

October 5, 2016

TO: Members of the Maricopa Regional Continuum of Care Committee

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

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 9:30 a.m.

Wednesday, October 12, 2016

MAG- 2<sup>nd</sup> floor Ironwood Room

302 N. 1<sup>st</sup> Avenue

Phoenix, AZ 85003

(Parking is available from the garage below the building. Bring your parking ticket to the meeting for validation.)

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

The meeting agenda and resource materials are also available on the MAG website at [www.azmag.gov](http://www.azmag.gov). In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: <ftp://ftp.azmag.gov/ContinuumOfCareRegionalCommitteeonHomelessness>.

This location is publicly accessible and does not require a password.

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

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

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

MARICOPA REGIONAL CONTINUUM OF CARE COMMITTEE (COCC)  
TENTATIVE AGENDA  
October 12, 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 CoCC 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 the CoCC 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 September 14, 2016 Meeting Minutes

The Committee will consider the approval of the minutes from the September 14, 2016 meeting. The draft document "Draft Minutes for the September 14, 2016 Meeting" was distributed with the meeting materials.

4. Reports from Work Groups and Board

The following updates will be provided for information and discussion:

- Performance Standards and Data Quality (PSDQ)
- Coordinated Entry and Oversight Work Group (CEOWG)
- HMIS Committee
- ESG Collaborators
- CoC Board

2. Information.

3. Approval of the September 14, 2016 Continuum of Care Committee meeting minutes.

4 Information and discussion.

5. 2017 NOFA Scorecard

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

6. Regional Plan to End Homelessness

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

7. Performance Improvement Process

The Continuum of Care Committee has been working to define the Performance Improvement Process and align it with the CoC's monitoring Plans. The CoCC will discuss the Performance Improvement Process and suggest changes/input.

11. Request for Future Agenda Items

Topics or issues of interest that the Maricopa Regional Continuum of Care Committee would like to have considered for discussion at a future meeting will be requested.

12. Comments from the Committee

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

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

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

7. Information, discussion and possible action to suggest input on the Performance Improvement Process.

11. Information and discussion of future agenda items.

12. Information.

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

MINUTES OF THE  
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)  
CONTINUUM OF CARE COMMITTEE  
September 14, 2016  
MAG Office Building, Ironwood Room

MEMBERS ATTENDING

*Karia Basta, Arizona Department of Housing (ADOH)	#Linda Mushkatel, Lodestar Day Resource Center (LDRC)
*David Bridge, Human Services Campus (HSC)	Sara Sims, Phoenix Elementary School District
Stacey Jay Cavaliere for Linda Elliot, one•n•ten	Major Barbara Sloan, Salvation Army
#Kathy Di Nolfi, A New Leaf	Stephen Sparks, Labor’s Community Service Agency (LCSA)
*Lisa Eddings-Wilburn, Terros Safe Haven	Ursula Strepans, Central Arizona Shelter Services (CASS)
#Robert Ferraro, City of Tempe Law Enforcement	*Charles Sullivan, Arizona Behavioral Health Corporation (ABC)
Joann Hatton, Arizona Healthcare Cost Containment System (AHCCCS)	Jackie Taylor, Save the Family
#Vicki Helland, Community Bridges	*Michelle Thomas, Community Information & Referral (CIR)
Michelle Jameson, United States Veterans Initiative, U.S. VETS-Phoenix	Keith Thompson, Phoenix Shanti Group
Nicole Janich MSW, Arizona State University (ASU)	*Vivian Mann, Tumbleweed
Jessa Johnson, Mercy Maricopa Integrated Care (MMIC)	Mary Glennon for John Wall, Arizona Housing Inc. (AHI)
Suzie Martin, Homeward Bound	Dr. Andrea Williams, Southwest Behavioral Health (SBH)
Ken McKinley, Tumbleweed	Brandi Whisler, Circle the City
Lisa Miller for Mattie Lord, UMOM	

\*Neither present nor represented by proxy.

#Attended by telephone conference call.

+Attended by video conference.

**OTHERS PRESENT**

Jennifer Dangremond, Native American  
Connections (NAC)  
Margaret Kilman, Maricopa County  
Walter Gray, Citizen

Catherine Rea, Community Information and  
Referral (CIR)

Maria Piña, MAG  
Anne Scott, MAG

1. Call to Order and Introductions  
Jackie Taylor, Save the Family, Vice Chair of the Continuum of Care (CoC) Committee, called the meeting to order at 9:36 a.m. Introductions of the Committee and audience ensued.
2. Call to the Audience  
Audience members were given an opportunity to address the Committee on items that were not on the agenda that are within the jurisdiction of the Committee, or non-action agenda items that are on the agenda for discussion or information only. There were no comments.
3. Approval of the August 10, 2016 Meeting Minutes  
Anne Scott, MAG, noted a correction, which was to update Ursula Strehphans, Central Arizona Shelter Services (CASS), as having attended the August meeting. **Keith Thompson, Phoenix Shanti Group, motioned to approve the agenda with the correction. Ms. Strehphans seconded the motion. The motion passed unanimously.**
4. Welcome New CoC Committee Members  
Vice Chair Taylor welcomed Stacey Jay Cavaliere, sitting in for Linda Elliott, one•n•ten; Major Barbara Sloan, Salvation Army; Brandi Whisler, Circle the City, and Dr. Andrea Williams, Southwest Behavioral Health (SWBH).
5. 2017 Scorecard  
Vice Chair Taylor expressed that the Committee began discussing the scorecard before the Notice of Funding Availability (NOFA), and indicated that members had lots of concerns over it. The group did not come to consensus at that time, and Vice Chair Taylor expressed her desire to discuss those items. She added she would like to add a small workgroup of volunteers to incorporate changes and/or additions to the NOFA. Vice Chair Taylor requested the Committee's feelings on various issues that were discussed, such as felons, risk adjustment points, etc.

Lisa Miller, UMOM, requested to reconsider the weight of chronic homelessness, not only with the harder to serve, but in addition to the eight points. She stated that agencies serving the chronic homeless are automatically guaranteed at least eight of the ten points just by

definition of chronic homelessness, which also includes disabling conditions. Ms. Miller pointed out that that in itself is 16 points in the scorecard.

Vice Chair Taylor expressed that Ms. Miller had a good point, and inquired how to make the scorecard more qualitative so that the Continuum scores agencies on the quality of work.

Margaret Kilman, Maricopa County, proposed using “chronic” rather than “harder to serve” for a more competitive application. Ms. Miller expressed that this would put families at a disadvantage, since the chronic definition is a difficult one for families to meet as they have a limited number of days in the emergency shelter system. She indicated that this would be highly biased, and that families are highly vulnerable. Nicole Janich, Arizona State University (ASU), proposed pilot-testing a handful of programs that serve different populations for an indication of consistent issues, such as ceiling effects. Vice Chair Taylor pointed out that the data on scoring exists from the last round of application.

Keith Thompson, Phoenix Shanti Group, expressed it would be interesting to see data relevant to the last year on whether it’s leveled the playing field upon the major housing projects with respect to drug use, Serious Mental Illness (SMI), chronic health, etc. He indicated that if it has leveled the field, there’s good reason to remove this; otherwise this item should be kept because complexity does matter it terms of outcomes. Vice Chair Taylor expressed that Save the Family has struggled with the issue of families with substance abuse problems because the challenge is documenting that families are obtaining help. She added that the complicating factor is what to do with the family while it’s in treatment. She agreed that meeting the strict definition was very difficult. **Vice Chair Taylor proposed having a subgroup of family and singles providers to work on this issue, and requested that Anne Scott, MAG provide data from the Continuum.**

Stephen Sparks, Labor’s Community Service Agency (LCSA), suggested integrating recidivism measurement in the future scoring tool to show the number of clients who returned to the Coordinated Entry System (CES) after receiving a certain intervention. He expressed this would also provide the Continuum with a good indication of the number of programs that have a higher return to the system, and not actually ending homelessness permanently. Vice Chair Taylor expressed that this was a system performance measure, and that the Committee would be incorporating the systems performance measures into the scorecard. Ms. Scott added that there was not a way of running reports on an individual agency or its returns to homelessness. She expressed that there was a desire to do that as a measure of success, and added that Performance Standards and Data Quality Work Group (PSDQ) was working on the technical component to see if that could be done in Bowman reports. She continued that the Continuum can only look at the entire system and interventions, or at individual records. She

expressed this was a time consuming task to look at individual records, particularly for the Rapid Re-housing (RRH) providers, since they're serving more clients.

Mr. Thompson expressed interest in the cost effectiveness measure, which was new this year. Ms. Scott indicated it played a big role in the ratings, providing the Continuum with information with the cost per positive housing outcome for HUD Department of Housing and Urban Development (HUD) investment. She stated it was an imperfect measure because some projects have very little investment for the project, skewing the measurement. She added that it was very difficult to figure out parameters or a program's cost effectiveness without requiring the agencies to report the budget in the application process. **She indicated a workgroup could look more closely at the cost effectiveness measure.**

Dr. Andrea Williams, Southwest Behavioral Health, shared that cost effectiveness was very high for SWBH, and that the agency would need to have over half the clients leave in order to get cost effectiveness down. Ms. Scott clarified that SWBH's retention was added, and clients either stayed, or existed for a positive housing outcome to be included in the measure.

Suzie Martin, Homeward Bound, expressed that when looking at returns to homelessness, the Continuum looks at entry into the Welcome Center and other shelters. She pointed out that there are families who exit programs without indication they were leaving, but they don't resurface into the system. She indicated that the success rate is higher than the Annual Performance Report (APR), and it should be factored in. Vice Chair Taylor agreed this was an important metric, and expressed hopefulness that the new reporting tool report that information.

**Jennifer Dangremond, Native American Connections (NAC), requested the correct scoring instructions because the approach did not match the question being asked. She expressed that in NAC ended up receiving more points in question #1 for more people having the one condition.** Vice Chair Taylor agreed it was a great suggestion for next year.

Vice Chair Taylor called for members to volunteer for the workgroup, and **Ken McKinley, Tumbleweed; Jessa Johnson, Mercy Maricopa Integrated Care (MMIC); Michelle Jameson, United States Veterans Initiative, U.S. VETS-Phoenix; Mattie Lord, UMOM; Dr. Williams, and Major Sloan agreed to help.** Vice Chair Taylor expressed that the workgroup was well-balanced, comprised of a youth provider, a funder, a family provider, a single provider, and a provider for vets. **Ms. Jameson agreed to chair the workgroup, and stated they might be able to report back in a month with their findings.**

6. Regional Plan to End Homelessness

Vice Chair Taylor expressed that the Regional Plan to End Homeless (RPTEH) was approved by the Board at the August 29, 2016 meeting. She indicated the Board's desire for this to be a working document, and requested input.

Ms. Miller pointed out some minor changes to the action items. Ms. Scott expressed that the action items would be updated so they matched. Mr. McKinley noted that there wasn't much input for the youth section, and requested that certain items be more specific and strategic. Ms. Kilman recalled the request for a community group in a Board meeting to review and provide feedback on this specific item. She expressed that the way information was communicated up may not have been the best way, but now that there was something to respond to, it would be beneficial for the community to have such a group. Vice Chair Taylor agreed it was a great idea, indicated that the Continuum can work to be proactive, not just reactive. She pointed out the Continuum's progress, and requested Ms. Kilman that volunteer for the workgroup.

Joann Hatton, Arizona Healthcare Cost Containment System (AHCCCS), pointed out that in some areas, the Continuum was referred to as the "Maricopa Continuum of Care" and then as the "Maricopa Regional Continuum of Care". Vice Chair Taylor recalled that the Board had agreed to call it "Maricopa Regional Continuum of Care".

Mr. Thompson inquired if there would be merit in each of the committees reviewing the Plan for action items to be addressed. **Vice Chair Taylor expressed liking the idea of having the youth group review the Plan, and she suggested having Mr. McKinley head that group. She asked Ms. Kilman to touch base with the HEART group headed up by Brian Planty at the Human Services Campus. Additionally, she invited Ms. Miller to work with Standing Strong for Families, and requested that Ms. Dangremond represent PSDQ for the data pieces. Ms. Dangremond indicated that she and Charles Sullivan, Arizona Behavioral Health Corporation (ABC) would work it out.**

Ms. Scott expressed that the Board would be devoting most, if not all, of the October meeting to the Plan. She noted the need to not duplicate efforts, but indicated the importance of having community discussions for a unified voice around sections of the Plan. Vice Chair Taylor stated that a month may not be enough time for committees to meet and provide area-specific recommendations. She stressed the importance of the Board being open for feedback.

Ms. Strehans suggested that someone should target the neighborhood groups, as they have provided her with feedback on the impact of homelessness in their area. She proposed inviting the neighborhood groups to the Committee meetings. She noted this would be a meaningful way to move forward with the Plan on having input from community groups. Vice Chair Taylor expressed it was a healthy, proactive strategy for providers to suggest specific organizations that they knew of.

Ms. Scott indicated it was unnecessary to vote on the creation of the committees, unless there was a recommendation that was being put forth.

#### 7. NOFA Debriefing Process

Vice Chair Taylor requested the Committee's input for next year's ranking and review process.

Ms. Jameson inquired about whether the funding for the Safe Haven project would revert back into the pot, or if it is gone. Vice Chair Taylor expressed that the funds do come back. Ms. Scott added that the funds were reallocated to the Permanent Supportive Housing (PSH) 2016 project that ABC had put forward. She indicated that HUD had not yet approved the project, but that the Continuum had reallocated it as part of the process. She continued that the funds were partially in Tier 1 and Tier 2. Ms. Scott expressed that the Safe Haven funds are able to be reallocated into a PSH or RRH project if HUD approves the Tier 2 funding request. She stated that HUD has approved almost all the Continuum's request on Tier 1 to date, and that funding for Tier 2 is competed on the national level. She indicated that if that portion is funded, the Continuum can keep it in the community, but it will not be able to bring back Safe Haven.

Mr. Thompson expressed that the ranking and review committee was superlative. Vice Chair Taylor appreciated the positive feedback, and agreed that the process was seamless. Ms. Scott added that the Continuum was lucky to have the leadership of Ms. Kilman and Charlene Flaherty, Corporation for Supportive Housing (CSH), to help the Committee through the process, and expressed hope in having them serve again.

#### 8. Performance Improvement Process

Vice Chair Taylor expressed that a workgroup was set aside at the last meeting for a performance improvement process, and she asked Ms. Hatton for an update. **Ms. Hatton indicated she was not contacted about meetings, and Vice Chair Taylor requested that she circle back with the workgroup.**

#### 9. CoC Committee Minutes Format

Vice Chair Taylor expressed that feedback was received on the lengthy meeting minutes. She added that the Committee is under certain restraints, as it falls under MAG. Linda Mushkatel, Lodestar Day Resource Center (LDRC), requested whether minutes could be summarized. Ms. Scott indicated that MAG must include verbatim comments, and that information can be summarized only when no new points are made. **Ms. Mushkatel proposed having follow up item be highlighted. Vice Chair Taylor agreed it was a good idea, and asked for consensus. All agreed.**

#### 10. Reports from Work Groups and Board

Ms. Dangremond expressed that PSDQ met in early August and September, and they reviewed the Homeless Management Information System (HMIS) application, which was included with the CoC application. She shared that Members had most likely received a copy of the Release of Information (ROI) and privacy agreement, which was initially considered to be the final distribution. Ms. Dangremond also indicated that PSDQ discussed with HMIS about the possibility of having a video to walk through the documents and to have meaningful discussion with clients.

Additionally, she indicated that some questions were raised that are being addressed by Michelle Thomas, Community Information & Referral (CIR). The group is working to create

a summary of documents that can be used at each of the intake points, as the workgroup understands the documents are long and confusing. Ms. Dangremond indicated PSDQ intends to send out in the next couple of weeks.

She expressed that the workgroup removed some Universal Data Elements (UDE) after receiving suggestions from the community, such as length of time homeless because although it was no longer triggering any of the fields, it was causing confusion. Ms. Dangremond indicated that the removal of this field would not impact anything else.

She continued that PSDQ decided to continue to work on the policy and procedures that went in with the application. She indicated that the workgroup wishes to broaden it so it's not just an HMIS document, and that it also references whatever structure is used in CE for the families and singles hub. She added that the group is making references to service providers generic so the document is timely, and without the need for constant change. She expressed that Members should have a draft within the next month.

Ms. Dangremond added that there was a recommendation to have the AHCCCS identification number added to HMIS, which both HMIS and PSDQ are fine with.

Ms. Kilman reported that Coordinated Entry Oversight Work Group (CEOWG) meets twice a month, and they just met last week. She expressed that they had a conversation around governance issues, chronic and veteran homelessness, case conferencing, and the role of CES in facilitating case conferencing. She stated that CEOWG also discussed the development of a dashboard, and is working with the single adult CES on the development of some dashboard points, and to determine what can be mapped to the existing dashboard.

Ms. Kilman added that an action that surfaced was the development of an evaluation for a subgroup to determine how to objectively evaluate the CES management. She indicated that the workgroup will come together soon.

Catherine Rea, Community Information and Referral, informed that the HMIS team was attending the annual Bowman conference. She thanked PSDQ for working on the policies and procedures, and for getting the document passed. She added that the documents were crucial to the CoC applications. Ms. Rea indicated that the Committee continues to meet, and is working on tasks.

Ms. Kilman indicated that Emergency Solutions Grant (ESG) Collaborators had a hiatus over the summer, but they met on September 8. She expressed that the critical goal is to align work as much as possible, and added they've been working on reports they receive, as well as outcomes the group has requested from the respective funded projects. She indicated that the group reviewed the Bowman demographic and exit destination reports. She stated that ESG reviewed it collectively to ensure it met all data and reporting needs for consistency and ease of reporting from reported projects.

Ms. Kilman further detailed that the workgroup revisited the ESG quarterly report that the HMIS lead had developed. She indicated that the reports were going to be easily run and

submitted by funded projects, and that they could have standard outcome reporting for all co-funded projects. She expressed that ESG also discussed prioritization and standards of excellence as they relate to specific contracts. She indicated that the group has looked at the HUD priority notices that have been released, and is working to apply those to the funded projects.

She added that the group has discussed how to operationalize the standards of excellence that have been approved and developed through the CoC. She pointed out that while contractors and funders have references to standards of excellence in their contracts, they have no way of operationalizing that when monitoring those projects. She indicated that the workgroup highlighted three areas of importance, and added it may need to work with the committee or others on how to best do this work. She expressed that the workgroup felt it needed to understand the governance, monitoring and operationalizing the work, and asked itself the following questions: what is the process by which the standards of excellence are reviewed, amended, and evaluated; what is the opportunity to make recommendations, and how are projects monitored and held accountable for participation in the CoC.

Ms. Kilman pointed out that some things in the standards are operational and some are aspirational, and understanding how to put the two together is important. She noted that ESG was working on aligning the reporting and contracts. She added that the workgroup is looking at common scopes of work for respective interventions that allowable under ESG. Additionally, the group is working on a calendar, and will be updating the funding matrix that came out last spring. She stated that ESG made a presentation to the Board last spring, and the workgroup will be working with the grantees regionally to update that for ESG projects for CDGB for this funding year to help identify opportunities or funding gaps, and to make application more competitive.

Ms. Scott shared that the Board met on August 29 to approve the HUD Orders of Priority for PSH on chronic homelessness, length of time homeless, and acuity. The Board also approved the Plan to End Homelessness, new members for the CEOWG workgroup, the HMIS Policies and Procedures, and they did the initial CoC program project listing.

Additionally, the Board convened on September 2 to reallocate bonus dollars, which were directed to La Mesita for \$60,000 for PSH for chronic homelessness, and it was added to the project listing that was approved August 29. Ms. Scott indicated that the Board will meet again, and it will be looking at similar work, as well as the lessons learned through the NOFA process and the path moving forward. She added that in October, the Board plans on reviewing the regional plan.

Ms. Scott also noted that the Board membership workgroup met in August, and felt that the process that was approved in March/April was not giving the workgroup the information it needed to make good decisions on new Board members. She indicated that the workgroup revised the process, and that yesterday the call for new members was re-issued. She urged Committee members to advise others of the notice for new members.

#### 11. Request for Future Agenda Items

Vice Chair Taylor expressed that the Committee would be touching base with the workgroups and the standing committee reports.

12. Comments from the Committee

Dr. Williams inquired whether it was appropriate to invite a vodka company that wants to be involved in the community. Vice Chair Taylor expressed that it could be helpful to have a few members attend, and pointed out that some groups are uninformed about funding and activity on homelessness. Mr. Thompson pointed out the strict interpretation of open meeting laws, and stated that if this was a committee time for current events, members were not allowed to discuss or deliberate any community members' comments.

Vice Chair Taylor thanked all who serve on bodies that are related to the entire the CoC process. She expressed appreciation for the time spent serving the homelessness.

Adjourn

There being no further business, Vice Chair Taylor adjourned at 10:30 a.m. The next meeting is scheduled for October 12, 2016.

**Maricopa Regional Continuum of Care Program  
Performance Report – Part I**

Agency Name:

Program Name:

Program Type (Component):

McKinney-Vento Funding Amount:

Date of Report:

Completed by:

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

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

<p><b>*A-Transitional Housing Programs (TH) Only:</b> The percent of persons age 18 and older who increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)</p>	APR – Increase Total Income Measure	<p><b>TOTAL 5 pts.</b> 5 pts = 64+% 4 pts = 54-63% 3 pts = 44-53% 2 pts = 34-43% 1 pt. = 24-33% 0 pts = &lt;23%</p>	%	/5 or N/A	TH /5 or N/A
<p><b>*B-Transitional Housing (TH) Programs Only:</b> The percent of persons age 18 through 61 who increased their earned income (i.e., employment income) as of the end of the year or program exit. (HUD Goal 20% = 80% of points)</p>	APR – Increase Earned Income Measure	<p><b>TOTAL - 5 pts.</b> 5 pts = 25+% 4 pts = 20-24% 3 pts = 15-19% 2 pts = 10-14%</p>	%	/5 or N/A	

<p><b>A-Safe Haven (SH) Program Only:</b> The percent of persons age 18 or older who maintained or increased their total income (from all sources) as of the end of the year or program exit.  (HUD Goal 54% = 80% of points)</p>	APR – Total Income Measure	<p>1 pt. = 5-9% 0 pts = &lt;4%</p> <p><b>TOTAL - 5 pts.</b> 5 pts = 64+% 4 pts = 54-63% 3 pts = 44-53% 2 pts = 34-43% 1 pt. = 24-33% 0 pts = &lt;23%</p>	%	/5 or N/A	SH /5 or N/A
<p><b>C-For PH, TH and SH Programs:</b> The percent of persons age 18 or older who maintained or increased their non-cash benefits as of the end of the year or program exit.  (HUD Goal 56% = 80% of points)</p>	APR – Non-Cash Benefits Measure	<p><b>TOTAL - 5 pts.</b> 5 pts = 66+% 4 pts = 56-65% 3 pts = 46-55% 2 pts = 36-45% 1 pt. = 26-35% 0 pts = &lt;25%</p>	%	/5	/5

**\*\*3: Subtotal** Total of 3 available measures (3A, 3B and 3C) in question 3 /10

**Insert Income Change Measure to establish baseline – No score this year – use 0554.01 report**  
**Please indicate percentage of clients increasing income \_\_\_\_%**

<p><b>4: Effective use of federal funding.</b></p>	<p>Percent of expended HUD funding for the most recent operating year.</p>	LOCCS Report	<p>5 pts = 95-100% 4 pts = 90-95% 3 pts = 85-89% 2 pts = 80-84% 1 pt. = 75-89% 0 pts = &lt;75%</p>	%	/5	/10
	<p>Percent of HUD funding drawdowns were made at least quarterly. (Number of Drawdowns from LOCCS, Ex. Four drawdowns = 100%)</p>	LOCCS Report	<p>5 pts. – 4 or more 4 pts. – 3 draws 3 pts. – 2 draws 2 pts. – 1 draw</p>	#	/5	
<p><b>5: HMIS; Data Quality and Training.</b></p>	<p>a. Percentage of complete data (not null/missing, “don’t know” or “refused” data), except for Social Security numbers.</p>	APR	<p>5 pts = 90-100% 4 pts = 80-89% 3 pts = 70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = &lt;49%</p>	%	/5	/10
	<p>b. Percentage of staff that have completed at least on HMIS training course within the past year (Insert HMIS GY)</p>	HMIS Lead Agency	<p>5 pts = 90-100% 4 pts = 80-89% 3 pts = 70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = &lt;49%</p>	%	/5	

<b>6: Leverage</b>	Program leverages additional resources as part of overall program budget. Points based on percent of leverage compared to project funding.	Project Application	5 pts. = >150% 4 pts. = 125 -149.9% 3 pts. = 100 -124.9% 2 pts. = 75 - 99.9% 1 pt. = 50 - 74.9% 0 pts. = <50%	%	/5	/5
<b>7: Community Priorities and Standards</b>	<b>Participation in Coordinated Entry</b> A) Welcome Center – cooperation with onboarding schedule B) Families or Youth - 85 % of referrals accepted by CE	<b>Report from Coordinated Entry Leads</b>	5 points		/5	/5
<b>8. CoC Engagement and Participation</b>	<b>8 points</b> for agency having a representative as a current member of the CoC Committee and who attended at least 75% of meetings from June 1, 2015 to May 31, 2016. <b>If awarding points – Provide name of member and committee:</b>	Self-Report/ Meeting Minutes	8 points	N/A	/8	/15
	<b>5 points</b> for participation in one of the workgroups (refer to workgroup document) from June 1, 2015 to May 31, 2016. <b>If awarding points – Provide name of person and workgroup (refer to workgroup listing if unsure of the name of the workgroup):</b>	Self-Report/Confirmation with work group chair	5 points	N/A	/5	
	<b>2 points</b> for participation in the 2016 unsheltered PIT count <b>If awarding points – Provide name of person and municipality of count:</b>	Self-Report	2 points	N/A	/2	
<b>Insert Compliance with Community-adopted Standards of Excellence – No score this year – Will be monitored for FY17 scorecard Does your agency comply with the Community-adopted Standards of Excellence? Y/N</b>						
<b>Total Score Part I (Please complete Part II on the next page for a FINAL SCORE) - 75 Points Available</b>						<b>/75</b>
<b>MAG Continuum of Care Regional Committee on Homelessness NOFA Addendum: Program Performance Report – Part II</b>						
<b>Agency Name:</b>		<b>Program Name:</b>				
<b>Program Type (Component):</b>		<b>McKinney-Vento Funding Amount:</b>				
<b>Date of Assessment:</b>		<b>Completed by:</b>				
<b>Goals</b>	<b>Performance Standard</b>	<b>Data</b>	<b>Points Available</b>	<b>%</b>	<b>Points</b>	
<b>9. HUD Ranking Priorities: up to 15 points will be based on HUD Priorities as established in the relevant NOFA</b>	Chronic Homelessness-project <b>dedicates</b> 100% of turnover to individuals or families experiencing chronic homelessness.  Housing First-project commits to operating according to a Housing First model (project must indicate by answering yes to Housing First questions and related criteria) and referring to the USICH checklist attached.	From Project Application	CH = 8 pts  HF= 7 pts	N/A	/15	
<b>10. Commitment to Policy Priorities: up to 10 points for commitment to and alignment with HUD Policy Priorities</b>	a. Cost effectiveness-project is cost effective compared to other projects funded by CoC funds. Measured by average HUD CoC investment per positive housing outcome.	Top 25% = 5 pts Middle 50% = 3 pts Bottom 25% = 0 pts	Enter project's cost per positive housing outcome: \$ _____	N/A	/10	

			Enter project's rate of return to homelessness: %	
	b. Returns to Homelessness-project achieves a 15% or less return to homelessness rate.	15% or less = 5 pts	_____	
<b>Total Score Part II - 25 Points Available</b>				
				<b>Total Score Part I (75 points available)</b>
				<b>Plus Total Score Part II (25 points available)</b>
				<b>FINAL Score (Sum of Total Score Part I and II) (100 points available)</b>

### Threshold

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

***Check all boxes that this project is in compliance with:***

Project must have full and active HMIS participation, indicated by every HMIS user of the project completing training and/or passing the annual HMIS recertification exam (implemented in April 2015), unless the project is a victim services agency.

- Project must participate (or agree to participate) in Coordinated Entry ○

*Per HUD contracts, contractors are required:*

- *To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system.*

Project must meet applicable HUD match requirements (25% for all grant funds except leasing).

Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization

must have a valid explanation as well as the plan to increase the utilization rate. Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explain the agency's plan to resolve them.

Project must be able to meet the HUD threshold requirements for renewal projects (Refer to NOFA).

### Instructions

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

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

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

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

Use the LOCCS report to answer question 4.

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

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

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

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

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

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

# Maricopa's Road Home

---

Maricopa's Regional Plan to End Homelessness

## Continuum of Care 2016/2017 ACTION PLAN

**Kevin Hartke**

Co-Chair of Continuum of Care Board

**Darlene Newsom**

Co-Chair of Continuum of Care Board

# TABLE OF CONTENTS

SECTION	PAGE
Executive Summary .....	3
MAG Continuum of Care .....	4
Planning Structure and Timeline .....	5
Chronic Homelessness .....	8
Veteran Homelessness .....	10
Family Homelessness .....	11
Youth Homelessness .....	14
Ending All Homelessness .....	16

# EXECUTIVE SUMMARY

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

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

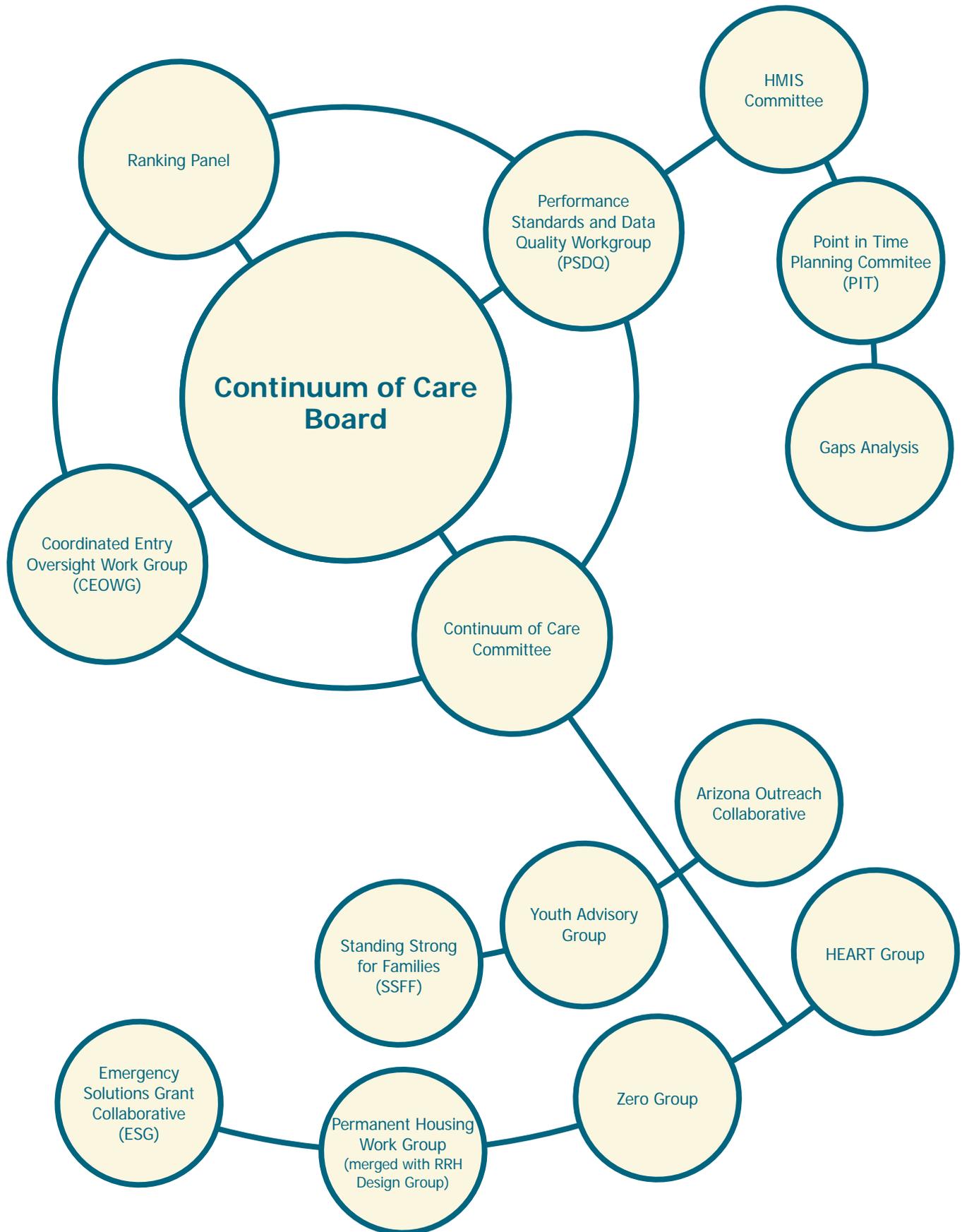
The CoC collectively embraces an approach to the delivery of homeless services that decreases barriers to housing, provides consistent delivery of services and determination of eligibility across providers, and ensures forward thinking case management rooted in evidence-based practices. As a guiding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

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

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

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

# MARICOPA REGIONAL CONTINUUM OF CARE





# 2016 Point-In-Time Homeless Count

Total homeless individuals: **5,702**

**709**

Chronic



**624**

Families (2,082 Persons)



**307**

Youth



**450**

Veterans



**1,646**

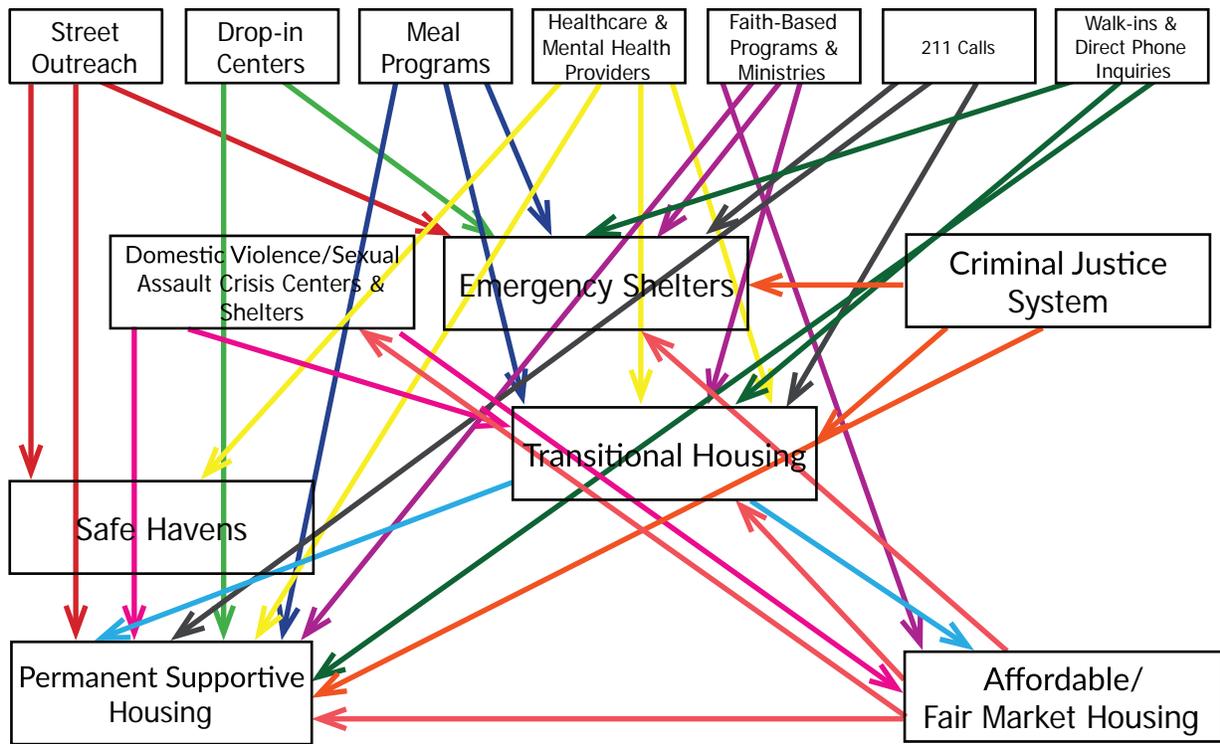
In need of immediate shelter (unsheltered)



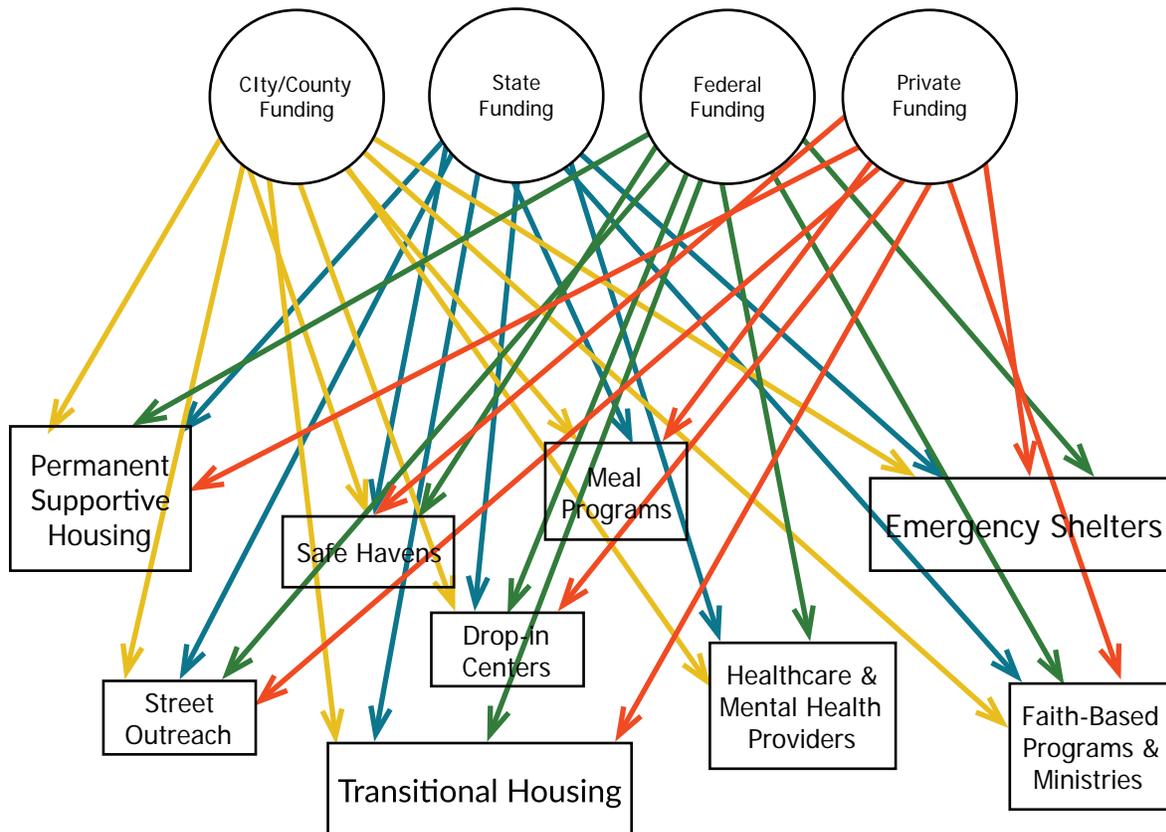
## IMPACT

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

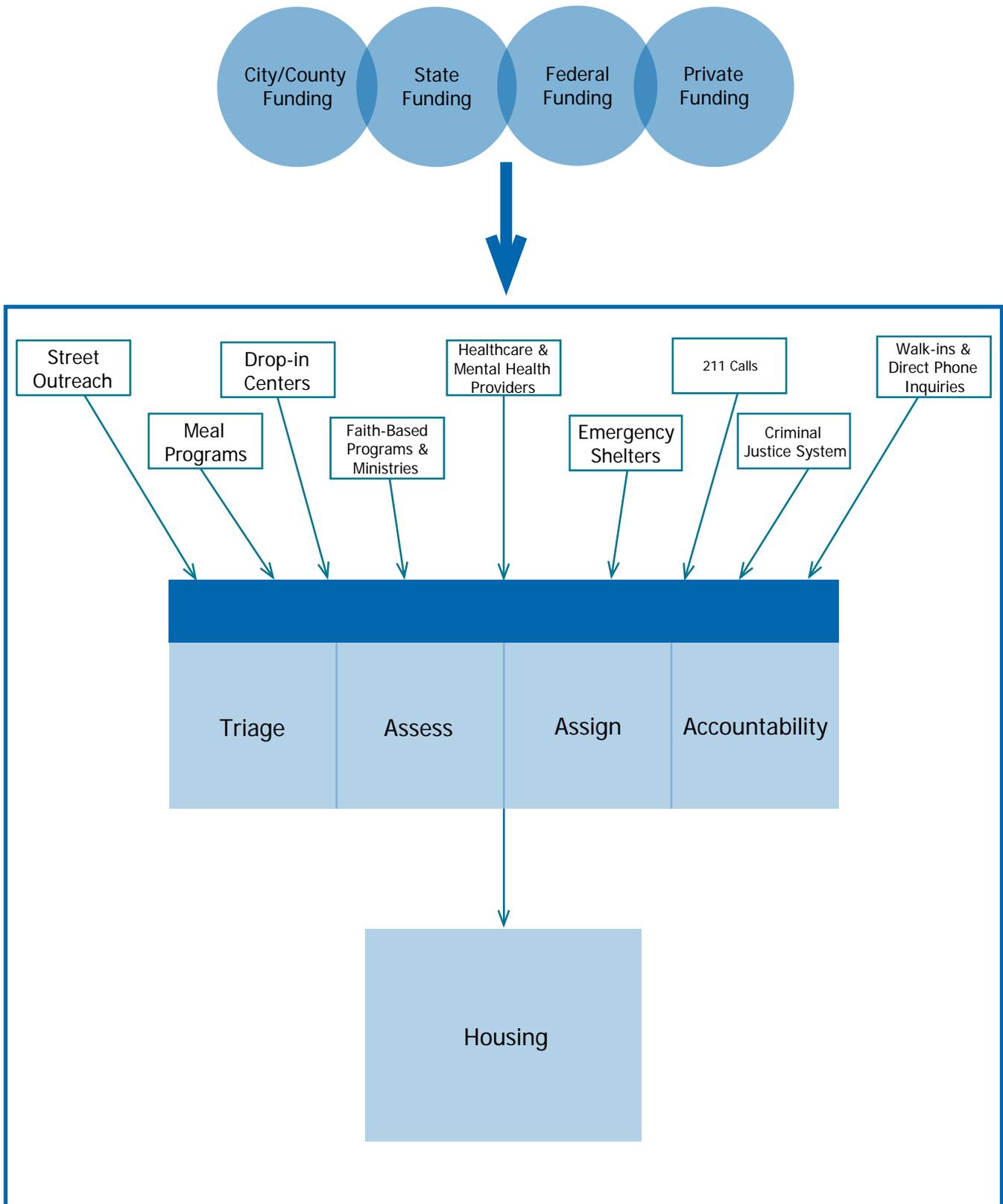
## The way a homeless individual could access services previously:



## Funding for these services was not efficient either:



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



# End Chronic Homelessness

## STRATEGIES



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



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



Connect and coordinate with agency work groups to streamline services.

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

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

## PROGRESS

Total Unsheltered and Sheltered Chronic Homeless



Chronic Placements



Action Plan	2016 Action Items
Identify and Prioritize Housing Placement for the Most Vulnerable utilizing the by-name list.	<ul style="list-style-type: none"> <li>• Establish new entry sites for Coordinated Entry.</li> <li>• Formalize and operationalize the by-name list for more efficient housing placement.</li> <li>• Develop a system to clean and filter data for the by-name list.</li> </ul>
Increase Permanent Supportive Housing and create efficient access to housing options.	<ul style="list-style-type: none"> <li>• Perform a Gaps Analysis to identify the need for Permanent Supportive Housing units.</li> <li>• Align resources (funding sources, coordination strategies, bridge housing, etc.) to prioritize chronic homeless population.</li> </ul>
Connect with the Coordinated Entry Oversight Work Group, the HEART Work Group, and the Performance Standards and Data Quality Work Group to streamline services.	<ul style="list-style-type: none"> <li>• Develop a clear communication plan and get feedback on long term strategies to educate the community about needs of chronic homeless population.</li> <li>• Organize and expand case conferencing to address chronic homeless services and housing placements.</li> </ul>

# End Veteran Homelessness

## STRATEGIES



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



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



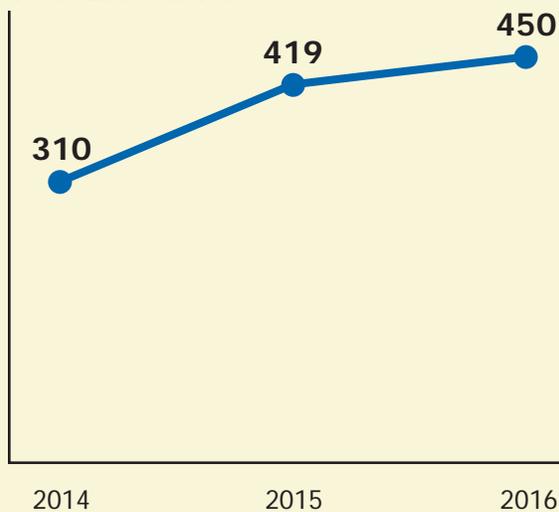
Rapidly connect homeless veterans to services and affordable housing (either VA or CoC-funded).

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

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

## PROGRESS

Total Unsheltered and Sheltered Veteran Homeless



Veteran Placements



Action Plan	2016 Action Items
<p>Identify homeless veterans with the by-name list and use the Coordinated Entry system to prioritize veterans for services.</p>	<ul style="list-style-type: none"> <li>• Coordinate closely with the CRRC to connect veterans who qualify for VA resources to those programs.</li> <li>• Prioritize emergency shelter for the most vulnerable veterans and those awaiting housing placements.</li> </ul>
<p>Connect homeless veterans with existing VASH resources and Veterans Administration services.</p>	<ul style="list-style-type: none"> <li>• Support the transition of leadership on the veteran homeless initiative to the local Veterans Administration.</li> <li>• Work with the VA to identify, track, and manage all VASH, GPD, and SSVF resources.</li> <li>• Coordinate with the VA case conferencing for managing housing placement and services for veterans identified in the by-name list.</li> <li>• Support referrals from the VA for homeless veterans ineligible for VA resources and prioritize for CoC resources.</li> </ul>
<p>Rapidly connect homeless veterans to services and affordable housing (either VA or CoC-funded).</p>	<ul style="list-style-type: none"> <li>• Encourage the VA development of a database of resources for veterans.</li> <li>• Support VA efforts to increase and expand veteran resources and housing availability.</li> </ul>

# End Family Homelessness

## STRATEGIES



Strengthen diversion services.



Increase exits to Permanent Housing and maximize community resources.



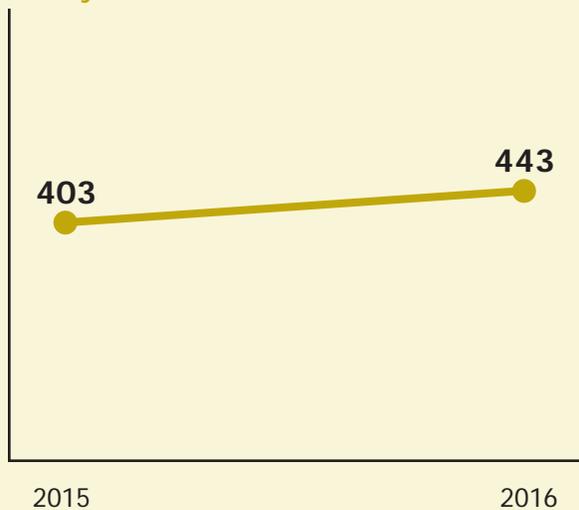
Maximize the use of all current resources and invest where there is the greatest demand.

“Homelessness can be particularly traumatizing for children and youth. Many children experiencing homelessness have poor health outcomes and often develop educational deficits as their schooling is disrupted by frequent moves, setting them on a path to underachievement in school, academic failure, and limited employment opportunities.”

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

## PROGRESS

Total Unsheltered and Sheltered Family Units



Homeless Family Placements



Action Plan	2016 Action Items
<p>Strengthen diversion services and coordinated entry.</p>	<ul style="list-style-type: none"> <li>• Annual Coordinated Entry performance review, looking at access points, days and hours of operation, and designated staff resources.</li> <li>• Formally define “diversion” and establish baseline data.</li> <li>• Research and test best practices.</li> <li>• Explore technology solutions for making system more transparent, integrated with HMIS, etc.</li> <li>• Coordinate with quality affordable housing resources in the community. Seek opportunities for LIHTC, HUD Multifamily, Section 8, public housing, etc. to prioritize families from the PHH.</li> </ul>
<p>Increase exits to Permanent Housing and maximize community resources.</p>	<ul style="list-style-type: none"> <li>• Work to remove barriers to affordable housing programs.</li> <li>• Set threshold goals for the system to include exits to PH, length of stay, and returns to homelessness.</li> <li>• Retain/enhance support services needed to exit families to Permanent Housing.</li> <li>• Implement long-term, extensive services for Rapid Re-housing to prevent recidivism</li> </ul>
<p>Maximize the use of all current resources and invest where there is the greatest demand.</p>	<ul style="list-style-type: none"> <li>• Analyze data collected through coordinated entry and examine the current community portfolio.</li> <li>• Make recommendations to funders and policy makers regarding any shifts required in order to better meet the needs of families.</li> <li>• Launch a family campaign to right size the housing and shelter interventions.</li> </ul>

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

# End Youth Homelessness

## STRATEGIES



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



Develop Transitional Housing and improve system delivery.



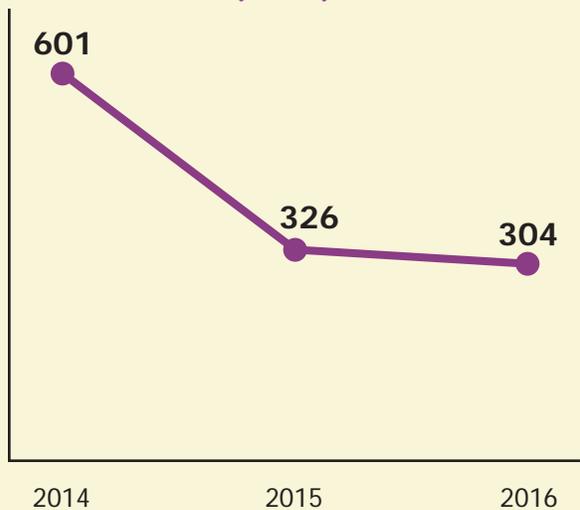
Identify and define unique needs of youth, and improve service delivery to youth populations.

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

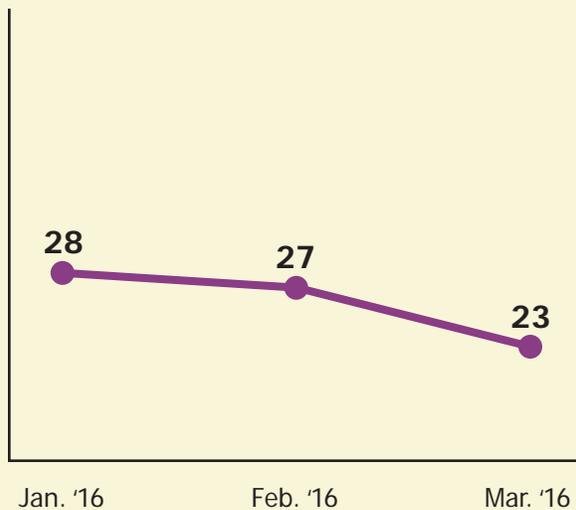
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

## PROGRESS

Total Unsheltered and Sheltered Homeless Youth (18-24)



Homeless Youth Placements



Action Plan	2016 Action Items
Bridge connection to schools, juvenile justice system, and Foster Care.	<ul style="list-style-type: none"> <li>• Develop connection with schools, juvenile justice, and foster care.</li> <li>• Interface with Coordinated Youth Entry System.</li> </ul>
Increase Permanent Supportive Housing and Rapid Re-housing resources and create efficient access to housing options.	<ul style="list-style-type: none"> <li>• Perform a Gaps Analysis to identify the need for Permanent Supportive Housing units and Rapid Re-housing resources.</li> <li>• Align resources (funding sources, coordination strategies, bridge housing, etc.) to prioritize homeless population.</li> </ul>
Develop Transitional Housing for underage youth and improve system delivery.	<ul style="list-style-type: none"> <li>• Develop a detailed action plan that coordinates programs, services, and methodologies that will end and prevent youth homelessness.</li> <li>• Research and implement best practices in Transitional Housing and independent living.</li> </ul>
Identify and define unique needs of youth, and improve service delivery.	<ul style="list-style-type: none"> <li>• Define "youth" homelessness and all sub-categories within the youth homelessness umbrella.</li> <li>• Support development of mapping youth hotspots using Point-In-Time homeless count data.</li> <li>• Identify trends based on Point-In-Time youth homeless count data.</li> <li>• Evaluate data coming out of youth system and report back to Continuum of Care on the needs of the homeless youth.</li> <li>• Revise Program Performance Scorecard to recognize best practices related to serving homeless youth (Transitional Housing is considered a best practice for serving homeless youth).</li> </ul>

# Set a Path to End All Homelessness

## STRATEGIES



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



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



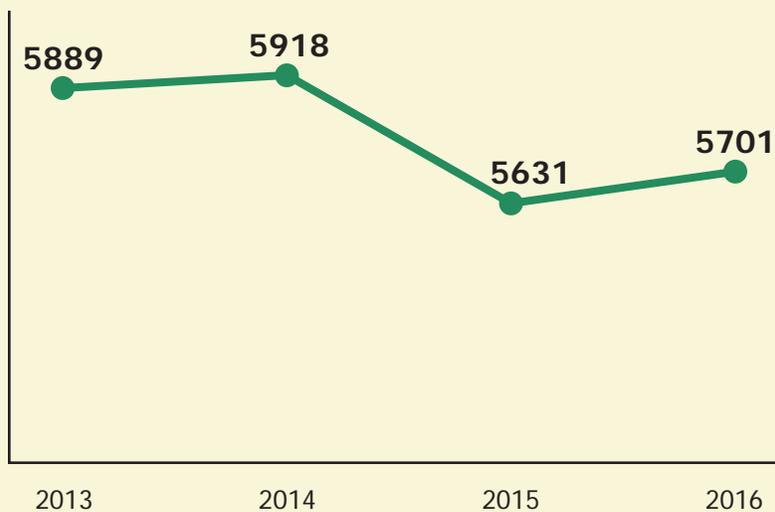
Monitor accountability for system performance.

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

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

## PROGRESS

Total Unsheltered and Sheltered Persons Homeless



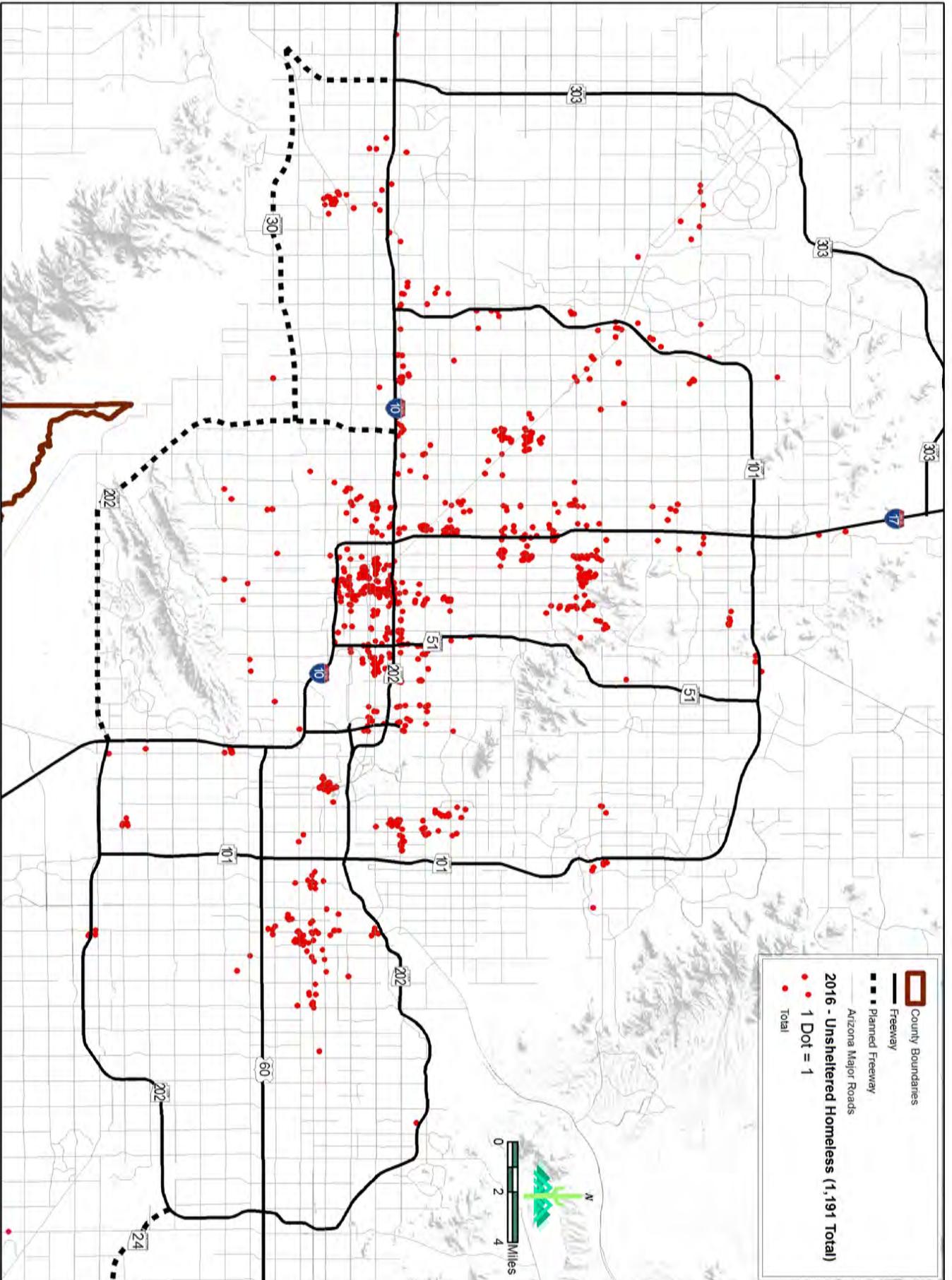
While our work is not finished, our progress thus far is proving that homelessness is not the intractable problem many once thought it to be, but a problem we can solve.”

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

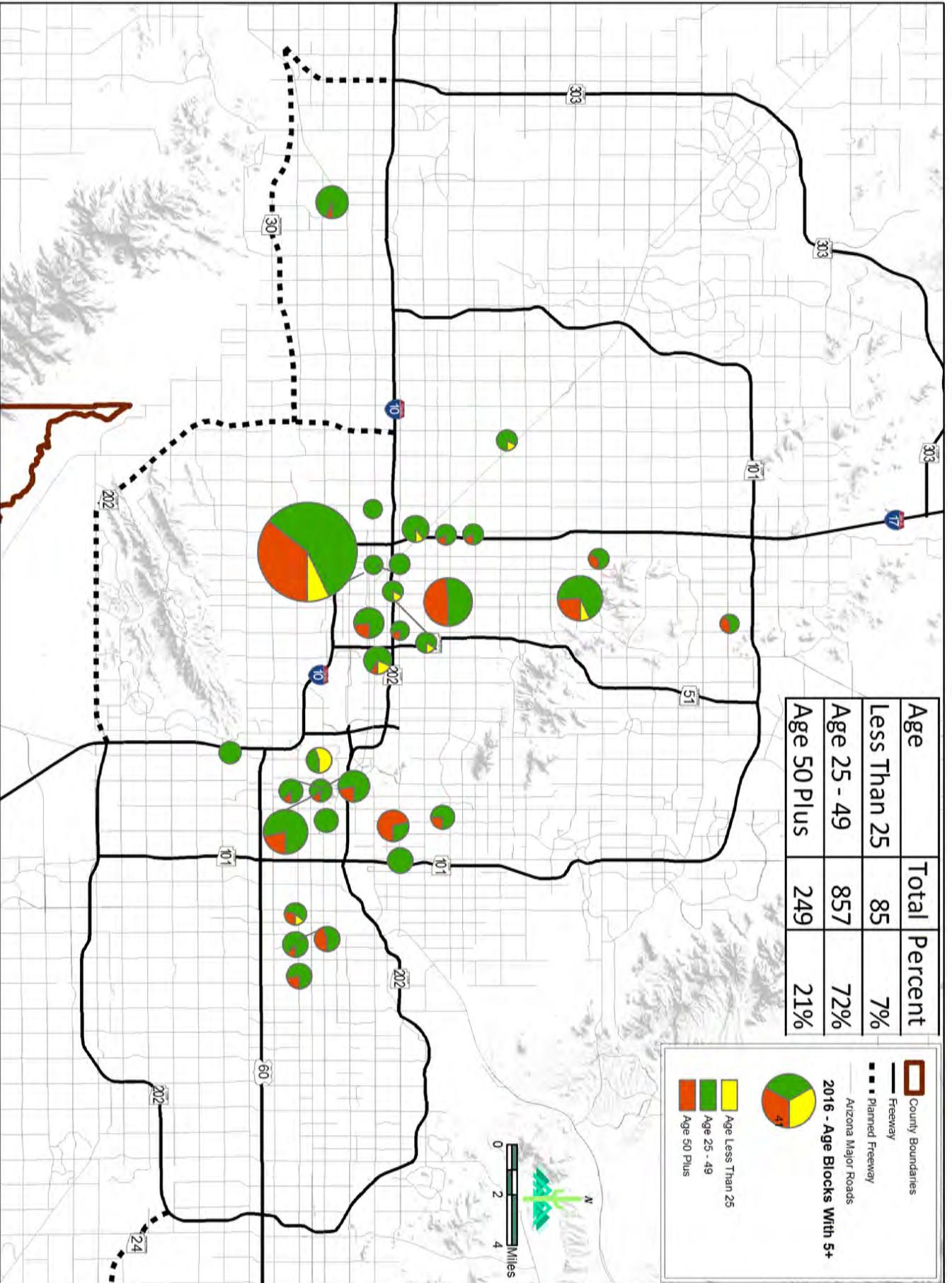
—Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

Action Plan	2016 Action Items
Identify and prioritize by need using fully functional Coordinated Entry System.	<ul style="list-style-type: none"> <li>• Establish a Coordinated Entry System connection with jails, emergency services, law enforcement, fire departments, emergency rooms, and Regional Behavioral Health Authority.</li> <li>• Improve connections with domestic violence, youth (18-24), and veterans providers.</li> <li>• Develop regional communication plan on homeless issues.</li> <li>• Identify other funding sources to fund staff, programs, and additional housing resources.</li> <li>• Increase number of case managers/housing navigators for housing placements.</li> </ul>
Implement and report monthly on system progress via a community dashboard report.	<ul style="list-style-type: none"> <li>• Establish and develop matrix for dashboard reporting.</li> <li>• Generate and develop a process for a sustainable monthly report by project, intervention, or region.</li> <li>• Operationalize the collection, analysis, and reporting of data using all systems: Homeless Management Information Systems (HMIS) and HMIS-comparable databases.</li> </ul>
Monitor accountability for system performance.	<ul style="list-style-type: none"> <li>• Improve the functionality of Homelink and HMIS to coordinate resources and provide data. Improve connection between the systems to facilitate data management.</li> <li>• Operationalize the by-name list for efficient and sustainable client identification, prioritization, and service assignment.</li> </ul>

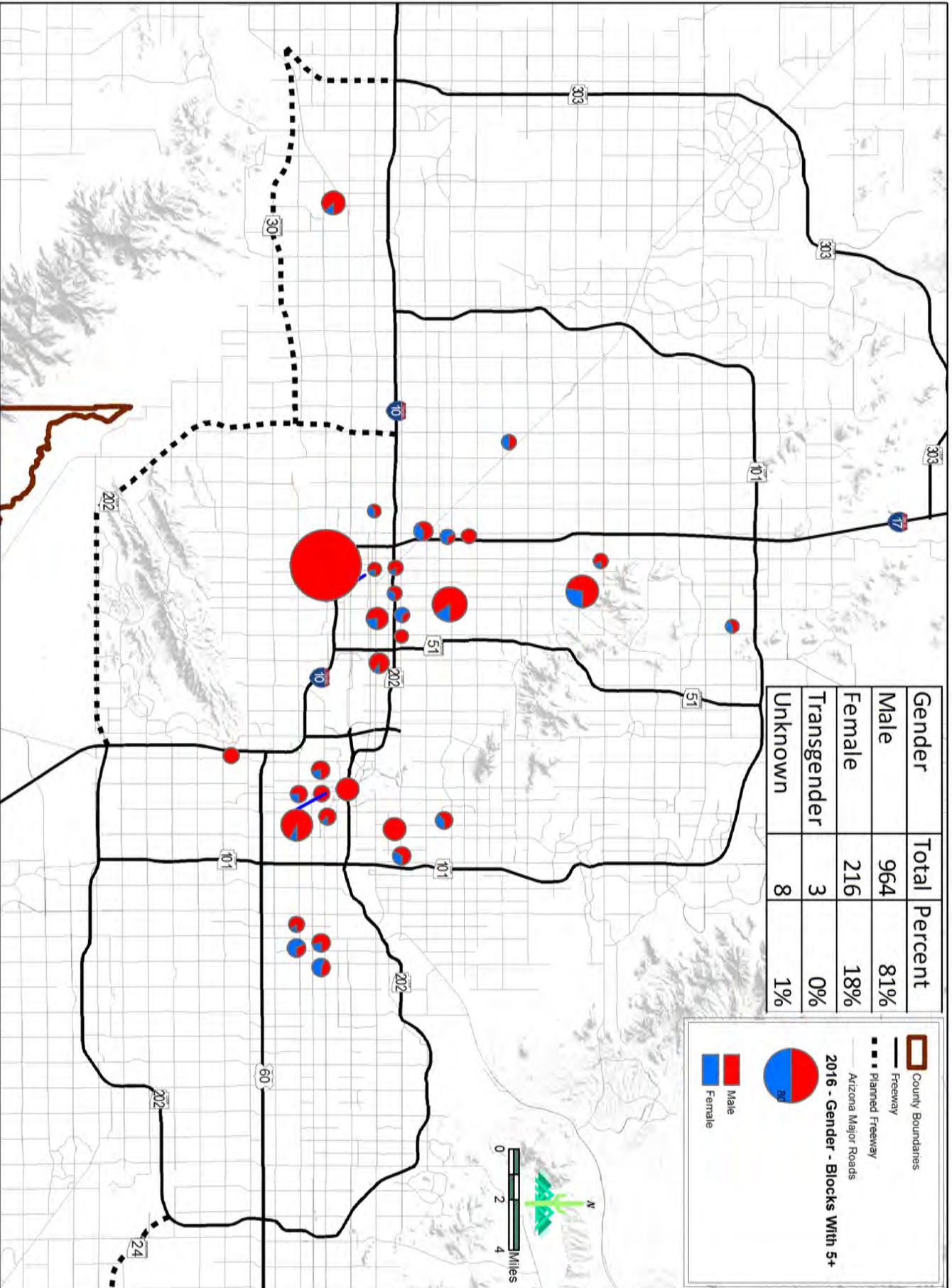
# 2016 Unsheltered Homeless



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



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



# 2015 to 2016 Unsheltered Homeless Concentration Change

