridwell: motioned to approve the slate as requested and authorized the targeted search for a data analytics candidate for PSDQ.

There were no further comments. The motion passed unanimously.

10. Housing Trust Fund Presentation: Deputy Assistant Director Andrew Rael from the Arizona Department of Housing (ADOH) would brief the Board about the funds and the Annual Action Plan.

Mr. Rael: ADOH has received about three million dollars from the National Housing Trust fund. ADOH has scheduled public hearings to craft the Annual Action Plan for distributing the funds. He sought public input on what community members want to do with the funds provided. He added that the draft allocation plan was online and April 13, 2016 at 10 am is next meeting at the ADOH, room 250.

Discussion on the history of the Housing Trust Fund continued.

Mr. Rael: noted the proposal that 90 percent of housing be used for rental development, extremely low income-AMI and below, permanent supportive housing for chronically homeless, and ten percent for administration.

Mr. Liggett: inquired if the three million dollars was a statewide figure and if the distribution was formulaic in terms of size of the area.

Mr. Rael: it is formulaic by population and number of people in that income category, 30 percent and below.

Discussion on the formulaic categories continued.

Mr. Bridge: advocated for the potential units to be added to CE.

There were no further comments.

11. Request for Future Agenda Items

The following items were recommended for future agenda items:

- Board membership suggestions.
- To have the requested HMIS report ready.
- Possibly the Morrison report.

Ms. Mead: offered to put a group together to determine membership selection. The following Board members volunteered:

- Ms. Schwabenlender.
- Ms. Newsom.
- Mr. Gallegos.

12. Comments from the CoC Board

There were no further comments from the Board.

Adjourn

The meeting was adjourned by Co-Chair Newsom at 2:54 pm. The next Board meeting is scheduled for April 25, 2016.

Homeless Management Information System (HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING between

Community Information and Referral (CIR) and Maricopa County CoC Board

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MOU) is to confirm agreements between **Community Information and Referral (CIR)** and the Maricopa County Continuum of Care Board (CoC Board), the lead decision making body for the Continuum of Care in Maricopa County, related to management of the Homeless Management Information System (HMIS). This MOU establishes **CIR** as the **HMIS Lead Agency** for the CoC, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of HMIS.

The Parties enter into this MOU wishing to maintain their own separate and unique missions and mandates, and their own accountabilities. Unless specifically provided otherwise, the cooperation among the Parties as outlined in this MOU shall not be construed as a partnership or other type of legal entity or personality. Each Party shall accept full and sole responsibility for any and all expenses incurred by itself relating to this MOU. Nothing in this MOU shall be construed as superseding or interfering in any way with any agreements or contracts entered into among the Parties, either prior to or subsequent to the signing of this MOU. Nothing in this MOU shall be construed as an exclusive working relationship. The Parties specifically acknowledge that this MOU is not an obligation of funds, nor does it constitute a legally binding commitment by any Party or create any rights in any third party.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care and Emergency Solutions Grant (ESG) funding and projects provided through HUD's federal partners. HMIS is essential to coordinate client services and inform community planning and public policy. Through HMIS, homeless individuals and families benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Maricopa County, including required HUD reporting. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and persons experiencing homelessness is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating HMIS within the Continuum of Care in **Maricopa County**.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MOU shall be from the date that the MOU is executed through **[Enter Date]**. While it is anticipated that this MOU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. This annual review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation. The existing MOU may be extended by the CoC Board until a new version is executed.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC Board is the lead decision making group on behalf of the Continuum of Care within Maricopa County. As such and per HUD policy, the CoC is responsible for oversight and implementation of the HMIS data collection, management, and reporting system, which encompasses planning, administration, software selection, managing HMIS data in compliance with HUD rules and regulations, and reviewing and approving of all policies, procedures and data management plans governing contributing HMIS organizations. CoC oversight and governance responsibilities are carried out by its CoC Board, based on recommendations by the Performance Standards and Data Quality Committee (PSDQ). Per the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the CoC has the authority to designate the HMIS lead agency.

2. Performance Standards and Data Quality (PSDQ) Work Group

The purpose of the PSDQ is to provide support and recommendations to the CoC Board related to the HMIS regulations and standards as set forth by HUD. The roles and responsibilities of PSDQ consist of: oversight of the HMIS Action Plan; oversight of HUD and community adopted system-wide Performance Measurements; develop Policies and Procedures including data sharing policies in partnership with CoC and HMIS Lead Agency; review of HMIS budget similar to the review of other CoC-funded projects; HMIS Lead Agency evaluation; oversight of data analysis and research; oversight of HMIS governance and compliance. Please refer to CoC Roles and Responsibilities document for further details on the role of PSDQ in the oversight and evaluation of the HMIS Lead Agency.

3. Lead Agency Designation

The CoC designates CIR as the HMIS Lead Agency to manage HMIS operations at the direction of CoC through its PSDQ. The HMIS lead is responsible for successfully completing applicable HUD reporting requirements, developing all plans, policies and procedures for review and approval by the CoC. The HMIS lead also executes all HMIS Partnership Agreements with each contributing HMIS organization, ensures that each HMIS user has signed an HMIS Code of Ethics, manages the system on a day-to-day basis, and provides technical support and training to users.

4. Contributing HMIS Organizations (CHO)

A CHO is defined as an organization (inclusive of the HMIS Lead) that operates a program providing services to persons at-risk or experiencing homelessness whether or not it is a member of CoC, and that contributes Protected Personal Information or other client-level data to the HMIS. CHOs are required to enter into HMIS Participation Agreements in order to contribute such data to the HMIS. The authority to enter into HMIS Participation Agreements with CHOs is assigned to the HMIS Lead Agency, in accordance with HUD Rules and Regulations.

5. Program-level HMIS-compliant System (Comparable Database)

A program-level HMIS-compliant system (Comparable Database) is defined as a client management information system operated by a provider program meeting the definition of a domestic violence or legal services provider that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in CHO HMIS Participation

Agreements. For the purposes of seeking data contribution from non-HUD funded programs, the CoC may choose to allow the contribution of data from non-HUD funded programs to the HMIS. In such an event, a program-level HMIS-compliant system may also refer to a client management information system of such a program, provided it meets HUD Standards. PSDQ, in consultation with CIR, will review and document whether a comparable database meets all HUD system requirements prior to its use. The CoC Board will approve the use of a HUD compliant comparable database with the input of PSDQ.

6. CHO HMIS Agency Administrator

A CHO HMIS Agency Administrator is defined as a point-of-contact within each CHO and designated by the Executive Director or his/her designee of the CHO who is responsible for day-to-day collection, input, security, and privacy of HMIS data into the HMIS or a program-level HMIS-compliant system. A CHO HMIS Agency Administrator manages the data collection, data quality and program-level reporting according to the terms of the HMIS Partnership Agreement and HUD Rules and Regulations, including non-HUD funded programs contributing data to the HMIS from a program-level HMIS compliant comparable database.

7. End User

An End User is defined as an employee or other individual covered by a Code of Ethics. A volunteer, affiliate, associate, or any other individual acting on behalf of a CHO or the HMIS Lead Agency who uses or enters data in the HMIS and who has been authorized to access data by the HMIS Lead Agency as evidenced by completed user trainings and an executed HMIS Code of Ethics Agreement is an end user.

8. Software and Hosting

The CoC Board, in consideration of recommendations provided by the PSDQ in collaboration with HMIS Lead Agency, will select a HMIS software solution for the purposes of meeting HUD HMIS compliance requirements and broader CoC needs. The CoC delegates the authority to the HMIS Lead Agency to enter into contract with the CoC Board approved HMIS software solution, and if necessary, the HMIS Software Solution Provider.

IV. GENERAL UNDERSTANDINGS

1. Funding

a. HUD Grant(s)

HMIS activities are funded in part by the HUD CoC HMIS grant. The CoC authorizes CIR, as the HMIS Lead Agency, to apply for and administer the CoC HMIS grant funds. The terms and uses of HUD funds are governed by the HUD grant agreement and applicable rules.

b. Cash Match

The CoC and ESG HUD grants require a cash match. As detailed below in section V (2)(c), CIR is responsible for providing the commitment of the required local match for the HMIS grants, which may be through user fees charged to participating agencies and other sources of match obtained by CIR. In addition to cash match, the CoC encourages the use of leveraged funds to maximize resources for HMIS.

c. Invoicing and Payments for CHO User Fees

User fees charged by CIR for HMIS access will be approved by the CoC Board. CIR will be responsible for invoicing and tracking payment for user fees. Changes to user fees are per Board approval based on the

recommendation of PSDQ. CIR retains the right to choose the invoicing frequency and method as well as the right to terminate access to the HMIS in the event of non-payment by a CHO.

2. Local Operational Policies and Agreements

The CoC delegates to CIR, in accordance with HUD policy, the authority to develop on its behalf the required policies, procedures, and plans associated with operating the HMIS. CIR is charged by the CoC to develop these policies, procedures, and plans in conjunction with the PSDQ. Policies, procedures and plans are subject to approval by the CoC Board. CIR and PSDQ will present for review and approval these policies, procedures, and plans on an annual basis to the CoC Board. These agreements, policies and procedures include, but are not limited to, an operating policies and procedures manual for use and management of the data (including procedures for ensuring the security of data, disaster recovery, data sharing policies and data quality assurance), privacy policies and notices, data collection and technical standards for CHOs, Participation Agreements, and End User Agreements.

Once reviewed and approved, changes to the policies and procedures may be made from time to time at the request of CIR or the CoC, through the CoC Board or PSDQ, to comply with HUD HMIS standards or otherwise improve HMIS operations. During any such modification periods, all existing HMIS policies and procedures will remain in effect until such time as the CoC Board approves the changes.

3. Assignment of Responsibilities

CIR may not assign rights or responsibilities of this MOU, other than specifically outlined in this MOU, to any other third party, including the HMIS Solutions Provider, without the recommendation of PSDQ and the approval of the CoC Board as evidenced in CoC Board meeting minutes.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities

The CoC Board, with input and recommendations from PSDQ, serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for HMIS. The CoC Board exercises all its responsibilities for HMIS governance through the CoC Board and PSDQ, effective as of the date of the authorization of this MOU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Recording and publicly posting in official meeting minutes all approvals, resolutions, and other key decisions of the CoC and PSDQ that may be required by HUD rules related to the HMIS governing body;
- c) Designating the HMIS Lead Agency and the software to be used for HMIS, and approving any changes to the HMIS Lead Agency or software;
- d) Reviewing and approving all HMIS Project operational agreements, policies, and procedures;
- e) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- f) Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;

- g) Using HMIS data to inform CoC program and system design, and measuring progress toward implementation of the CoC Strategic Plan and other CoC-established goals ;
- h) Coordinating participation in the HMIS (and broader CoC) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness.
- i) Reviewing evaluation of HMIS Lead Agency conducted by PSDQ.
- j) Approving community-level report requests from stakeholders external to the CoC funded providers as recommended by PSDQ.

2. CIR Responsibilities

CIR serves as the Lead Agency for the HMIS Project, managing and administering all HMIS operations and activities. CIR exercises these responsibilities at the recommendation of PSDQ and the direction of CoC Board. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are as follows:

a) Governance and Reporting

- a. Provide sufficient staffing for operation and administration of the HMIS;
- b. Enter into a contract for HMIS Services with the designated HMIS Solution Provider;
- c. Prepare and validate the following data reports and assist with the analysis for review by the CoC and required for submission to HUD:
 - i. A point-in-time (PIT) count for sheltered and unsheltered as deemed by CoC Board based on HUD guidance.
 - ii. Annual Homeless Assessment Report (AHAR) completed annually based on HUD guidance.
 - iii. Housing Inventory Count (HIC) completed annually based on HUD guidance.
 - iv. Other reports as requested by PSDQ and/or CoC Board.
- d. Ensure the consistent contribution of data that meets all HUD-established data standards to the HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;
- e. Ensure the consistent contribution of data that meets all Federal Partner sources including: HUD, the Veteran's Administration (VA), Runaway and Homeless Youth (RHY), Projects for Assistance in Transition from Homelessness (PATH), Housing Opportunities for People with AIDS (HOPWA) and other partners as identified;
- f. Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in the HMIS;
- g. Attend PSDQ meetings;
- h. Determine length of time that records must be maintained for inspection and monitoring purposes per HUD standards and ensure compliance with these standards;
- i. Respond to CoC Board and PSDQ directives; and
- j. Provide data needed to inform CoC progress toward achieving its Regional Plan goals and HEARTH outcomes.

b) Planning and Policy Development

- a. Manage and maintain mechanisms, in coordination with PSDQ, for soliciting, collecting and analyzing feedback from end users, CHO HMIS administrators, CHO program managers, CHO executive directors, and homeless persons;
- b. Identify general milestones for project management, including training and expanding system functionality, and ensure that the HMIS Action plan is carried out and regularly reviewed;
- c. Develop and, upon adoption by the CoC, implement written policies and procedures for the operation of the HMIS, including requirements and standards for any CHO, and provide for the regular update of these procedures as required by changes to policy;
- d. Develop and, upon adoption by the CoC, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- e. Develop and, upon adoption by the CoC, implement a data security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- f. Develop and, upon adoption by the CoC, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;
- g. Develop and, upon adoption by the CoC, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; and accountability standards;
- h. Respond to community-level report requests from stakeholders following the approval of the PSDQ Group within the timeframe established in the report request, which should be produced with high data quality;
- i. Respond to information requests from and assist in development with the PSDQ group for HMIS Lead Agency performance evaluation, and if applicable work with the PSDQ group to create a performance improvement plan;
- j. Ensure privacy protection in project administration; and
- k. Develop and execute HMIS Partnership Agreements with each CHO, including:
 - i. Obligations and authority of the HMIS Lead and the CHO;
 - ii. Protocols for participation in HMIS Project;
 - iii. Requirements of the policies and procedures by which the CHO must abide;
 - iv. Sanctions for violating the HMIS Partnership Agreement ; and
 - v. Terms of sharing and processing Protected Identifying Information between the HMIS Lead and the CHO.

c) Grant Administration

- a. Prepare and submit NOFA Project Application for HUD HMIS grant in e-snaps;
- b. Create annual budget outlining the most efficient resource allocation to meet HMIS Project requirements;
- c. Support HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;

- d. Manage spending for HUD HMIS grant;
- e. Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records;
- f. Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and
- g. Complete and submit Annual Performance Report (APR) for HUD HMIS grant in e-snaps.

d) System Administration

- a. Oversee the day-to-day administration of the HMIS system;
- b. Manage contracts for the HMIS, which includes training for CHOs and CIR staff, and licensing of HMIS Server;
- c. Ensure HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including de-duplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- d. Ensure HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and the maintenance of privacy, security, and confidentiality protections;
- e. Develop standard reports and queries of HMIS data (e.g., data quality report, CoC report, etc.);
- f. Oversee and relate small- and large-scale changes to the HMIS through coordination with the HMIS Solution Provider, the CoC, PSDQ, and CHO HMIS administrators, if applicable;
- g. Continue monthly HMIS Committee meetings for HMIS information and updates;
- h. Outline a concept for expansion of CHO “user group ” to discuss implementation of policies and procedures and data entry and upload processes;
- i. Maintain contact list of CHO Agency Administrators and End Users for all CHOs

e) End-User Administration

- a. Provide or coordinate technical assistance and support;
- b. Conduct annual and ongoing training of users;
- c. Document and facilitate correction of technical issues experienced by providers;
- d. Document and keep track of report requests and fulfilled report requests;
- e. Conduct an annual user satisfaction survey as recommended by the PSDQ Committee;
- f. Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - i. Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, and data quality;
 - ii. Requires all CHO Agency Administrators to participate in trainings; it is the responsibility of the CHO Agency Administrators to ensure end users at the CHO receive training information.
 - iii. Is encouraged for all HMIS end users, including intake staff, data entry staff and reporting staff at all CHOs;
 - iv. Is offered, at a minimum, every quarter;
 - v. Is conducted in a manner that assures every new end user completes training prior to collecting any HMIS data or using the HMIS; and

- vi. Is conducted in a manner that assures every current end user completes a training update at least annually.

f) Data Quality and Compliance Monitoring

- a. Consistent with the data quality plan, establish data quality benchmarks for CHOs, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- b. Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to CHO programs indicating levels of data entry completion, consistency with program model, and timeliness;
- c. Consistent with the data quality plan, provide quarterly reports on HMIS participation rates, and data quality to the CoC and PSDQ Committee;
- d. Develop process in coordination with PSDQ whereby data quality reports are distributed at CoC meetings publicly for CHOs, with de-identified CHO information, to see where they stand in relation to other providers; and
- e. Monitor compliance by all CHOs with HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Partnership Agreement and approved by the CoC Board.

g. HMIS Lead Agency Staff Training

- a. Ensure adequate resources are made available to staff to meet HUD required and CoC reporting;
- b. Ensure staff capacity to provide accurate regular reporting and training requirements to CHO and CoC;
- c. Attend at least annual training with Bowman to ensure training and report writing capacity meets HUD standards;
- d. Attend national and/or regional HMIS data related conferences to stay up to date on national trends; and
- e. Provide staff with relevant training to ensure capacity to present community data in a clear and effective manner (e.g. table structure, supporting narrative, etc.)

3. Compliance with HUD Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS in compliance with HUD Technical Standards (last update in 2004), HUD HMIS Data Standards (last update in 2015), and other applicable laws. The parties agree to update this MOU (as provided in Section VII, Amendment/Notices), other HMIS operational documents, and HMIS practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified time frame for such changes.

VI. DATA ACCESS AND MANAGEMENT

It is hereby understood and acknowledged that all data is maintained in the HMIS by the HMIS Lead Agency. CIR's authorized staff shall have access to all data entered by CHOs and manage the data that is

maintained in the HMIS. HMIS data may not be accessed under federal, state, or local Freedom of Information laws except by Court Order.

CIR is not authorized to provide data to unauthorized staff or external entities without prior approval by the Performance Standards and Data Quality Task Force or in cases where there is the community lacks full consensus, the CoC Board, as evidenced in official meeting minutes or written authorization. All data analysis and reporting must be authorized by the PSDQ Committee. The PSDQ Committee must review and approve non-standard reports prior to their release. CIR and all CoC members may utilize any aggregate data or reporting that is publically available.

VII. FAILURE TO ADHERE TO MOU

Failure to adhere to this MOU may result in the institution of a performance improvement plan and/or termination of HMIS Lead Agency/System Administrator designation.

VIII. TERMINATION OF CONTRACT

Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other parties. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination. Any termination prior to the annual contract end date must be done with the approval and in accordance with the guidance of HUD.

If termination of this MOU occurs prior to its annual renewal and/or an award through a competitive process by either party and in accordance with the terms of HMIS Lead contract with HUD, HMIS grant monies and CHO User Fees will be transferred to a new HMIS Lead Agency proportionate to the remaining time in the contract at the point CIR concludes HMIS services and transfers HMIS Lead responsibilities to a new HMIS Lead.

IX. AMENDMENT/NOTICES

This MOU may be amended in writing by either party. Notices shall be mailed or delivered to:

Kevin Hartke
Darlene Newsom
Co-chairs
Maricopa CoC Board of Directors
302 North 1st Avenue, Suite #300
Phoenix, AZ 85003

Catherine Rea
CEO
Community Information and Referral
2200 N Central Ave, Suite #211
Phoenix, AZ 85004

This MOU will commence upon the signature of the parties.

Date

Name: Kevin Hartke

Title: Co-chair, Maricopa Continuum of Care Board

Date

Name: Darlene Newsom

Title: Co-chair, Maricopa Continuum of Care Board

Date

Name: Catherine Rea

Title: CEO, Community Information and Referral

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DRAFT

Proposed CoC Committee Recommendations to CoC Board

Approved by CoC Committee April 13, 2016

On February 10th, 2016 the Permanent Supportive Housing Workgroup of the Continuum of Care Committee convened to discuss HUD's Recovery Housing Brief released December 2015 and to consider recommendations for the role of Recovery Housing in our CoC prioritization. The Workgroup made recommendations to the CoC Committee. The following recommendations were adopted by the CoC Committee on April 13, 2015.

The Workgroup makes the following recommendation

The Continuum of Care in Maricopa County should adopt the Recovery Housing Model as defined by HUD as a valid intervention.

HUD expects all *Recovery Housing* programs to have the following defining characteristics and effective practices:

- A. Program participation is self-initiated (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;
- B. There are minimal barriers to entry into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;
- C. Generally, housing is single-site because of the benefits of the creation of a Recovery Oriented Community, but may include other housing configurations;
- D. Residents have personal privacy and 24/7 access to the housing, with community space for resident gatherings and meetings;
- E. Holistic services and peer-based recovery supports are available to all program participants;
- F. Along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants' choice and prioritization of personal goals of sustained recovery and abstinence from substance use;
- G. Relapse is not treated as an automatic cause for eviction from housing or termination from a program—research indicates³ that relapse prevention and management can be an important part of homelessness prevention for many program participants—therefore, the program includes relapse support that does not automatically evict or discharge a program participant from the program for temporary relapse;
- H. Discharge from transitional housing or eviction from permanent supportive housing should only occur when a participant's behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides; however, the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus;
- I. Participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are offered assistance in accessing other housing and services options, including options operated with harm reduction principles; and
- J. Permanent housing programs must also abide by all local and State landlord-tenant laws that govern grounds for eviction.

Timeline for Board Membership Selection Process

4/25/2016-Board approves process

May 2016-staff solicit Membership Workgroup Members from CoC Board, CoC Committee, CEOWG, and PSDQ

5/23/2016-Board approves Membership Workgroup

6/6/2016-Collaborative applicant sends email solicitation for new members

6/24/2016-LOI/application due

Early July-Membership Workgroup meets

7/25/2016-Board approves new members

8/22/2016-First meeting with new Board

Maricopa Association of Governments (MAG)
Continuum of Care Regional Committee on Homelessness
Governance Charter and Operating Policies
Approved by the Continuum of Care Board September 28, 2015
Revised _____

Background

The **MAG** Continuum of Care Regional Committee on Homelessness has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

Purpose of Charter

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the **MAG** Continuum of Care (CoC).

Goals

The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The CoC-funded programs include ~~is composed of~~ transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

Duties of the Continuum of Care

The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
3. Plan for the Continuum of Care.

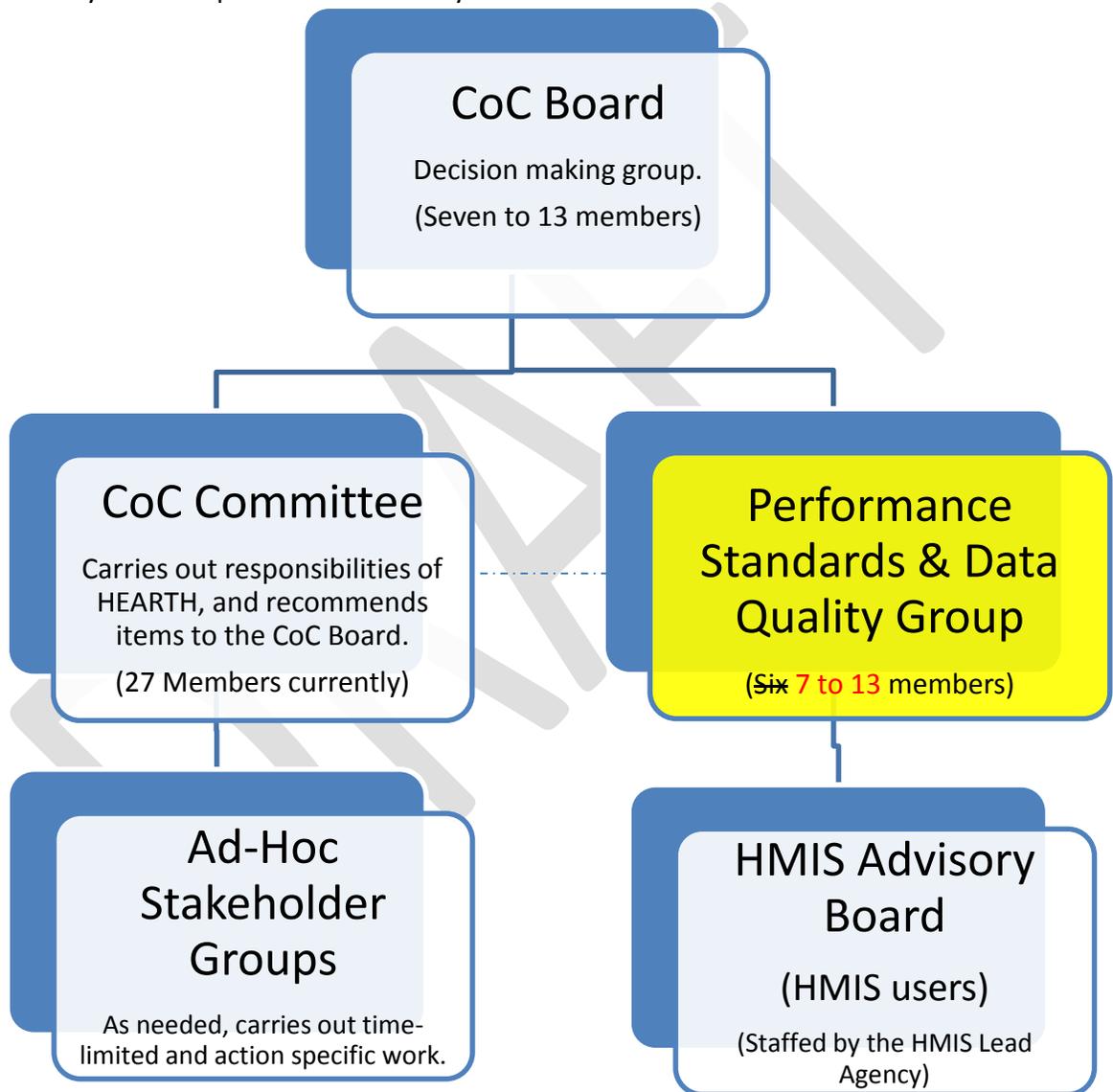
The HEARTH Act Interim Rule also stipulates that, “The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum’s overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application.”

<p>Operations: Activities governed by the Continuum of Care Board and carried out by Ad Hoc Working Groups as needed</p>	<p>HMIS: Activities governed by the Continuum of Care Board and carried out by the HMIS Lead Agency</p>	<p>Planning: Activities completed by the Continuum of Care Regional Committee on Homelessness and Ad Hoc Working groups as needed</p>
<ul style="list-style-type: none"> • Hold meetings. • Annual invitation to new members. • Adopt and follow a written process. • Appoint Committee, Subcommittee and Working Groups as needed. • Adopt and follow a Governance Charter. • Establish and monitor performance targets and take action on poor performers. • Monitor performance and outcomes of ESG and CoC programs and report to HUD. • Establish and operate a Coordinated Assessment system. • Establish standards for CoC funding, assist and consult with ESG recipients. 	<ul style="list-style-type: none"> • Designate HMIS. • Review, revise, and approve privacy, security, and data quality plans. • Ensure participation of recipients and sub-recipients in HMIS. • Ensure HMIS is in compliance with HUD regulations. 	<ul style="list-style-type: none"> • Coordinate and operate housing and services system. • Conduct PIT Homeless Count. • Gaps of needs and services. • Provide information for consolidated plans. • Consult with ESG recipients on allocating ESG funding and performance of programs.

CoC Governance Structure

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule and available in the “Responsibilities of the Continuum of Care” section.

The Continuum of Care Regional Committee on Homelessness approved the following CoC governance structure on March 18, 2013. The charter and governance structure will be reviewed every other year and updated as necessary.



*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership).

Relationship of the Collaborative Applicant to the Continuum of Care

As the collaborative applicant, the Maricopa Association of Governments will staff the Continuum of Care and related committees and stakeholder groups. The collaborative applicant will receive funding from HUD and other sources as needed to fulfill the responsibilities of staffing the CoC.

In order to fulfill federally designated responsibilities, the collaborative applicant will sign an agreement with HUD and will fulfill the responsibilities outlined in the agreement, including but not limited to the following:

- Monitor and report progress of the project to the CoC and HUD.
- To ensure, to the maximum extent practicable, the inclusion of individuals and families experiencing homelessness in the project.
- To take the educational needs of homeless children into account when families are placed in housing.
- To use the centralized or coordinated assessment system established by the CoC.
- To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth by HUD.

In order to staff the CoC, the collaborative applicant will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the region.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Monitor HUD funded programs.
- Coordinate year round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

In order to develop and maintain meaningful partnerships that support the work of the CoC, the collaborative applicant will facilitate partnerships with the following groups and others as needed:

- Support work in the community to end homelessness among veterans through the Veteran's Working Group.
- Collaborate with Emergency Solutions Grant recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the region.
- Support the work of the Valley of the Sun United Way toward its initiative to end homelessness. This includes but is not limited to the Ending Homelessness Advisory Council and the Funders Collaborative. ~~the Partnership to End Chronic Homelessness, and the Street Outreach Collaborative.~~

Continuum of Care Board

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee.

Membership

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. There are three elements within membership including definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

Membership Structure

The first element is defining the membership categories and the number of seats for each category. There will be a minimum of seven seats on the board and a maximum of 13 members. Membership of the CoC Board will follow the agency within the category below, rather than the individual.

Category	Number of Seats (Maximum)
Formerly Homeless Representative	1
ESG Recipient's Agency Representative	1
Continuum of Care Chair	1
Policy/Advocacy Representative	3-4
CoC Funded Provider Representative	3
Funder	2
Community Seat	2

Definition of CoC Board Categories:

- Formerly Homeless Representative: An individual who was at one point homeless.
- Emergency Solutions Grants (ESG) Program Recipient's Agency Representative: HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.
- ~~Continuum of Care Chair: The current Chair of the Continuum of Care Committee serves on the CoC Committee and Board.~~
- Policy/Advocacy Representative: Individual(s) who represent local government, county or state agency, AHCCCS, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.
- CoC-Funded Provider Representative: An agency that operates a Continuum of Care Program funded homeless assistance program.
- Funder: A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.
- Community Seat: Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

The three CoC funded provider seats on the Board will represent one or more of the following homeless subpopulations:

- a) Single individuals
- b) Families with children
- c) Veterans
- d) Persons who are chronically homeless
- e) Persons with HIV/AIDS
- f) Unaccompanied youth
- g) Persons with behavioral health issues
- h) Persons who are victims of domestic violence

Membership Selection

The second element is recruitment and selection of the members for each CoC Board seat. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region.

When the board is first being formed a vacancy(s) occurs, a Membership Workgroup will be formed to recommend new members if the Board decides to recruit new members. If the current membership consists of seven or more members, the Board may decide not to add members. If the Board decides to add members, the Membership Workgroup may include up to two members of the Board, two members of the Committee, two members of PSDQ, and two members of the CEOWG. An invitation will be extended by the collaborative applicant to the CoC Committee and stakeholders requesting potential members to submit letters of interest. The collaborative applicant will prepare a list of people who submitted letters of interest with the category(ies) they represent. The collaborative applicant will provide the list with the letters to the Membership Workgroup. The Membership Workgroup will include up to seven current Board members ~~people including the Chair and Vice Chair of the CoC, the Planning Subcommittee Chair before the subcommittee is phased out, and up to four other people as identified by the CoC Committee.~~ The Membership Workgroup will review the list and letters and make recommendations to the CoC ~~Committee for the Board~~ for membership. The CoC ~~Committee Board~~ will review recommendations, as well as the list and letters, and vote ~~on five to thirteen people to become members of~~ to fill vacancies on the Board. Members cannot vote for themselves. The CoC ~~Committee Board~~ will base the decision on ensuring diverse representation on the Board in compliance with the HEARTH Act Interim Rule and local priorities.

Once the first Board has been established, staggered term limits will apply with 33 percent of the board rotating off every year. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. ~~Members may choose to extend their terms for one additional term, but must rotate off the Board for at least one year following the second term before seeking to rejoin the Board.~~

The initial vote of the Committee to identify the first members of the Board will include the length of the first staggered terms. Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain subpopulation category.

Once the Board is in place, the collaborative applicant will staff the process to select new members as current members rotate off the Board. This will include an annual invitation to the CoC Committee and stakeholders to submit letters of interest to the Board to fill any vacancies or to address any new areas identified as priorities for membership. The Board will review the letters and a list including the names of people submitting letters with the category(ies) they represent. The Board will vote on new members to fill the categories.

Ongoing Analysis of Membership

To address the third element of membership, the CoC Board will review its membership every year in accordance with HUD regulations and to make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care.

Leadership

The current Chair and Vice Co-Chairs of the Continuum of Care Committee Board are selected by Board Members. When the term of the former either Co-Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as the second Co-Chair. The CoC Board will review letters of interest and vote to fill the vacancy. When the term of the former Vice Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as Co-Chair.

One of the Co-Chairs will be an elected official from a town, city, County, or Native American Community within Maricopa County. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within the same geography. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

Both Chairs will serve staggered two year terms with the Co-Chairs rotating off at the end of their term.

Planned Meetings of Continuum of Care Board and Agendas

The Continuum of Care Board is expected to meet at least bi-monthly with potential meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. The collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Co-Chairs and posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Participation

CoC Board members are expected to attend CoC Board meetings. After four consecutive absences, the CoC Board shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Board and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant.

Code of Conduct

A CoC Board member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item. (I would suggest that each Board member sign a conflict of interest statement annually.)

Continuum of Care Regional Committee on Homelessness

The role of the Continuum of Care Committee is to make recommendations to the CoC Board for approval. The Committee will prioritize the following work within the Continuum of Care:

1. Continuously improve program and system quality.
2. Promote education and training opportunities.
3. Inform community planning efforts and decision-making.
4. Foster communication and collaboration.

Membership

Membership will include representation for all the categories required by HUD and identified below. One member may represent more than one category. The intent of the membership structure is to be inclusive and representative of the diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

Membership Structure

Per HUD regulations, the following categories will be represented on the Continuum of Care Regional Committee on Homelessness:

Category	Number of Seats (Minimum)
Nonprofit homeless assistance providers	1
Victim service providers	1
Faith-based organizations	1
Governments	1
Businesses	1
Advocates	1
Public housing agencies	1
School districts	1
Social service providers	1
Mental health agencies	1
Hospitals	1

Universities	1
Affordable housing developers	1
Law enforcement	1
Organizations that serve veterans	1
Homeless and/or formerly homeless individuals	1

Initial Membership Selection

Initially, the collaborative applicant will invite members of the current CoC Committee and stakeholders to submit letters of interest for membership on the new CoC Committee. The collaborative applicant will prepare a list of the names and categories represented and provide this with the letters to the Membership Working Group. The Membership Workgroup will recommend to the CoC Committee for action an appropriate composition of members to represent all the categories listed. The CoC Committee will approve the membership for the new CoC Committee. HUD CoC Program-funded agencies may, but are not required to, have an on-going seat on the Continuum of care Committee. This seat is not subject to term limits. Community and/or non-HUD CoC Program-funded agencies are subject to term limits described below.

Ongoing Membership Selection

For members representing HUD CoC program-funded agencies, the agency Executive Director/Chief Executive Officer will designate the representative and may change representatives as necessary. The ED/CEO will forward the résumé of the designated representative to the collaborative applicant. Letters will be sent from the collaborative applicant to the agency ED/CEO annually, in January, soliciting a response from the ED/CEO to either maintain their current representative or appoint a new one. If the HUD CoC-program funded agency representative does not attend meetings in accordance with the policy described in the *“Maintaining CoC Committee Membership”* section below or leaves the agency they represent, the Chair or collaborative applicant will inquire with the ED/CEO about designating a new representative, without awaiting the new recruitment period.

For members representing the community and/or non-HUD CoC Program-funded agencies, there will be three year staggered term limits. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. Initial selection for the two year, three year, and four year terms will be determined by lottery at a CoC Committee meeting. If a community member seat is vacated during the year, it will remain empty until the next recruitment period. Biannually, January and July, the collaborative applicant will solicit letters of interest and résumés from prospective members representing stakeholders. Notification of vacancies for community members will be solicited through the MAG website, the CoC email distribution list, the Arizona Coalition to End Homelessness website, and announcements at COC Committee and COC Board meetings. Interested parties shall submit their résumé to the collaborative applicant. Once the résumé is received, the collaborative applicant will provide an application requesting information about the applicant’s interest in the Committee, experience in areas related to homelessness, and willingness to participate in the

work of the Committee. Applications and résumés will be reviewed by the CoC Committee Membership Work Group and recommendations will be made to the CoC Committee. The CoC Committee will vote to approve applicants for membership.

CoC Committee Membership Review Work Group

In order to address ongoing recruitment and membership need, a Membership Review Work Group is established and shall be comprised of a subset of volunteer members of the CoC Committee. Members will serve a one-year term. The CoC Committee Membership Review Work Group will review résumés and applications and recommend candidates for membership on the CoC Committee. At least one member of the Membership Review Work Group, along with the collaborative applicant, will provide an orientation to new CoC Committee members and written materials outlining the CoC structure and its components.

Participation

CoC Committee members are expected to attend CoC Committee meetings. After four consecutive absences, the CoC Committee shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Committee and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant. A member may send a representative to act as her/his designated proxy. If the member is represented by a proxy, the member is considered “present” for that meeting.

CoC Committee members are required to serve on at least one ad-hoc committee, sub-committee, and/or work group. The committee/work group may be either be a committee/work group staffed by the collaborative applicant or an established CoC committee/work groups staffed by another representative **and** among the committee/work groups acknowledged and of interest to the CoC Committee. Meeting sign in sheets will be collected and a matrix of attendance established and reviewed by the CoC Committee.

Leadership

A Chair and Vice Chair representing different categories will serve two year terms. At the end of the second year, the Vice Chair will ascend to the Chair position. The collaborative applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill the Vice Chair position, as well as the Chair position if the Vice Chair does not ascend. The collaborative applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Vice Chair, and Chair if needed, to give to the Board. The Board will take action on filling the Vice Chair position, and the Chair position if needed. Strong consideration will be given to those candidates who have demonstrated ongoing, active engagement in the Continuum of Care.

Planned Meetings of CoC Committee and Agendas

The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Chair and Vice Chair and will be posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Code of Conduct

A CoC Committee member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

Ad Hoc Stakeholder Groups

The Continuum of Care may establish Ad Hoc Stakeholder Groups or working groups as the committee deems necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups may include, but are not limited to:

- Veteran's Working Group
- Coordinated Assessment Work Group
- Coordinated Assessment Planning
- Permanent Housing Work Group
- HEART Planning/HEART Training/HEART Data
- ESG Collaborators
- Ranking and Review Performance Evaluation
- Point-in-Time Count Planning
- Gaps Analysis
- Street Outreach

Meeting Minutes

Proceedings of the CoC Board meetings and the CoC Committee meetings are documented concisely in minutes and posted on the collaborative applicant's website at www.azmag.gov.

Quorum

The CoC Board and the CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board and the CoC Committee shall constitute a quorum for the purpose of taking action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

Review of Charter

The CoC Board will review this charter annually to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.

Annual Continuum of Care Program Application

The collaborative applicant will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to the U.S. Department of Housing and Urban Development. The CoC Board will establish priorities for funding projects.

Homeless Management Information System (HMIS)

The Continuum of Care is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, consistent with the requirements in the HEARTH Act. The HMIS Lead is the eligible applicant designated by the Continuum of Care to carry out the day to day operations of the HMIS.

HMIS Background

The Continuum of Care designated Community Information and Referral (CI&R) as the lead agency for the HMIS in 2002. CI&R will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Annually, the Continuum of Care will conduct an HMIS survey to assess the effectiveness of the HMIS and provide the results of that survey to the Continuum of Care Board.

The HMIS governing documents, policies, and procedures required by the HEARTH Act will be developed by the HMIS lead agency and approved by the CoC Board in accordance with the HEARTH Act. The groups needed to facilitate HMIS may include but are not limited to the following a HMIS Advisory Group.

Point-in-Time Count

Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The CoC Board will approve the results of the annual PIT count. The CoC Committee will lead coordination efforts to conduct the count with approval by the Board.

Other HUD Mandated Activities

Per HUD regulations, the Continuum of Care will undertake processes to monitor other activities mandated by HUD.

Feedback on Consolidated Plans

The CoC Board is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the CoC Board, the collaborative applicant will gather the consolidated plans and evaluate the plans based on criteria developed by the CoC Board. The collaborative applicant will report on the outcome of the evaluation for action by the CoC Board. The CoC Board action and feedback will be provided by the collaborative applicant to the responsible unit of local government. This review will occur on an annual basis.

Coordination and Integration with Emergency Solutions Grant (ESG) Recipients

The CoC Board will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an assessment of the most effective strategies to allocate funding, report on progress made, and evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

- The CoC Board will evaluate the region’s needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
- The collaborative applicant will convene the local ESG recipients and State recipient to determine how the needs identified by the CoC Board are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the collaborative applicant, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the CoC Board.
- The CoC Board will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region’s needs.
- This process will repeat on an annual basis.

Standards for Administering Assistance

The collaborative applicant will assist the CoC Committee to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be reviewed by the Committee with recommendations to be developed for review and action by the Board.

Coordinated Assessment

In April of 2012, the CoC began a planning process to create a regional Coordinated Assessment System. A Coordinated Assessment Working Group; made up of homeless services providers, funders, and municipalities; was created and charged with making recommendations to the CoC. The goal of the Coordinated Assessment System is to end homelessness quickly and effectively through a housing first approach. The system will be easy to navigate and will include multiple points of access throughout the region.

In August, 2012, the Working Group developed the following guiding principles upon which to build the coordinated approach:

- The assessment and referral process should be client-centric.
- The system must be easy for clients to navigate.
- Establish have multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize “hardest to serve” clients first.

- Focus on ending the client's homelessness as quickly as possible.
- Balance provider choice in making enrollment decisions with the system's need to serve all clients.
- Initial Assessments should be as simple as possible.
- Establish accountability amongst assessment workers and providers.
- Make a system that is sustainable.
- Leverage and support existing partnerships and strong partnership.
- Streamline any parallel processes.
- Offer choices which promote self-sufficiency.
- Deliver services that are well coordinated between all staff and agencies.
- Support provider staff with appropriate referrals.
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
- Use a Housing First approach.
- Use real-time data to make quick referrals.

In August 2013, the CoC approved the integration of the Service Prioritization Decision Assessment Tool (SPDAT) and the Family SPDAT as the region's common assessment tool. Use of the SPDAT and Family SPDAT will streamline the referral process and prioritize individuals and families with the highest level of needs. Coordinated Assessment will be implemented in phases. The first phase, beginning in November 2013, will include one access point for singles and one access point for families within the city of Phoenix. The second phase, beginning in July 2014, will include additional access points for singles and families in the east and west valley as determined by the CoC. The CoC will comply with the HEARTH Act in all aspects of Coordinated Assessment implementation.

HEARTH Act Compliance

The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance.

Q1: What is your full name?

Q2: What is your preferred email address?

Q3: What is your preferred phone number?

Q4: Please list your current or most recent title.

Q5: Please indicate your current or most recent employer.

Q6: Please check all that apply.

I represent a local business, as reflected in my resume (community seat).

I represent a CoC-funded non-profit agency, as reflected in my resume.

I represent a government or non-profit agency that serves people experiencing homelessness, as reflected in my resume (community seat).

I represent a government agency that receives ESG funding, as reflected in my resume.

I represent a faith-based organization (community seat).

I am policy/advocacy representative for people experiencing homelessness.

I represent an agency that provides funding for providers of homeless services.

I have experienced homelessness.

Q7: Please explain your interest in or experience with homelessness or housing. (Limit 1000 characters.)

Q8: Please explain your interest in or experience with the local Continuum of Care. (Limit 1000 characters.)

Q9: Given your interest/experience, what would you hope to be able to contribute as an official member of the CoC Board? (Limit 1000 characters.)

Q10: To provide continuity of discussion and ensure that the community is represented by a broad number of interests, members of the Board are expected to attend every CoC Board meeting. If a Board member misses four consecutive meetings, the CoC Board shall consider the seat vacated. Do you agree to the attendance policy and intend to participate fully by attending CoC Board meetings?

April 17, 2016

RE: *“Measuring Homelessness: Tenure, Characteristics and Movement of Clients at the Human Services Campus”*

By Eric Hedberg, PhD, Bill Hart, Melissa Kovacs, PhD

Dear Reader,

The Funders Collaborative including the Arizona Department of Housing, City of Phoenix, Maricopa County, and Valley of the Sun United Way, has come together to address the need to transition individuals in temporary overflow shelter situations into appropriate housing interventions.

Together we continue to work on short and long term solutions to improve safe, overnight shelter for thousands of individual at the Human Services Campus. In order to use data to inform long-term solutions the Funders commissioned Morrison Institute for Public Policy at Arizona State University to analyze the utilization of shelter services at the Human Services Campus.

We thank Morrison Institute for their in-depth and informative analysis and recommendations for action. The Funders are sharing this report with interested stakeholders, including the Regional Continuum of Care to End Homelessness, in the hopes it can be useful in the planning for funding of service coordination, emergency shelter, rapid rehousing, and permanent supportive housing.

The Funders Collaborative encourages a discussion of the recommendations for action as potential steps to improve the data available to the community for short-term and long-term planning.

To best end homelessness, we must understand it. We look forward to an ongoing dialogue to bring solutions to scale and with sustainability.

Sincerely,

Michael Traylor, Arizona Department of Housing,
Bruce Liggett, Maricopa County Human Services Department
Moises Gallegos, City of Phoenix Human Services Department
Amy Schwabenlender, Valley of the Sun United Way

MEASURING HOMELESSNESS

Tenure, Characteristics and Movement of Clients at the Human Services Campus

By E. C. Hedberg, PhD
Bill Hart
Melissa Kovacs, PhD

Morrison Institute for Public Policy

April 2016

Executive Summary

This report examines the use of shelter services at the Human Service Campus during the approximately 10-week period from May 15, 2015 through July 31, 2015. Its goal is to provide basic information on the characteristics and patterns of movement of people experiencing homelessness who accessed shelter services immediately before, during and immediately after this period. Analyzing these data is meant to aid the Funders Collaborative in drawing broader conclusions about the area's overall homeless population and in formulating policies to best serve it.

This analysis was based on HMIS data provided to Morrison Institute by Community Information and Referral Services. During the analysis period, two providers were analyzed for shelter services: Central Arizona Shelter Services (CASS), and the Human Services Campus Overflow Shelter (HSCOS). Due to data inconsistencies, the Watkins Center was excluded from the analysis.

General Findings

The data reveal that the Campus provided shelter services during the analysis period to two basic populations: 1) A majority of clients who interact with the campus for brief periods and eventually leave (destinations unknown), and 2) a core group of regular clients.

Of the 2,818 individuals served during the analysis period, about half are new (i.e., do not have previous records), and most of these new individuals end up leaving. About 52 percent of the clients served during the period had previous records, and a little more than half of them ended up leaving.

These regular clients tend to stay for a larger number of nights, but are also more transient. They are more likely to be scored for rapid rehousing, are older, and are more likely to be Non-Hispanic Whites.

The data also show that new clients – those without a record of having utilized campus shelter prior to the analysis period – are less likely to appear in the post-analysis data. This represents the “churn” of clients.

Most of the clients served were Non-Hispanic Whites. The next most heavily represented group was Black or African American individuals. Looking at clients by VI-SPDAT scores shows that many of those served during the analysis period were not scored on the VI-SPDAT scale and about half scored for rapid rehousing. The remaining clients were split between general assistance and permanent supportive housing. On average, clients scoring GA or RRH spent the most nights on campus. Concerning race/ethnicity, the data show that Non-Hispanic Whites, Blacks, and Asians spent the most nights on campus, and Native Americans and Hispanics spent less time.

Breaking down the client numbers by provider, the data show that CASS averaged about 422 clients per night over the analysis period, with an upward trend over time. The monthly totals for CASS were more than 800 in June and July. There was also an upward trend in the number of clients served by HSCOS; this provider sheltered about 422 clients per night, on average. The monthly totals for HSCOS were about 1,300 clients.

We conclude with recommendations for actions that will increase our understanding of the homelessness community: an external validation study of data quality; increased HMIS data collection points; and a full study of all HMIS provider data.

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Introduction

Efforts to assist people experiencing homelessness in Phoenix and the Valley have been pursued for years by public agencies, advocates, foundations, healthcare workers, faith-based organizations and others. Yet the task remains a formidable one: Every night hundreds of men, women and children subsist with few or none of the basic necessities, beginning with clean, safe shelter. The problem has been exacerbated by last summer's closure of the men's overflow shelter and the parking lot adjacent to the Human Services Campus. A public-private partnership (the "Funders Collaborative") has stepped forward to provide a crucial answer to the greater shelter needs that have resulted. Besides being crucial, however, their answer is also temporary.

As it considered ways to effect a longer-term solution, the Funders Collaborative determined that it lacked basic information about the dimensions of the problem it faced – including numbers of homeless individuals utilizing shelter services, their demographic characteristics, lengths of stay and patterns of movement on and off the Human Services Campus. Thus this report.

Morrison Institute for Public Policy was asked to provide information upon which the Collaborative could formulate policy. Using data from the Homeless Management Information System (HMIS), this report seeks to organize and analyze existing data on shelter use beyond what the current data system could allow. Focusing on a 10-week period in the summer of 2015, this analysis measures key components of Campus shelter services to understand who uses which provider's services, how often and/or for what periods they use them, and how long they remain clients of the campus before moving on.

This study is clearly limited. For one thing, it is based upon a body of existing HMIS data whose validity and scope may well vary. For another, this examination can say nothing about where Campus clients go when they leave. Still, it is hoped that the following analysis will provide a useful first step for the ongoing Funders Collaborative campaign against homelessness in Phoenix and the Valley.

Data and Analysis Plan

HMIS data were provided to Morrison Institute by Community Information and Referral Services. The original database, organized around services rendered at the Human Services Campus, contained one row for one service rendered to one unique individual. Each service was assigned a beginning and end date. Figure 1 provides an excerpt. For example, client 38 was provided emergency shelter from August 11, 2015 to August 12, 2015. This service is reflected by a single row of data. Client 62, on the other hand, received two services, shelter and assessment, during the same period, and thus he/she has two rows of data.

Figure 1: Excerpt Data from HMIS System

Client ID	Provider ID	Provider Program Type Code	Entry Date	Exit Date
38	SVDP Emergency Shelter (LDRC)(40930)	Emergency Shelter (HUD)	8/11/2015	8/12/2015
43	Welcome Center (HSC)(39975)	Coordinated Assessment (HUD)	3/3/2015	3/3/2015
62	CASS Single Adult Shelter(14681)	Emergency Shelter (HUD)	5/13/2014	5/17/2014
62	Welcome Center (HSC)(39975)	Coordinated Assessment (HUD)	5/13/2014	5/13/2014
63	LDRC Emergency Shelter(40929)	Emergency Shelter (HUD)	7/7/2015	7/8/2015
63	LDRC Emergency Shelter(40929)	Emergency Shelter (HUD)	7/12/2015	7/13/2015

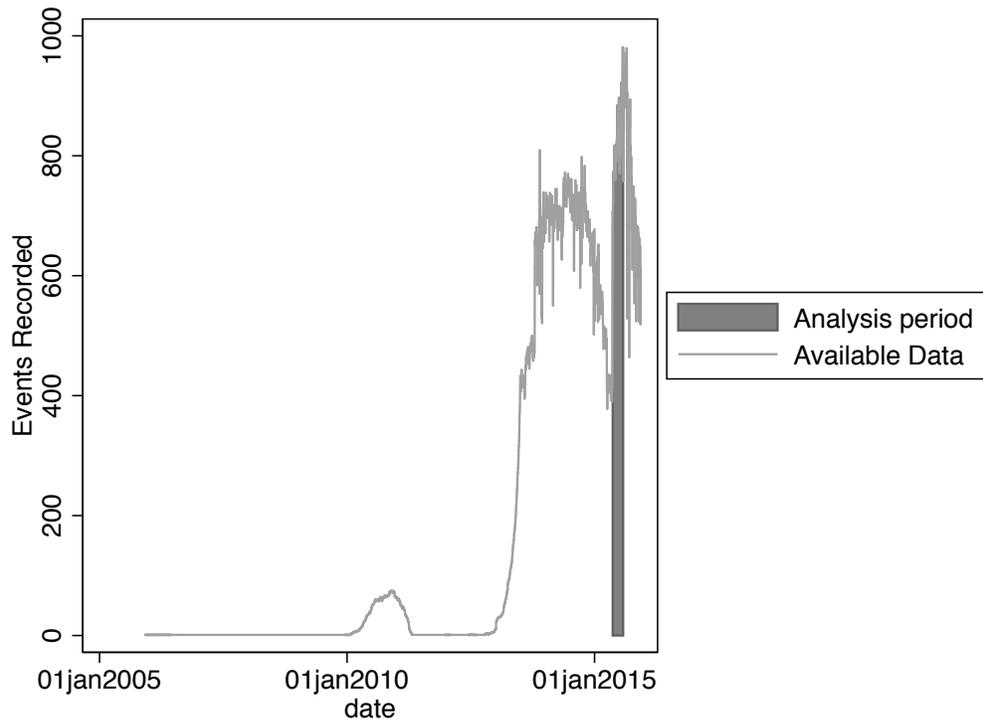
However, in order to determine the number of unique individuals served across the campus, and by which provider, the data were organized in what is called an “event-person” database. In this approach, each unique individual has a record for each night that he/she accepted shelter, as recorded in the HMIS system. Each interaction is coded with the provider and service, but now each date of service is a row of data, as seen in Figure 2. This level of detail provides the ability for statistical software to count unique individuals, regardless of service or provider, for each night, or number of services for individuals across the campus for each date.

Figure 2: Excerpt Data from Event-Person Database

id	provider	services	date	event
38	SVDP Emergency Shelter	Emergency Shelter	11aug2015	1
38	SVDP Emergency Shelter	Emergency Shelter	12aug2015	1
43	Welcome Center	Coordinated Assessment	03mar2015	1
62	Welcome Center	Coordinated Assessment	13may2014	1
62	CASS Single Adult Shelter	Emergency Shelter	13may2014	1
62	CASS Single Adult Shelter	Emergency Shelter	14may2014	1
62	CASS Single Adult Shelter	Emergency Shelter	15may2014	1
62	CASS Single Adult Shelter	Emergency Shelter	16may2014	1
62	CASS Single Adult Shelter	Emergency Shelter	17may2014	1
63	Welcome Center	Coordinated Assessment	06jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	07jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	08jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	12jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	13jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	14jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	17jul2015	1
63	LDRC Emergency Shelter	Emergency Shelter	18jul2015	1

The data covered shelter events from February 2003 to February 2016. However, as is shown in Figure 3, the data prior to January of 2014 are sparse. The Funders Collaborative directed Morrison to focus on events after May 15, 2015, as that date marked a substantial improvement in the consistency and reliability of the data. In order to determine whether a client, having visited the campus, did or did not return, we shortened the analysis period by about a month to create a “boundary” date by which we could separate clients into those who return and those who do not. Thus, the analysis period is May 15, 2015 through July 31, 2015.

Figure 3: Available Data by Date and Selected Period of Analysis



Providers

During the analysis period, three providers were responsible for shelter services: Central Arizona Shelter Services (CASS), the Human Services Campus Overflow Shelter (HSCOS), and the Watkins Family Shelter. As the data broke down each of these three into component parts, the subsidiary operations were collapsed as follows: CASS combines the provider codes for CASS GPD Transitional Veteran's Program, CASS Men's Overflow Shelter, and CASS Single Adult Shelter and HSCOS combines the provider codes for LDRC Emergency Shelter, SVDP Emergency Shelter, and the Sandlot.

Analysis Plan

The first step was a descriptive analysis of the clients served during this period. This included percentage breakdowns by the pattern of campus use (defined below), VI-SPDAT score group, age, and race. This report also provides demographic information as it varies by pattern of campus use.

Next, this report provides counts of unique individuals from May 1, 2015 to July 31, 2015, by night and month, for campus (excluding Watkins), CASS, and HSCOS.

The analysis also sought to understand other metrics of campus engagement. These included number of nights spent on campus during the analysis period, and what percent of the time

that between a client's first interaction and their last interaction was spent on the campus. These metrics are defined below with an example.

Finally, we examined the extent to which CASS and HSCOS share clients.

Key Variables

In this section, we describe the key variables and how they were coded using the HMIS data system.

Campus Use Pattern

An important variable used in the analysis is pattern of campus use. This variable is constructed using all available data to separate clients into four patterns of campus use, based on the timing of their shelter use before, during and after the analysis period. This process required the client to have at least two nights of emergency shelter (a small percentage had only a single night). The categorization is based on two criteria: first, is he/she a new client as of May 15, 2015, and second, does he/she continue to engage the campus after July 31, 2015. The cross of these two criteria create four categories: 1) new repeater (no records prior to May 15th, but with records after July 31), 2) new leaver (no records prior to May 15th, but without records after July 31st), 3) old repeater (with records prior to May 15th, and with records after July 31st), and 4) old leaver (with records prior to May 15th, but no records after July 31st).

Figure 4: Organization of Clients' Campus Use Pattern Based on Date of Events

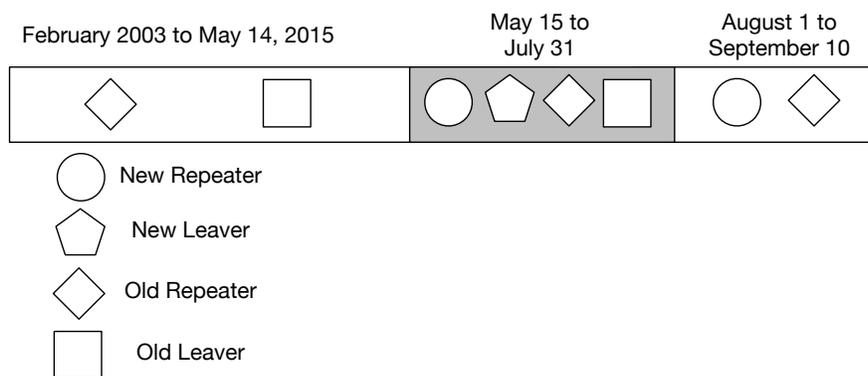


Figure 4 is a visualization of how the clients were categorized. The chart consists of three rectangles, representing the three phases of the available data. The first is the data prior to the analysis period, the middle represents the analysis period, and the third rectangle is the post-analysis period. All clients included in the analysis have records during the approximately 10-week analysis period.

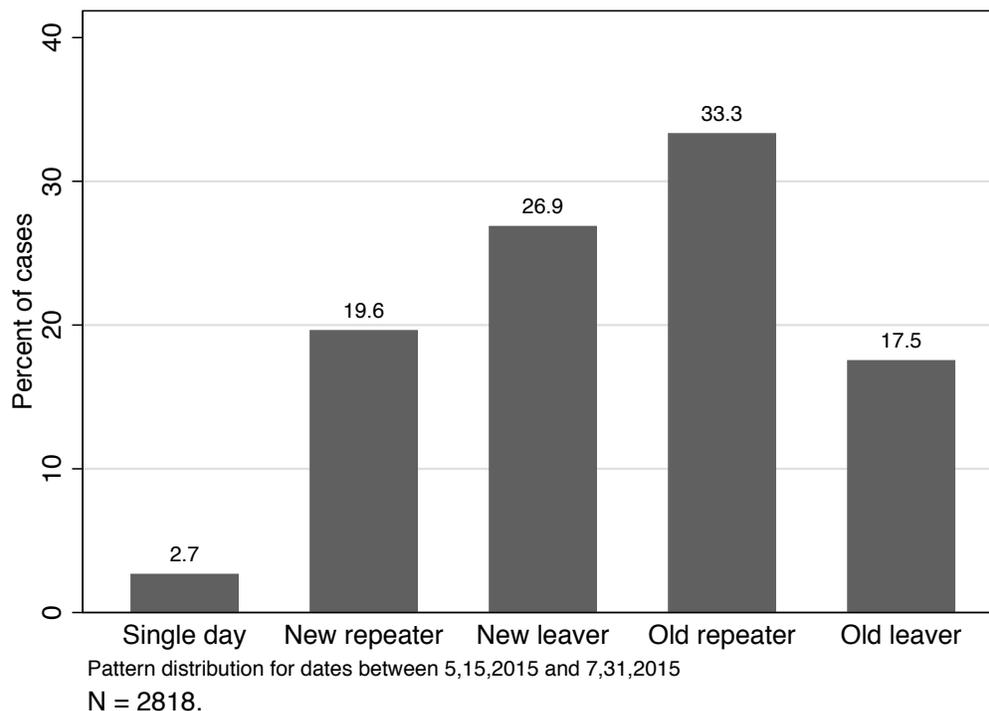
The circle in Figure 4 represents a client that does not have a record before the analysis period, but does have a record after the analysis period; thus, they are a **new repeater**. The pentagon represents a client with records only during the analysis period, and thus are **new leavers**. The diamond represents a client with a record before, during, and after the analysis period and thus

are **old repeaters**, and the square represents a client with a record before and during the analysis period, but without records after the analysis period, and thus are **old leavers**.

In general terms, new repeaters represent new cases that remain on the campus for extended periods of time. New leavers represent clients that churn on and off campus relatively quickly (but are not necessarily housed). Old repeaters represent clients with extended and continuing stays on the campus. Old leavers represent clients with a longer history on the campus but who eventually leave.

Figure 5 provides a percentage breakdown of campus-use patterns. Of the 2,818 individuals served during the analysis period, about $19.6+26.9 = 45.6$ percent are new (i.e., do not have previous records), and most of these new individuals end up leaving ($26.9/45.6 = 59.0$ percent). In contrast, $33.3+17.5 = 50.8$ percent of the clients served during the period had previous records, and $17.5/50.8 = 34.4$ of them ended up leaving. This means that the ratio of the chance of leaving if new to the chance of leaving if old is $59.0/34.5 = 1.71$, which means that new individuals are 71 percent more likely to leave than old clients. The take-home message from this figure is that new clients -- those without a previous record of having utilized campus shelter -- are less likely to appear in the post-analysis data. This represents the “churn” of new clients. However, it must be stressed that these data are limited: It is not known where clients go when they leave the shelters examined in this study, be it to housing, another facility, or the street.

Figure 5: Campus Use Pattern Distribution

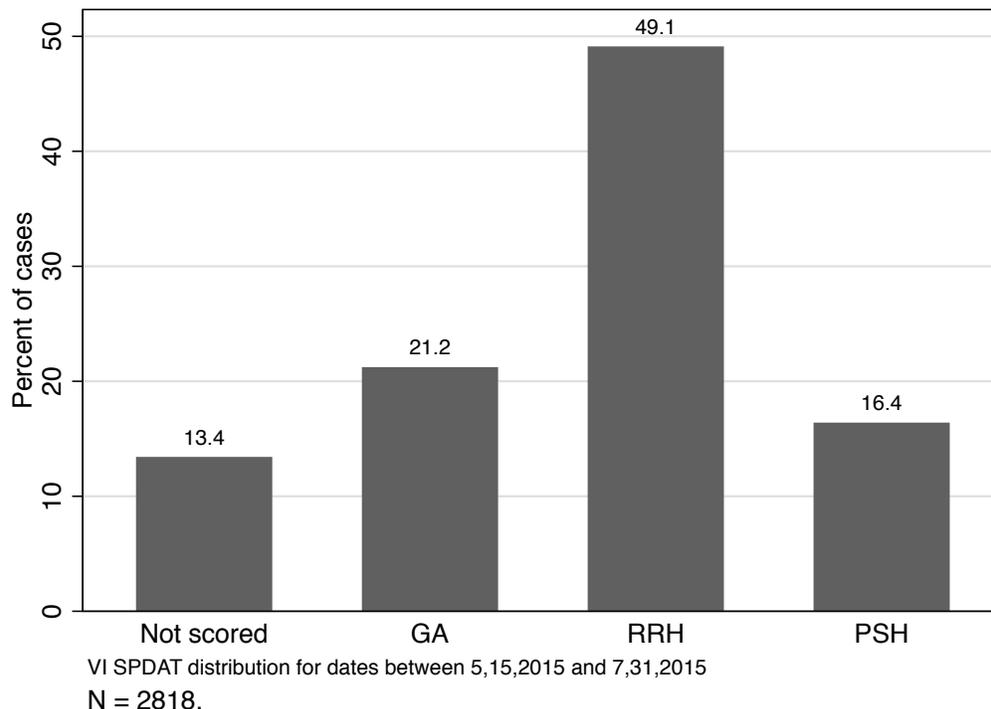


VI-SPDAT Score Group

The VI-SPDAT score is an assessment instrument that can be applied to understand the criticality and vulnerability of those experiencing homelessness. It results in a score ranging from 0 to 17 to guide housing solutions. Meaningful categories from this score include general assistance (GA, scores from 0 to 4), rapid rehousing (RRH, scores from 5 to 9), and permanent supportive housing (PSH, scores from 10 to 17).

Figure 6 provides a percentage breakdown of the meaningful VI SPDAT categories. About 13.4 percent of the clients served during the analysis period are not scored, and about 49 percent are scored for rapid rehousing. The remaining clients are split between general assistance and permanent supportive housing.

Figure 6: Distribution of VI-SPDAT Scores



Age

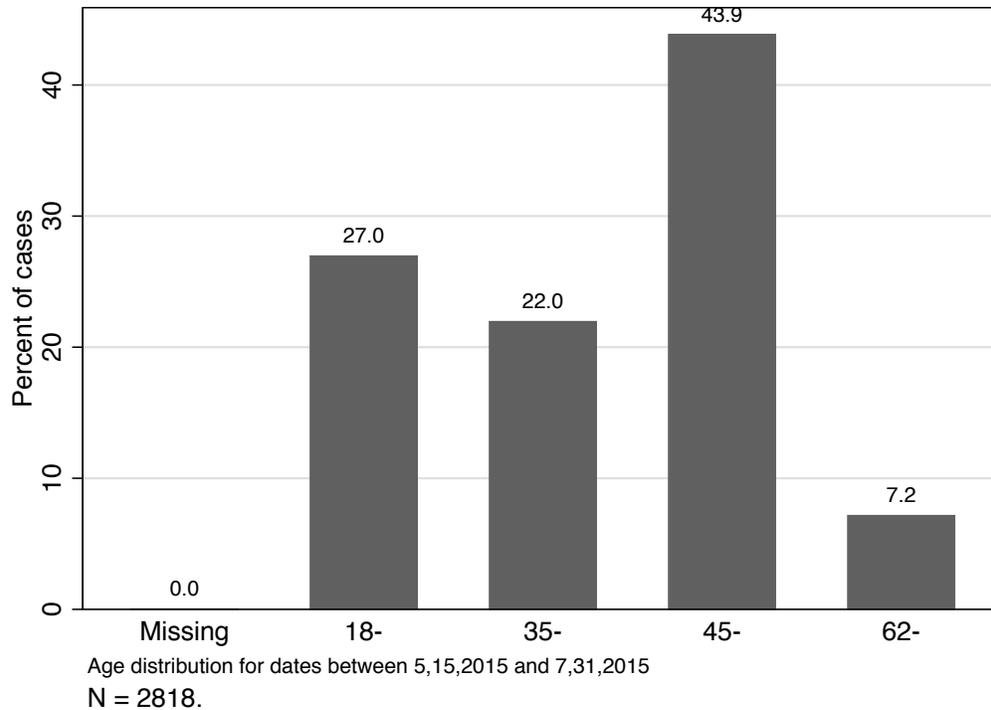
Age was calculated based on the birthdate recorded in the HMIS system. This variable was categorized as follows:

- 0 to 17
- 18 to 34
- 35 to 44
- 45 to 61

- 62 and older

Figure 7 provides a percentage breakdown of the age groups represented by the clients served during the analysis period. Most (44 percent) are between the ages of 45 and 61. The next largest group (27 percent) comprises ages between 18 and 34. A smaller percentage is between 35 and 44 (21 percent). The balance of the clients are older individuals.

Figure 7: Distribution of Ages



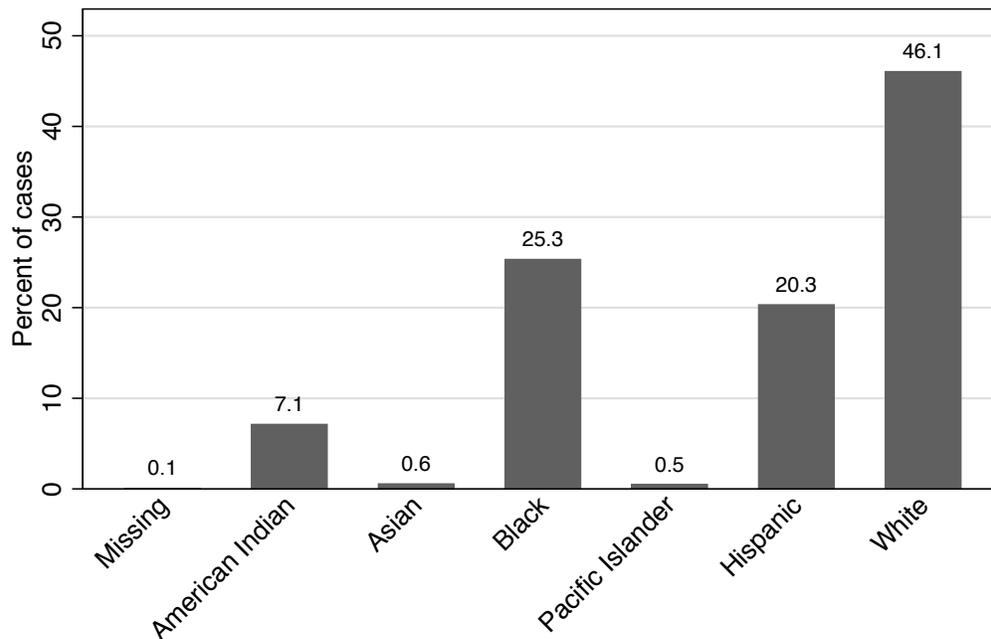
Race/Ethnicity

Race and Ethnicity were combined into a single measure with the following categories:

- American Indian
- Asian
- Black/African American
- Pacific Islander
- Hispanic
- Non-Hispanic White

Figure 8 provides the race/ethnicity breakdown of the clients served during the analysis period. Most of the clients are Non-Hispanic Whites (46 percent). The next most heavily represented group are Black or African American individuals (25 percent). About 20 percent of the clients are Hispanic or Latino/a, and about 7 percent are American Indian.

Figure 8: Distribution of Client Race/Ethnicity



Race distribution for dates between 5,15,2015 and 7,31,2015
N = 2818.

Analysis

Characteristics of Clients by Campus-Use Pattern

Figure 9 provides an analysis of the demographic indicators by campus-use patterns. Each sub-table was statistically tested using the Pearson Chi-square test and all patterns were statistically significant – meaning that they are unlikely to have occurred by chance. For example, New Repeaters differ statistically from New Leavers, and all other categories statistically differ from each other.

VI-SPDAT Distribution

New repeaters and old repeaters were most likely to be categorized for rapid rehousing (49 and 55 percent, respectively), whereas new leavers were most likely to be not scored (27 percent) or scored for rapid rehousing (35 percent). Old leavers were also most likely to be categorized for rapid rehousing (41 percent).

Age Distribution

The repeaters, both old and new, and the old leavers were most likely to be older individuals, whereas the new leavers tended to be younger.

Figure 9: Percentage Breakdown of Demographic Characteristics by Campus Use Pattern

	New Repeater	New Leaver	Old Repeater	Old Leaver
VI-SPDAT				
Not Scored	9%	27%	6%	7%
GA	24%	18%	21%	24%
RRH	49%	41%	55%	51%
PSH	18%	14%	17%	18%
Age				
18-	25%	33%	20%	31%
35-	23%	25%	19%	21%
45-	44%	34%	54%	41%
62-	8%	8%	6%	7%
Race/Ethnicity				
American Indian	10%	6%	7%	6%
Asian	0%	1%	1%	1%
Black	26%	22%	26%	28%
Pacific Islander	0%	1%	0%	0%
Hispanic	19%	24%	18%	20%
White	44%	47%	47%	45%

Analysis of Clients from May 15 to July 31, 2015. All Patterns Statistically Significant.

Race Distribution

Whereas there were differences in campus-use patterns by age and VI-SPDAT scores, there were few differences in racial breakdowns. The exception is that new leavers tended to be more represented by Hispanic clients than other campus patterns.

Unique Clients Served

Using our person-level data, it is possible to calculate the number of unique clients served by each provider on each date, and to calculate the total number of unique individuals, regardless of provider, for each date. Figures 10-15 that follow show results of our person-level data at the campus; the raw data for these results is listed in the Appendix at the end of this document.

Persons Served Campus Wide

During the analysis period, the campus sheltered an average of 1,000 clients per night. Figure 10 presents the daily totals as a bar graph. However, many of the clients served are repeaters, given that monthly totals of unique individuals are approximately 1,800.

Figure 10: Unique Clients Sheltered on Campus by Date During Analysis Period

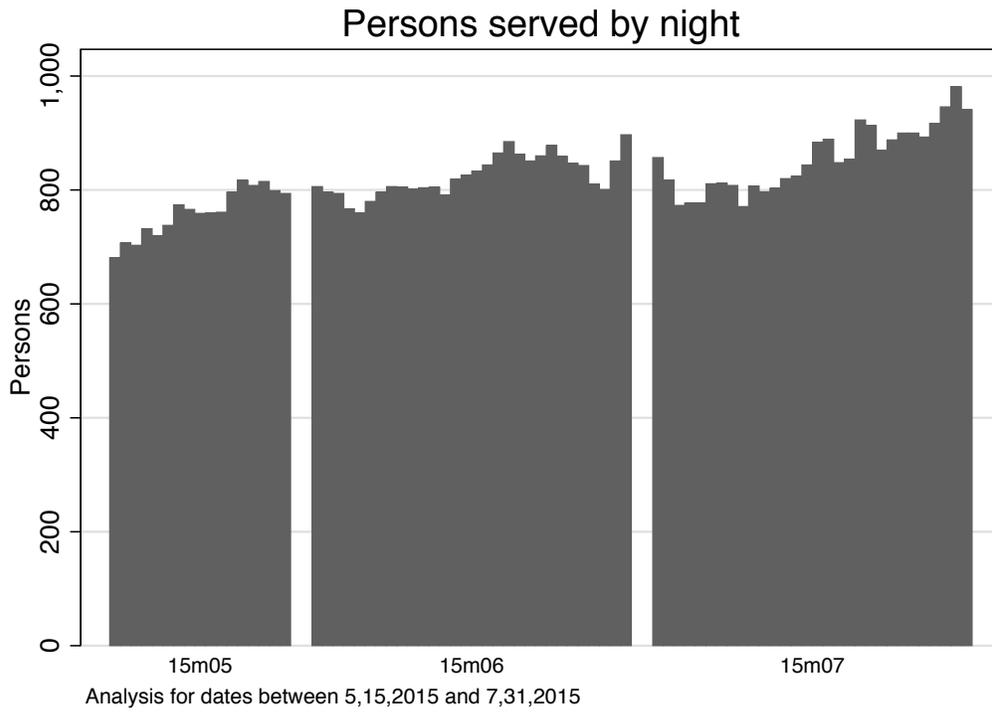
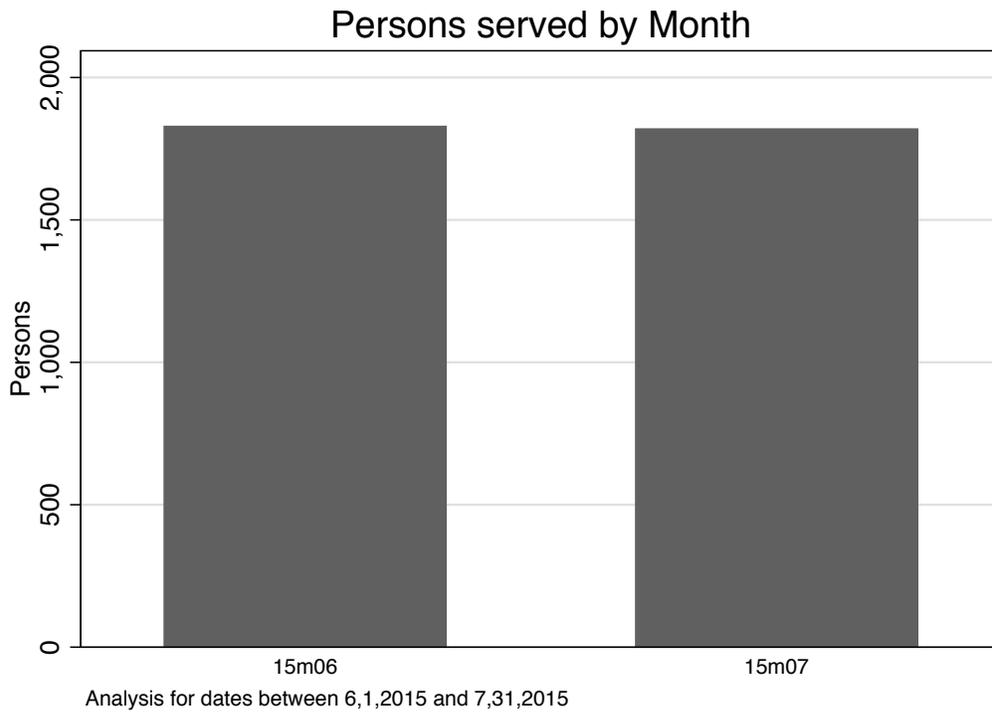


Figure 11: Unique Clients Sheltered on Campus by Month During Analysis Period



Persons Served by Provider

Next, we present the number of individuals served by each provider. Figure 12 presents the totals by night for CASS, which averaged about 422 clients per night) with an upward trend over time. The monthly totals for CASS were over 800 in June and July (see Figure 13).

This upward trend also appears in the number of clients served by HSCOS (see Figure 14). This provider also served about 422 clients per night on average. The monthly totals for HSCOS were about 1,300 clients (see Figure 15).

Figure 12: Unique Clients Sheltered by CASS by Date During Analysis Period

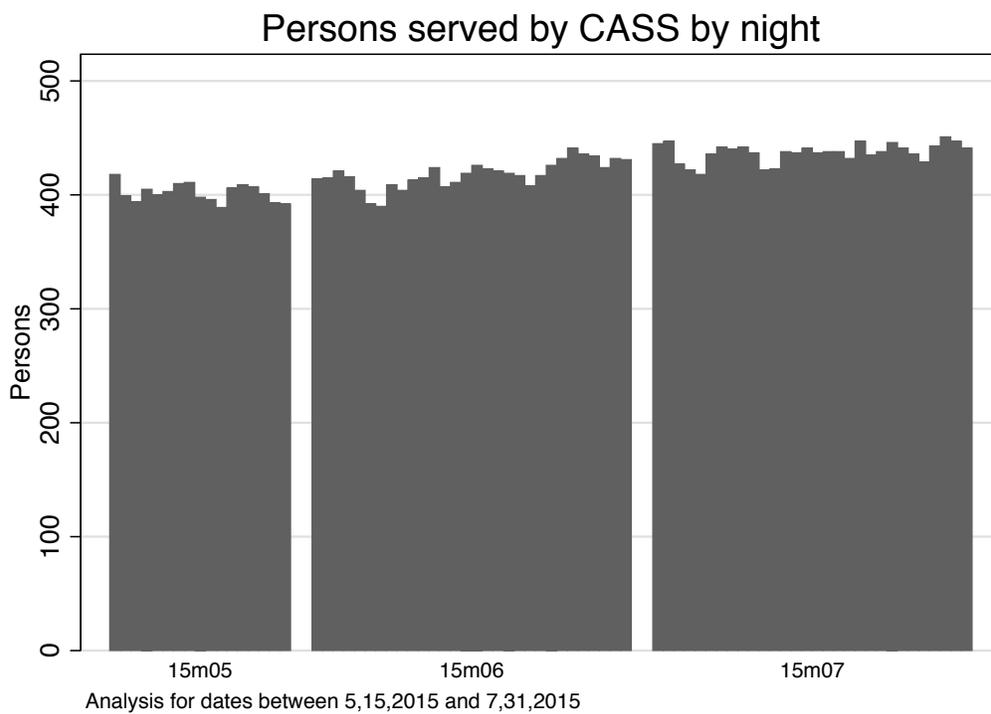


Figure 13: Unique Clients Sheltered by CASS by Month During Analysis Period

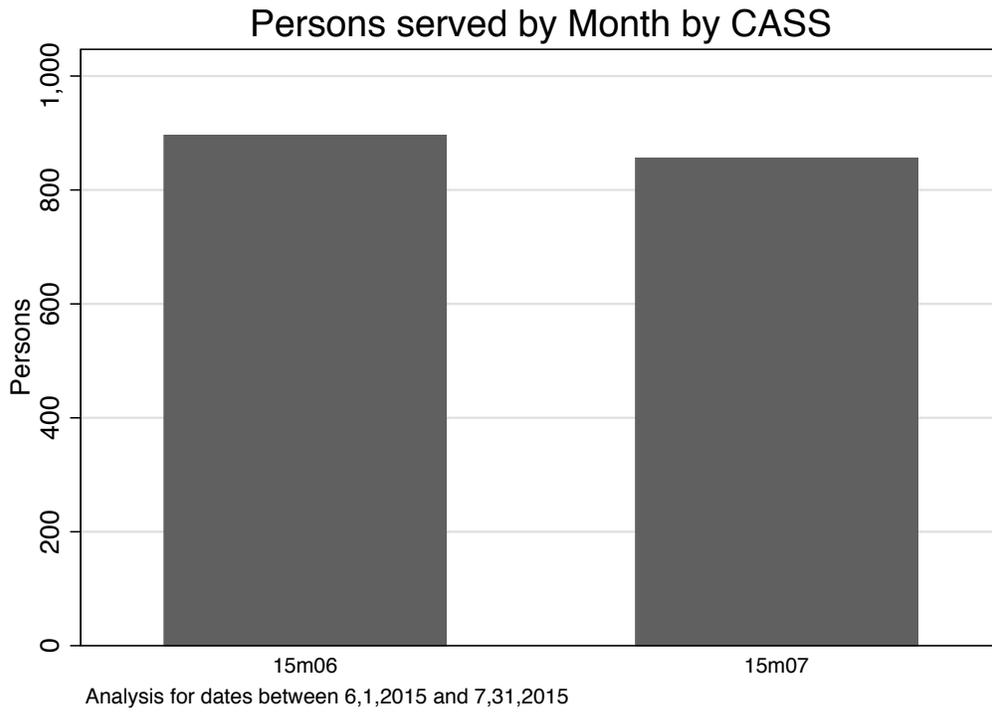


Figure 14: Unique Clients Sheltered by HSCOS by Date During Analysis Period

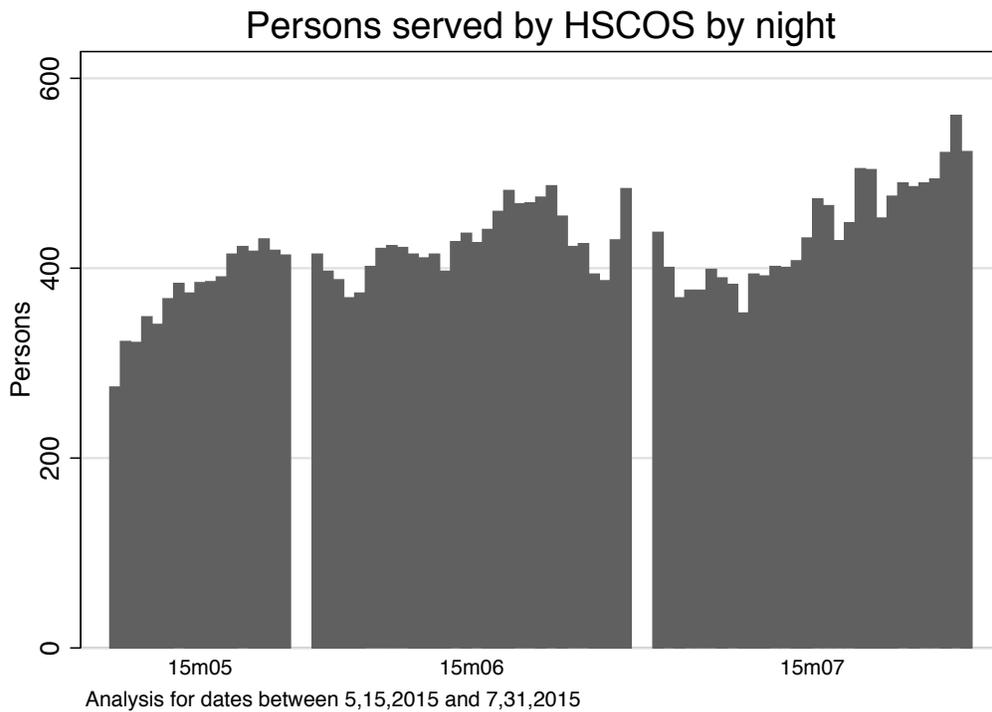
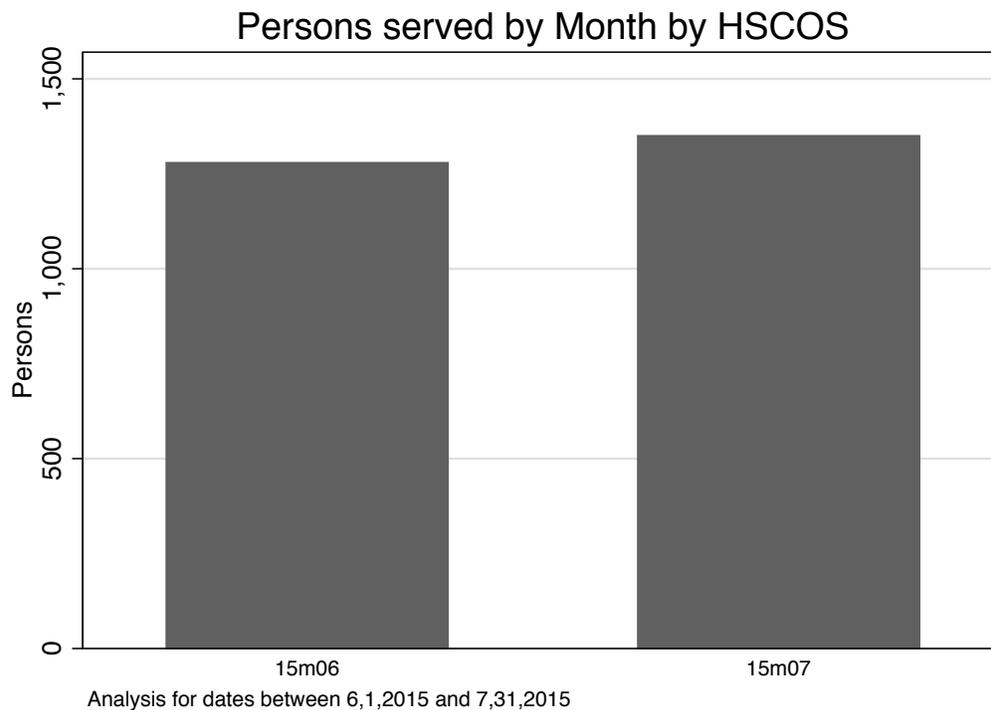


Figure 15: Unique Clients Sheltered by HSCOS by Month During Analysis Period

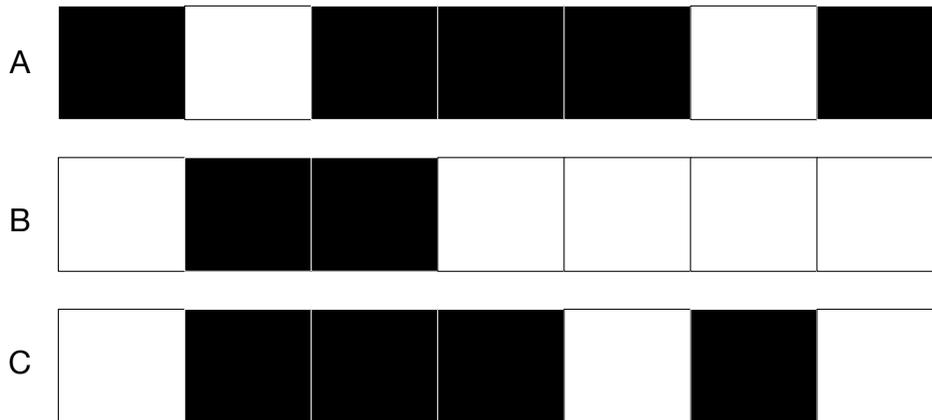


Campus Use Metrics

The daily totals and the monthly totals of clients served indicate that many are sheltered for multiple nights. So another analysis was conducted to look at the variation in the number of nights spent on the campus, and how much of the total span of time was actually spent on the campus. In other words, if a client has records starting on night X, with intermittent stays until night Y, what percentage of the nights between Y and X did the client spend on campus?

For examples of what these measures mean and how they are calculated, consider three hypothetical clients, A, B, and C, that are analyzed across a 7-day analysis period, displayed in Figure 16. Client A has a total number of 5 nights (shaded black) during the analysis period. The first night is the first day, the last night is the 7th day. Therefore, the percent of this client's span of records spent on campus is $5/7 = 71$ percent. Client B has spent a total number of 2 nights on campus, their first night on the second day, and their last night on the 3rd day. The percent of this clients span of records spent on campus is $2/2 = 100$ percent. Finally, Client C has spent a total number of 4 nights on campus, the first night on the second day of the analysis period, the last night on the sixth day of the analysis period. The percent of this clients span that was spent on campus is $4/5 = 80$ percent.

Figure 16: Campus Use Metrics Example Data



These metrics are first examined for all clients, then analyzed by key variable to understand the variation across different client groups.

During the analysis period, the average number of nights on campus for the 2,818 clients is about 23. An examination of Figure 17 indicates that nearly half of the clients spend a small number of nights on campus. In fact, 50 percent spend 12 or fewer nights on the campus. Still, the majority of clients – 60 percent – spend all of their nights on campus. Most, in other words, are not transient, as shown in Figure 18.

Figure 17: Distribution of the Total Number of Nights on Campus During the Analysis Period

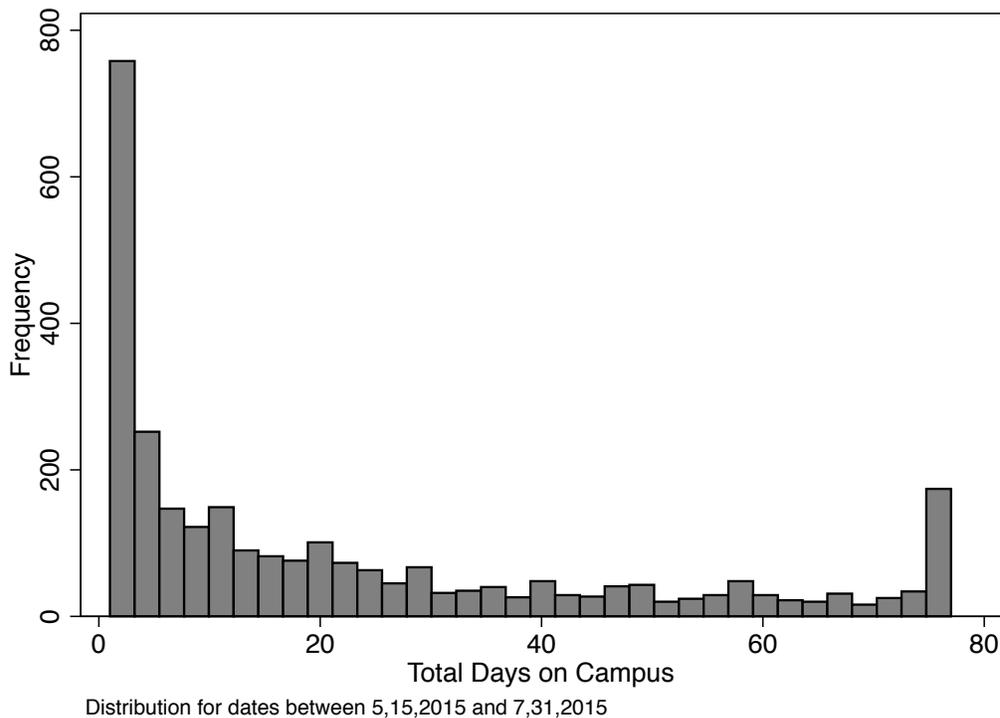
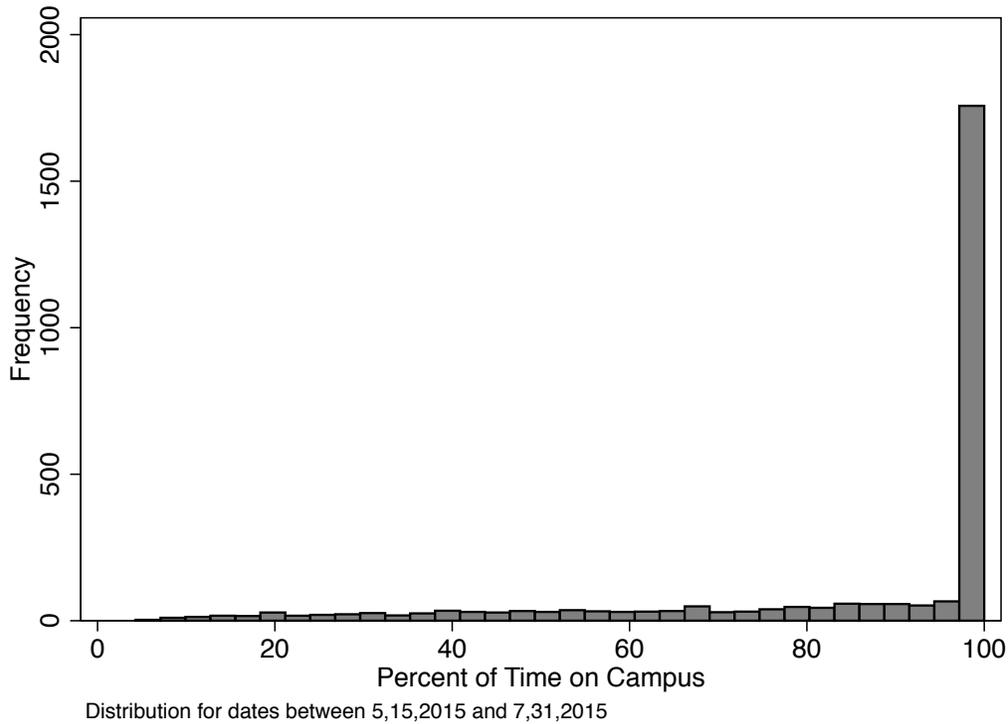


Figure 18: Distribution of the Percent of Time on Campus



Total Number of Nights on Campus by Key Variables

In this section we examine the total number of nights on the campus during the analysis period as a function of the demographic variables. Statistical significance is determined by use of an analysis of variance *F* test that tests whether the averages for each group are the same.

The mean number of nights spent on the campus varies significantly with the demographic variables. Figure 19 shows that the old repeaters spent, on average, the most time on the campus compared with clients in the other campus-use categories. Old repeaters spend 54 percent more time on campus than the new repeaters, on average. This difference is statistically significant.

Figure 19: Mean Total Number of Nights on Campus by Campus Use Pattern

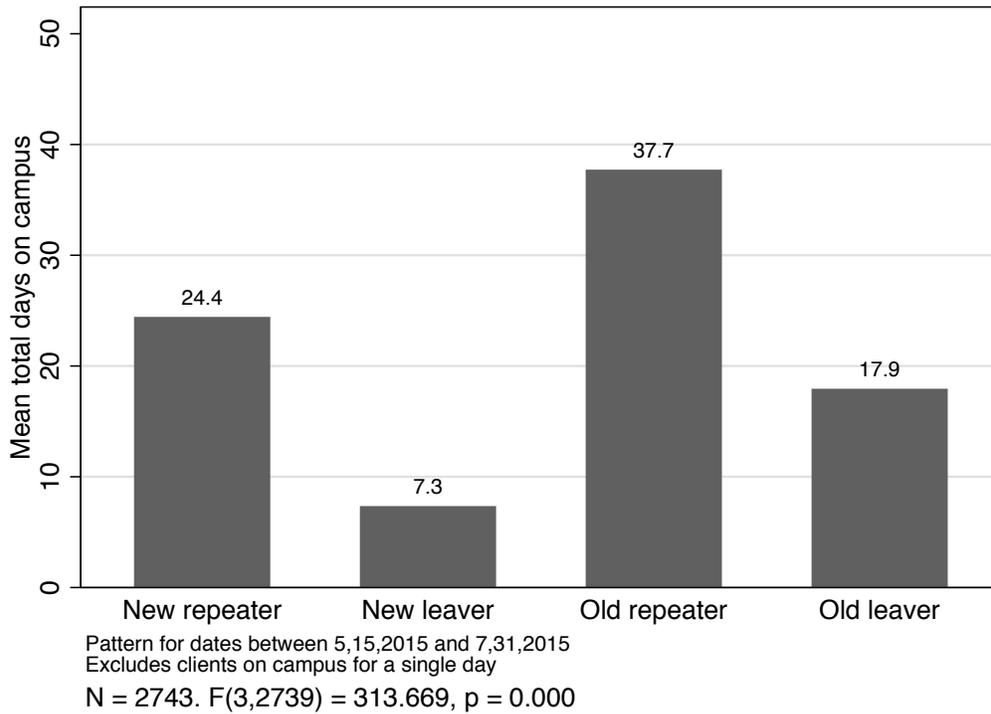


Figure 20 shows that the total number of nights spent on campus varies by VI-SPDAT score, with those scoring for general assistance and rapid rehousing spending the most nights on campus, on average.

The number of nights spent on campus also varies by age, as Figure 21 shows, where older clients spend a longer time on campus, with the exception of children, who spend the highest number of nights on average.

Figure 20: Mean Total Number of Nights on Campus by VI-SPDAT Score

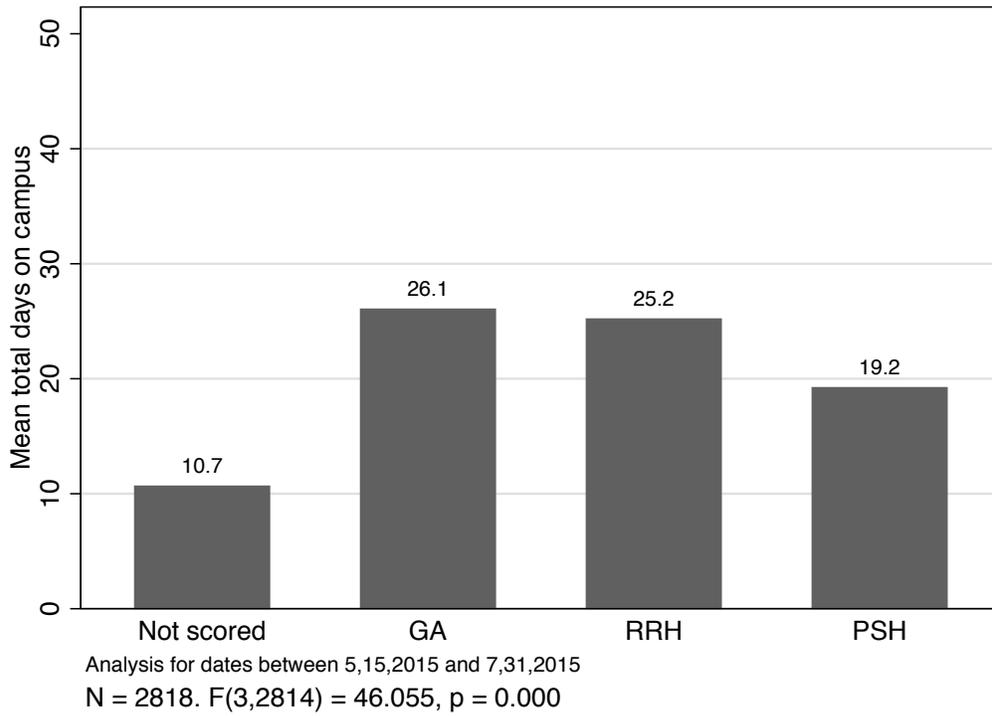
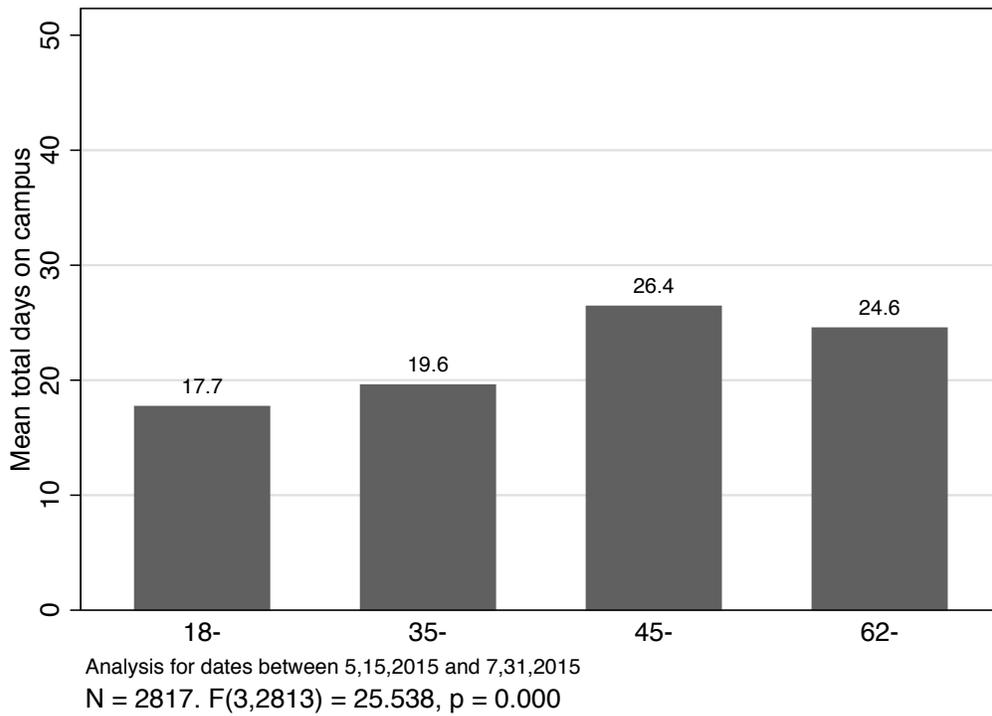
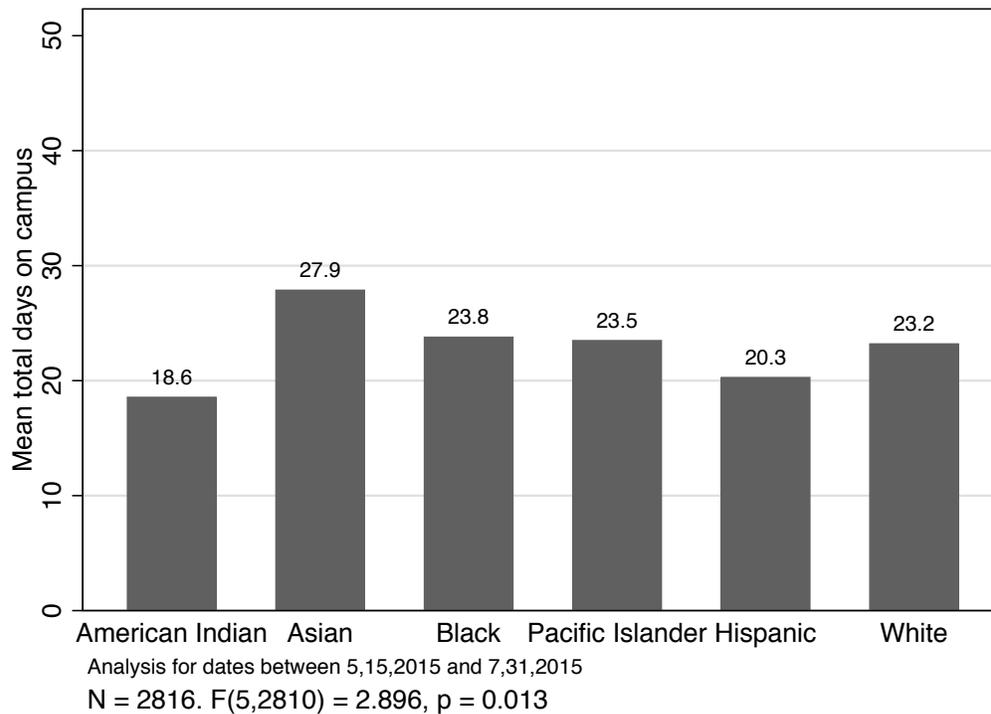


Figure 21: Mean Total Number of Nights on Campus by Age



Finally, race and ethnicity is also a factor in the total number of nights spent on the campus, with Non-Hispanic Whites, Blacks, and Asians spending the most time, on average, and American Indians and Hispanics spending less time on the campus.

Figure 22: Mean Total Number of Nights on Campus by Race/Ethnicity



Percent of Time on Campus by Key Variables

Next, we move to a similar type of analysis on the percent of time spent on the campus. The percent of time on campus is a measure of transiency, where lower values indicate more “coming and going.” Figure 23 showcases that repeaters are more likely to be transient, because their average percent is lower, compared to the leavers.

Figure 24 is also revealing in that it shows that the percent of time on campus is negatively correlated with the VI-SPDAT score—those with higher scores are more transient.

Figure 23: Mean Percent of Time on Campus by Campus Use Pattern

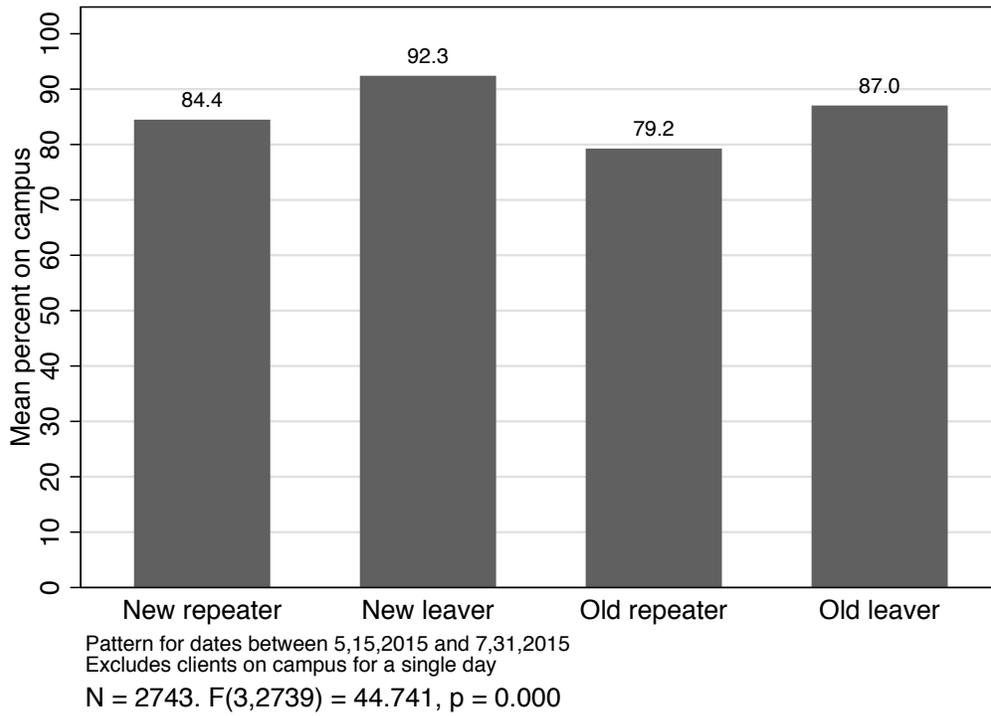


Figure 24: Mean Percent of Time on Campus by VI SPDAT Score

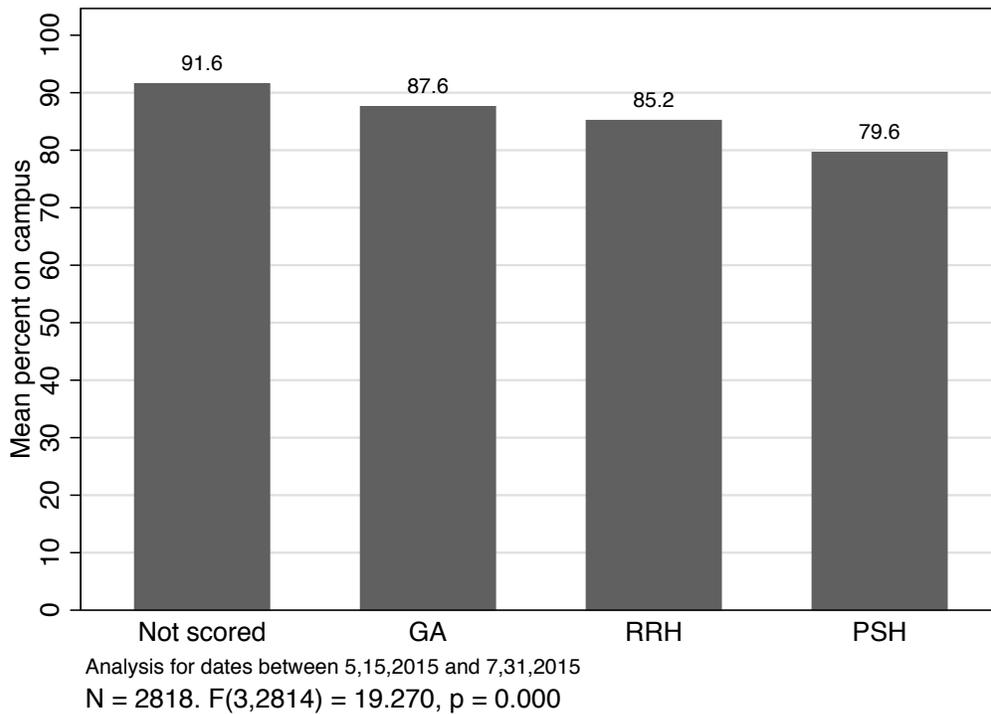


Figure 25 showcases that there are no age effects.

Finally, Figure 26 shows that American Indians spend less of their total time on campus than other racial or ethnic groups.

Figure 25: Mean Percent of Time on Campus by Age

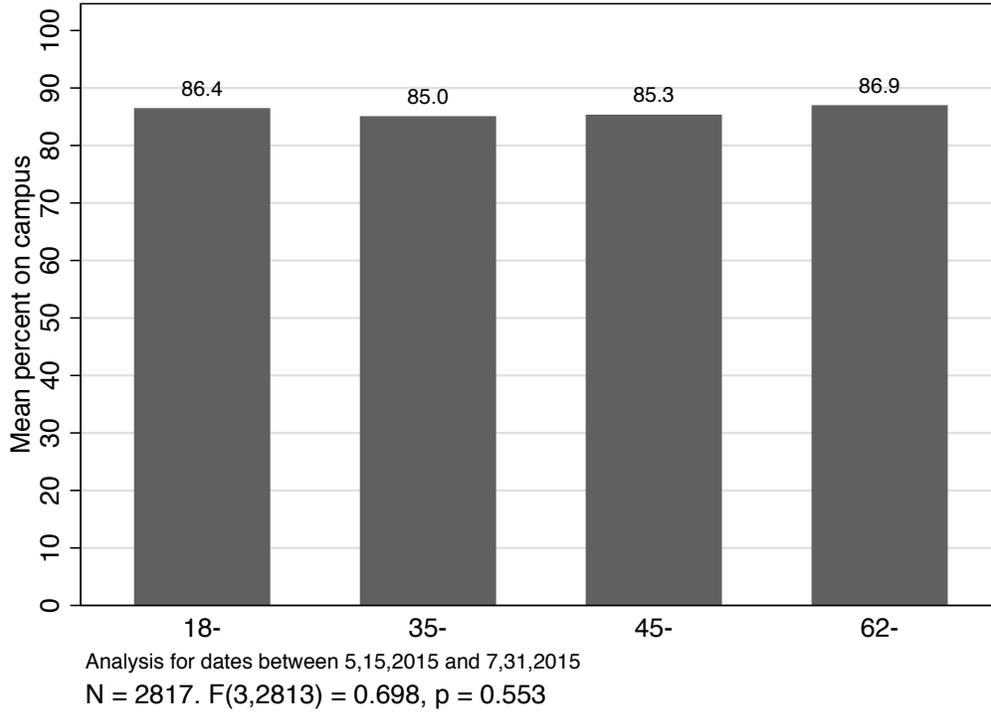
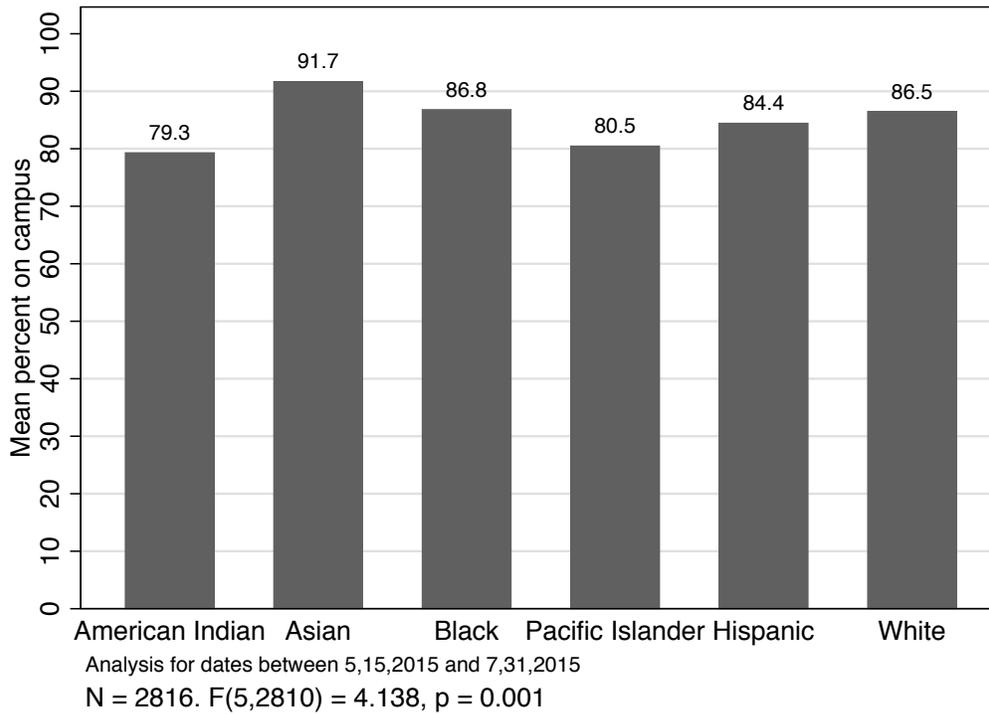


Figure 26: Mean Percent of Time on Campus by Race/Ethnicity



Flow between Providers

A final analysis presented in Figure 27 showcases the number of unique clients served by each provider during the analysis period and the number that were common to any two providers. The diagonal numbers indicate the number of unique clients served by each provider. Thus, CASS served 1,500 during the analysis period and HSCOS served 2,101. However, CASS and HSCOS shared 783 clients during the analysis period, which is about half of the CASS client base and a third of the HSCOS base.

Figure 27: Number of Clients by Provider (diagonal) and Number of Common Clients between Providers (off diagonal)

Provider	CASS	HSCOS
CASS	1,500	783
HSCOS	783	2,101

Summary

While this report is highly descriptive, some key takeaways are available to provide insight in the policy making. The campus serves two basic populations: a majority of clients that interact with the campus for brief periods and eventually leave (but we don't know to where), and a core group of regular clients. These regular clients tend to stay for a greater number of nights,

but are also more transient. They are more likely to be scored for rapid rehousing, are older, and are more likely to be Non-Hispanic White.

Limitations and choices

No analysis is perfect, and in any analysis choices are made. In this section, we make explicit some of the choices made in the report to aid the reader in the interpretability of the results.

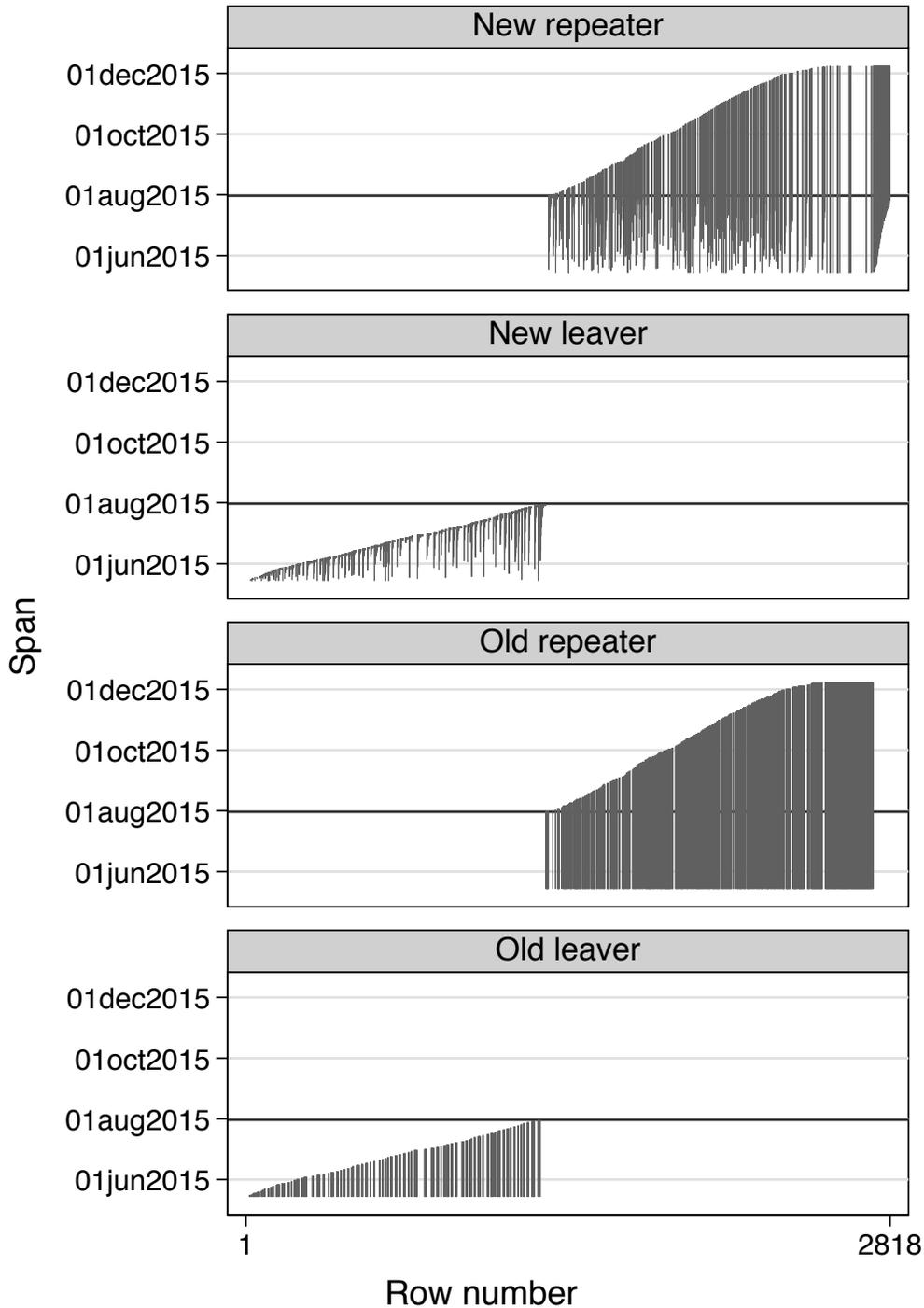
First, our definition of a “new” client is somewhat different than the Federal HUD definition. Here, we consider a new client to be anyone who has not received emergency shelter before (the only records considered from HMIS were services coded as emergency shelter, so other services are not considered). The HUD definition of “new” uses a 2-year cutoff. We chose to simplify our analysis by considering all available data.

Repeaters are those who appear in the data after the analysis period. To be explicit, the end of the analysis period is arbitrary. To consider the impact this has on the findings, consider Figure 28. In this figure, each client is represented by a vertical line. The bottom of the line is the start of the records during the analysis period (that is, if a client’s first record is before the analysis period, it is simply truncated by the graph). The top of the line represents the last record in the HMIS data. These vertical lines represent the span of records, the longer the line, the longer the set of records. The horizontal line is the cutoff of the analysis period. Clients whose vertical lines’ top is above the horizontal line are considered repeaters. Notice that the shape of the repeater graphs is a “hill”, and if we moved the analysis period cutoff to a later date (the line would be higher), then fewer clients would be considered repeaters.

It is also true that most repeaters have starting points (the bottom of the line) well before the cutoff period. Thus, while there may be concerns that some repeaters are clients with short spans that happen to straddle the analysis period cutoff, the percentage of these clients is small.

Finally, the Watkins center is omitted. Clients served by this provider were included in earlier reports, but it was revealed that the total calculated based on the unique identifiers in the HMIS system double counted many individuals. It is recommended that the different data systems across the campus be brought into sync, that is, have the same data entry and identification strategies.

Figure 28: Repeater Sensitivity of Analysis Period Dates



Graphs by pattern

Recommendations

After conducting this analysis and spending time with these HMIS data, we conclude with three recommendations:

1. Conduct an external validation study to assess data quality, as a next step;
2. Increase data collection points within the system, to strengthen the data network;
3. Conduct a full study of all provider data in HMIS, or hire an HMIS data analyst.

We do not recommend further analyses of this data examined in this report, and detail these recommendations below.

External Validation Study

We recommend that a study be conducted to assess the quality of HMIS data. This study could take any of the following forms, or combinations of the following options:

- Construct event-history tables / data-point case studies at the client level. Here, we recommend directly interviewing clients regarding their homelessness histories, then tracing these observations in the HMIS system to check for accuracy in data capture. This is a method aimed at revealing potential errors in the HMIS system and determining error sources. This will require significant observation and interview time, along with following up on client-level information in the data system.
- Conduct a comprehensive “audit” of data points along their entire path through the HMIS system. This would include observing providers’ interactions with clients; observing providers’ entry of information from their interactions into the HMIS system; following the data into CI&R to check for its accuracy once in CI&R’s data structure; and looking at how the data points display in CI&R reporting. This approach would follow the data points’ path from inception / entry to reporting, revealing places where errors are likely to occur along the data path. Accomplishing this in a representative manner would likely require a few months’ work.
- Record differences between providers’ “shadow” data systems and the same data in the HMIS. Some providers keep a duplicate capture of the data they enter into HMIS; this recommended procedure would test the duplicate data against the identical data in HMIS. Any differences would be reported and analyzed. This would capture the same sources of data error as the option listed above (“comprehensive audit”); but it could be a faster and cheaper data-quality assessment than the first two options.

Increase Data Collection Points

We recommend increasing opportunities to track clients’ homelessness experiences. In particular, we suggest closer partnering with law enforcement and emergency psychiatric

service providers to record when and where clients experiencing homelessness are intersecting with the criminal justice and mental health systems. This could broaden our understanding of homelessness. We recognize that this recommendation – to add data-capture points into law enforcement and healthcare interactions – would be no easy task and represent a significant system change, yet we feel it would greatly enrich HMIS data.

Full Study of All Provider Data

This report accessed HMIS data from a limited set of providers during a limited time period. As detailed below, this limited the predictive capabilities of this study and the generalizability of our conclusions. As a result, we strongly recommend one of the following two options:

1. A full “dump” of all HMIS data as a follow-up to this report’s work. This would allow us to conduct prescriptive analyses of the data; would provide a powerful population dataset of seasonal and demographic variability among homelessness experiences; allow for a full understanding of service utilization across all types of providers. This approach is limited by the expenditure necessary to support a researcher to house such a data file, clean it, and analyze it. As well, the data will be time-limited and would not incorporate new client information. Our next option remedies these limitations.
2. Hire a data analyst, presumably housed at CI&R, to provide ongoing support to the homelessness provider and funder community. This person would be fully immersed in the HMIS data and committed to continually analyzing these data for quality issues and reporting on service-utilization trends. This analyst would be available to answer questions involving HMIS data from funders and providers. This option might be cheaper than the “data dump” option listed above and would allow for analysis of continuous data not truncated by time. Morrison Institute could assist with the recruitment, hiring, and training of the analyst.

All three of these recommendations would significantly increase our understanding of homelessness in our community, and serve as ideal follow-ups to the analyses in this report. We don’t recommend further analyses using the data discussed in this report. We believe we have exhausted the reliable conclusions that can be made using the data excerpt we had. The short timeframe of these data also preclude reliable projections of the number and types of individuals experiencing homelessness.

Appendix: Unique Clients Served by Date on Campus

	Campus	CASS	HSCOS		Campus	CASS	HSCOS
Mean	1099.75	421.92	421.78	6/21/15	877	408	469
SD	72.41	16.81	50.66	6/22/15	892	417	475
Date				6/23/15	913	426	487
5/15/15	693	418	275	6/24/15	887	432	455
5/16/15	722	399	323	6/25/15	864	441	423
5/17/15	716	394	322	6/26/15	862	436	426
5/18/15	754	405	349	6/27/15	828	434	394
5/19/15	741	400	341	6/28/15	811	424	387
5/20/15	771	403	368	6/29/15	862	432	430
5/21/15	794	410	384	6/30/15	915	431	484
5/22/15	785	411	374	7/1/15	883	445	438
5/23/15	783	398	385	7/2/15	848	447	401
5/24/15	782	396	386	7/3/15	796	427	369
5/25/15	780	389	391	7/4/15	799	422	377
5/26/15	821	406	415	7/5/15	795	418	377
5/27/15	832	409	423	7/6/15	835	436	399
5/28/15	825	407	418	7/7/15	832	442	390
5/29/15	832	401	431	7/8/15	823	440	383
5/30/15	812	393	419	7/9/15	795	442	353
5/31/15	806	392	414	7/10/15	831	437	394
6/1/15	829	414	415	7/11/15	814	422	392
6/2/15	812	415	397	7/12/15	825	423	402
6/3/15	809	421	388	7/13/15	839	438	401
6/4/15	785	416	369	7/14/15	845	437	408
6/5/15	778	404	374	7/15/15	873	441	432
6/6/15	794	392	402	7/16/15	910	437	473
6/7/15	811	390	421	7/17/15	904	438	466
6/8/15	833	409	424	7/18/15	867	438	429
6/9/15	826	404	422	7/19/15	880	432	448
6/10/15	828	413	415	7/20/15	952	447	505
6/11/15	826	415	411	7/21/15	939	435	504
6/12/15	839	424	415	7/22/15	891	438	453
6/13/15	804	407	397	7/23/15	922	446	476
6/14/15	839	411	428	7/24/15	931	441	490
6/15/15	856	419	437	7/25/15	922	436	486
6/16/15	853	426	427	7/26/15	919	429	490
6/17/15	864	423	441	7/27/15	937	443	494
6/18/15	881	421	460	7/28/15	973	451	522
6/19/15	901	419	482	7/29/15	1008	447	561
6/20/15	885	417	468	7/30/15	964	441	523