

Phoenix/Maricopa County CoC Preliminary Report

Preliminary Recommendations

Following are ideas that the TA team had to help the CoC address possible areas of challenge. Any recommendations in this summary are intended as helpful suggestions and should not be construed as prescriptions for action. Additionally, the observations are based on a specific set of data. The CoC's Lead Agency and decision-making group include the people most knowledgeable about homelessness in the community and they are best positioned to guide the CoC's activities and decision-making. Technical Assistance from HUD (which is free to the CoC) could be available to help implement plans that the CoC drafts to address challenges. HUD would have to approve any CoC requests for TA.

Which recommendations would you like to pursue? Is there anything you would add to this list? Are there areas that you would like to ask for technical assistance from HUD?

1. Remedy data quality or resource allocation issue around people entering ES, TH and PSH from housed situations.
 - a. Currently Available Resources
 - i. HMIS data quality resources are available on HUDHRE
 - ii. Guidance around who is eligible for HUD-funded TH and PSH is available on HUDHRE
 - b. Additional/ Potential TA Options
 - i. TA provider could help with an analysis to determine whether the problem is with data or screening protocols/implementation
 - ii. Depending on the problem, TA provider can help CoC to (1) clarify its strategies for helping unsheltered persons access emergency/ transitional/ permanent housing, (2) ensure that funded programs have protocols in place to implement that strategy (i.e. target the right population), and (3) use HMIS or a parallel data collection process to track adherence to and the outcome of those protocols (i.e. whether the right people are getting into these programs.)
 - c. Possible Timeline
 - i. Month 1: Determine if the issue is a data quality issue or a resource allocation issue.
 - ii. Month 2: If data is correct, then CoC could engage in a discussion regarding the large number of households on the street, but relatively small percentage of households entering emergency and transitional housing from the street.
 - iii. Month 2: If data is incorrect and not being entered correctly, then CoC could train intake staff on correct questions to ask in intake. If HMIS is

not requiring updated fields, work with HMIS vendor/administrator to ensure transition to more appropriate data entry protocols.

2. Develop a centralized intake/assessment/resource targeting system to address issues around ensuring the most effective outcomes for the most appropriate populations. If resource allocation is found to be an issue in the housed populations accessing ES, TH and PSH problem, this step can address that concern.
 - a. Currently Available Resources
 - i. HUDHRE and NAEH have profiles of best practice centralized intake/assessment/resource targeting systems
 - b. Additional/ Potential TA Options
 - i. TA provider can assist in the development of a system that will screen and target appropriate households for appropriate interventions. The process could also include (a) development of consensus about the role and target population of transitional housing, (b) strategies for moving sheltered and unsheltered persons to transitional and permanent housing, and (c) strategies for utilizing the centralized intake/assessment process to track the frequency with which persons who were recently discharged from systems of care end up in homelessness.
 - ii. TA provider can assist CoC in utilizing an update of Regional Plan to End Homelessness or HEARTH trainings as an opportunity to bring stakeholders together to first determine what outcome measurements the community should have and then what data points are necessary to collect during intake and assessment to measure those outcomes.
 - c. Possible Timeline
 - i. Months 1-4: Assess current system, identify challenges and opportunities
 - ii. Months 5-6: Shape and build consensus around a plan
 - iii. Months 6+: Implement plan
3. Strengthen performance, and perceived performance, of transitional housing programs.
 - a. Potential TA Options
 - i. TA provider could work with CoC stakeholders to develop a consensus about the best role for TH in the Continuum, including (a) the most appropriate target population(s), (b) strategies for targeting assistance to appropriate individuals and families, and (c) strategies for increasing the percentage of client households that are able to move on from transitional housing to permanent housing
 - ii. If training or other technical assistance is needed to implement those strategies, additional TA support can be provided.
 - b. Possible Timeline
 - i. Months 1-4: Assess current system, identify gaps
 - ii. Months 5-6: Shape and build consensus around a plan
 - iii. Months 6+: Implement plan

4. Consider enhancing the structure of the planning and decision-making arm of the CoC to be more inclusive and responsive, and to facilitate better communication with diverse constituencies.
 - a. Currently Available Resources
 - i. Look at other CoC structures to see if there's an alternative that would be more inclusive and still within MAG guidelines. The CoC in Contra Costa County, California, for example, faced this issue and came up with the following solution: The Executive Committee of the CoC is a county Advisory Board and must comply with rigid county government regulations. The larger CoC group, which is not subject to the regulations, meets for 2 hours immediately before each Executive Committee meeting, and includes representatives from a number of relevant sectors (attendance is regularly 50+ people). (If a group is not represented, staff conducts outreach to bring them forward.) The CoC forum serves as an information gathering and presenting forum where everyone is encouraged to participate, with the Executive Committee meeting directly afterwards to vote on issues.
 - b. Additional/ Potential TA Options
 - i. TA provider could conduct a detailed assessment of MAG regulations and propose an alternative CoC structure that would be more responsive and inclusive of stakeholders while still working within these parameters.
 - c. Proposed Timeline
 - i. Months 1-2: Assess current structure and MAG requirements, identify areas of weakness
 - ii. Months 3-6: Shape and build consensus around a plan for change
 - iii. Months 6+: Implement plan

5. Increase effectiveness of discharge planning policies and procedures from foster care, corrections, mental health care, and health care.
 - a. Currently Available Resources
 - i. <http://www.hudhre.info/documents/DischargePlanningBibliography.pdf>
 - ii. <http://www.nhchc.org/discharge.html>
 - b. Additional/ Potential TA Options
 - i. TA provider could work with CoC to develop and implement HMIS tracking of prior systems-of-care experience of persons entering CoC shelter/transitional housing/PSH or returning to the street.
 - ii. TA provider could engage institutions in a targeted discussion/ planning process to create effective policies and procedures, especially since this has been identified as a priority for the next year by the community.
 - c. Possible Timeline
 - i. Months 1-3: CoC to start by collecting supplementary data (beyond the required HMIS fields) to track the incidence of homelessness after discharge from systems of care.

- ii. Months 3-4: Convene stakeholders from each system of care, focusing on the following questions: Where barriers are institutions facing? Are there good information resources for referrals and placements? Where do program gaps exist? What are the fiscal pressures in public systems?
 - iii. Months 4-6: Develop a strategic plan to create and implement effective discharge planning protocols.

- 6. Increase provider knowledge about fair housing issues.
 - a. Currently Available Resources
 - i. <http://www.hud.gov/offices/fheo/library/huddojstatement.pdf>
 - b. Additional/ Potential TA Options
 - i. TA provider could conduct fair housing training for providers
 - c. Possible Timeline:
 - i. Schedule and offer trainings to providers

- 7. Engage a broad spectrum of CoC stakeholders, including key outreach and shelter providers and consumers, in developing a plan to (a) strengthen the ability of outreach and shelter providers to link clients to mainstream resources and housing, and (b) clarify (for the benefit of consumers and for providers making referrals) the process of navigating the CoC network of housing and services.
 - a. Potential TA Options
 - i. TA provider could work with CoC stakeholders to identify and design solutions to bottlenecks and "broken links" in the process of helping clients find out about and connect to mainstream resources and housing
 - b. Possible Timeline
 - i. Months 1-3: Assess current system, identify gaps
 - ii. Months 4-6: Shape and build consensus around a plan
 - iii. Months 6+: Implement plan