

**Continuum of Care  
Regional Committee on Homelessness**

# **Regional Plan to End Homelessness**

**March 2009**



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Councilmember Greg Stanton, City of Phoenix

### Letter from the Outgoing Chair

I have been deeply impacted by the issues of homelessness in the community through my experience as Chair of the MAG Continuum of Care Regional Committee on Homelessness. I was touched by personal stories of struggle during my 24-hour homeless immersion experience. I was faced with the reality that homelessness can be life threatening to those having to endure the summer heat without shelter and hydration. I have witnessed first-hand the endless dedication of families and youth who are working to emerge from homelessness. These experiences have provided me with an understanding and passion for combating homelessness that will always be with me. It has been an honor to serve as Chair of the MAG Continuum of Care Regional Committee on Homelessness during these times and through the development of the *Regional Plan to End Homelessness*. During my next chapter as Deputy Attorney General, these experiences will continue to remind me of the importance of finding solutions to end homelessness.

More than 8,000 people experience homelessness on any given night in Maricopa County. These men, women and children in our community are in need of housing and services and the region is taking action. The *Regional Plan to End Homelessness* offers the region's response to homelessness with action-oriented goals and action steps. Ending a multi-faceted problem like homelessness in the region will require dedication, hard work, collaboration and leadership among service providers and community leaders. Important steps have been taken with the development of this Plan. The next phase is to implement the action steps that have been put in place for the region. I would like to thank all of those who have been involved in the Plan's development. It is my hope that the energy and excitement created over the past year will continue as goals are achieved.

This plan is meant to be a working document in which outcomes are measured and successes are celebrated. Accountability will be key as the plan is implemented. As the region continues to learn from its successes and the success of other communities, the plan will be adjusted to reflect what has been learned. Ending homelessness is a personal passion. Although my term as Chair of the MAG Continuum of Care Regional Committee on Homelessness has ended, I will continue to lead in this area. I encourage new leadership on the issues of homelessness in the region and I challenge you to join in the implementation phase of the Plan. Together, we can make this a community in which everyone has a place to call home.

Sincerely,

A handwritten signature in black ink that reads "Greg Stanton". The signature is written in a cursive, flowing style.

Greg Stanton  
Councilmember, City of Phoenix  
Chair, MAG Continuum of Care Regional Committee on Homelessness  
March 2005 – January 2009

# Introduction

**The MAG Continuum of Care Regional Committee on Homelessness, together with more than 70 stakeholders, met during the year of 2008 with the purpose of developing a *Regional Plan to End Homelessness*.**

This is not the first Regional Plan to emerge from the Continuum but this is a fresh look at the issues surrounding homelessness in the region with goals and action steps to combat homelessness in today's community. The first Regional Plan was developed in 2002 and was updated in 2005. In January 2008, a Continuum of Care Regional Plan Working group, made up of Continuum of Care members, community stakeholders, and persons who have experienced homelessness, was assembled to take the lead on the development of this plan. Over the course of a year, the group developed five areas of focus with regional goals, and thirty action steps to lead the charge.

**The Regional Plan is built on five areas of focus:**

1. Leadership and community support
2. Community awareness and collaboration
3. Prevention
4. Housing and services
5. Education, training and employment

**Five goals lead the charge:**

1. High-profile community champions will raise awareness and support for coordinated responses to end homelessness in the region.
  2. Leverage funding, services and housing to end homelessness in the region by creating innovative new partnerships and strengthening collaborative relationships.
  3. Coordinate an effective information network to prevent people from becoming homeless.
  4. Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to individuals and families who are experiencing homelessness.
  5. Promote information about resources that provide people who are homeless with the skills and knowledge they need to ameliorate barriers to housing.
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### Thirty action steps to reach the goals:

To reach the goals set forth in the Plan, thirty action steps were developed. The action steps are grouped first by the goal that it fits within and then by whether it is a time sensitive, short-term or long-term goal. The highlighted action steps are steps the Continuum of Care will take the direct lead in implementing. The action steps that are not highlighted represent action steps that other stakeholders will be taking the lead on. Each action step includes a brief description and purpose statement, details on how it will be measured, the proposed timing and resources needed to complete it, and the evaluation method. Whether or not the Continuum of Care is taking the lead, the Continuum will be assessing and monitoring progress made on each of the goals and actions steps within the Plan.

This Plan will offer a fresh Regional response to ending homelessness in Maricopa County. First, an overview of the MAG Continuum of Care Regional Committee on Homelessness will frame the landscape on which the plan was developed and which will be monitored. Second, data will be provided on those who are experiencing homelessness on the

streets and in shelters throughout the region. The data presented is an important part of the planning efforts as it provides the snapshot of information and insight into the needs of those whom the Plan is intended to help.



***“Imagine every person and every family having a safe place to stay and their basic needs met.”***

**-Continuum of Care Member**

Then, the process in which the Plan was developed will be explored. This Plan is unique in that it was developed with an approach called Appreciative Inquiry (AI). Using AI, the Plan will focus on the positive approach to ending homelessness in the Region by placing the emphasis on what’s working rather than what systems have failed. Stories of success have been incorporated in the planning process as have provided the platform from which new successes will be created.

# Overview

## MAG Continuum of Care Regional Committee on Homelessness Overview

The Maricopa Association of Governments (MAG) Continuum of Care Regional Committee on Homelessness is a planning entity made up of local stakeholders convened for the purpose of ensuring that homeless planning is coordinated across municipalities and agency lines. Toward this goal, the Continuum:

- Develops an annual consolidated application for Stuart B. McKinney funds through the U.S. Department of Housing and Urban Development to support homeless assistance programs throughout Maricopa County.
- Supports year-round planning and coordination to end homelessness in the region.
- Develops, implements, and monitors the progress of a Regional Plan to End Homelessness.

MAG first hosted the Continuum of Care in 1999. However, Maricopa County was first to host the Continuum of Care in 1994 in response to a directive from the U.S. Department of Housing and Urban Development (HUD).

Municipalities such as the City of Mesa and the City of Phoenix also hosted the Continuum of Care. The Continuum of Care model is HUD's primary strategy toward ending homelessness in the country. HUD requires that a Continuum of Care be in place for a community to qualify and apply for homeless assistance funding. The MAG Continuum of Care has competed successfully over the last ten years resulting in \$172,446,857 for over 50 programs, creating 4,550 new beds in the community.



MAG Continuum of Care Regional Committee on Homelessness HUD McKinney-Vento Funding 1999 - 2008	
1999	\$7,700,000
2000	\$18,637,000
2001	\$9,273,000
2002	\$15,339,000
2003	\$15,966,172
2004	\$19,333,276
2005	\$20,043,200
2006	\$20,126,941
2007	\$21,452,614
2008	\$24,575,654
<b>Total</b>	<b>\$172,446,857</b>

# Homeless Street and Shelter Count

To develop effective goals and see the impact of the outcomes, it is important to know how many people experience homelessness in the region. On any given night in Maricopa County, there are more than 8,000 people who are living on the streets or in shelters. This information is the result of a regional effort to identify the number of individuals and families experiencing homelessness in Maricopa County. The annual point-in-time Homeless Street Count is coordinated by the MAG

Continuum of Care Regional Committee on Homelessness in partnership with Street Count Coordinators in the 25 municipalities across the region. The annual point-in-

time Homeless Shelter Count is completed by the Arizona Department of Economic Security (DES). The number of people living on the streets and in emergency and transitional shelters represents an overall decrease of three percent from 2007 to 2008.

## Homeless Street and Shelter Count Totals

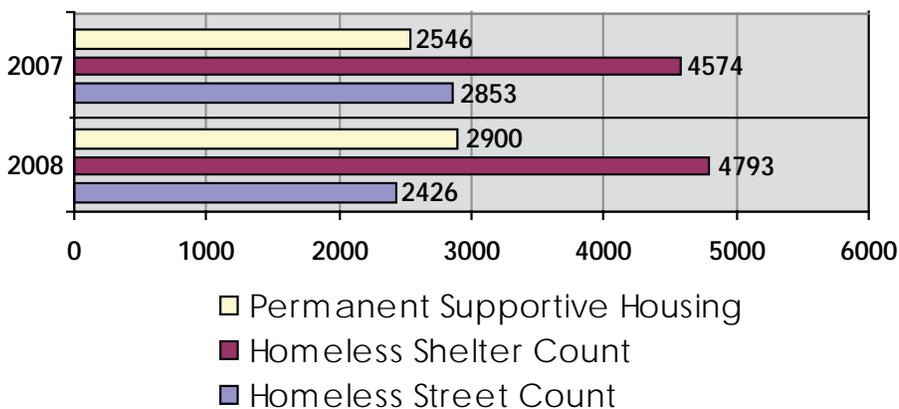
In 2008, the number of people living on the streets decreased by 15 percent and the number of people living in shelters increased by four percent.

Additionally, the results show that there was an overall increase of 14 percent in the number of people in permanent housing. The decrease in numbers of people on the streets and the corresponding increase in the number of people in

shelters and permanent housing may indicate that people are transitioning from the streets into shelters and ultimately into housing. Both locally and nation-

ally there are intense efforts in placing people in permanent housing and providing them with wrap-around services to help them maintain their housing in the long run. Dennis Culhane is a nationally recognized researcher in the area of homelessness. His research has shown that it is cheaper

Homeless Street and Shelter Count Totals



to place someone in housing and provide them with the services that they need to stay housed than for them to remain homeless on the streets or in the shelter system.



***“You have to get to the underlying reason to understand why each person is homeless.”***  
**-Continuum of Care Member**

While the homeless street count numbers decreased from 2007 to 2008, the weather and other factors may have played a role in the decrease. Enumerators found that many normally highly populated encampments were washed away due to heavy rains leading up to the day of the count. There were also geographic areas that enumerators were not able to access due to the rainy conditions. The weather is always a factor that needs to be considered when comparing street count data from one year to the next.

The data collected during the street count is the region’s best estimate of the number of people on the streets. The data gathered during the point-in-time count provides the best look into the number of people living on the streets but it is also important to know that the data is not inclusive of everyone. Although enumerators do their best to find everyone on the streets, they know that people are missed.

In addition to the number of people counted in the street and in shelters, there were also 6,096 people

living as “doubled up” or living temporarily with another family. The number of people doubled up comes from the Arizona Department of Education and includes an actual count of homeless children reported in the school system and an estimated number of homeless adults. Combining the street and shelter count numbers with the number of

people doubled up results in 13,315 homeless people in the MAG region during one point-in-time in January of 2008.

2008 Homeless Street and Shelter Count Results	
Street Count	2,426
Shelter Count	4,793
Doubled Up*	6,096
<b>Total</b>	<b>13,315</b>
*Sharing housing with other persons due to loss of housing, economic hardship or similar reason. Adults in families are estimated.	

Of the 2,426 homeless men, women, and children sleeping on the streets, 71 percent were found within the city of Phoenix. While Phoenix has seen a 23 percent decrease in their homeless street population in the last year, the remaining municipalities (excluding Phoenix) have seen a 13 percent increase in their street count numbers.

The majority (62 percent) of homeless persons living on the street are non-chronic men and women while chronically homeless men and women accounted for 34 percent of persons. The U.S. Department of Housing and Urban Development (HUD) defines someone as chronically homeless if they have been homeless for a year or more or have had four episodes of homelessness over three years. The remaining four percent was equally divided among families and unaccompanied youth.

A total of 49 adults and children were counted within 10 families on the streets. This is a decrease of 50 percent from the 20 families counted in 2007. The number of homeless fami-

lies found during the point-in-time street count under represents the number of homeless families in the community. It is difficult to locate families experiencing homelessness during the street count as often times families will double-up with friends or sleep in their cars and are hard to locate. Future

***“Being homeless is more than being hungry; you need to shower, to look presentable to find a job, and you need a place to sleep.”***

**-Currently homeless individual**

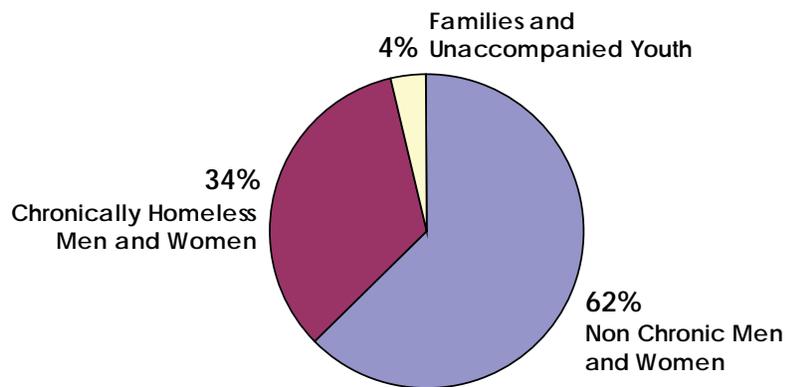
***“I became homeless when my ex-husband left me with my children. I didn’t have any way to survive.”***

**-Formerly homeless individual**

street counts will focus on finding ways to more accurately count homeless families. There was also a 65 percent decrease in the amount of unac-

companied youth identified between 2007 and 2008.

**2008 Homeless Street Count Data**



**2008 Homeless Street Count Data**

From 2007 to 2008 there was a three percent increase in the number of indi-

viduals in emergency shelters, a five percent increase of individuals in transitional housing, and a 14 percent increase of individuals in permanent housing. Individuals who are seriously mentally ill account for more than one-third of all individuals in shelters. Other large special population groups include domestic violence victims and those dealing with substance abuse disorders. These three groups combined account for 73 percent of the entire homeless population living in shelters in Maricopa County.

2008 Homeless Street Count  
Municipal Summary Data

\*All counts were conducted on Tuesday January 29, 2008.

MAG Region Totals	Non-Chronically Homeless		Chronically Homeless		Person in Families		Persons in Families		Male Youth on Own	Female Youth on Own	Number of Families	2008 Total	2007 Total	Percent Change
	Male	Female	Male	Female	Adult	Children	Adult	Children						
Avondale Total	7	3	0	0	0	0	0	0	0	0	0	10	11	-9%
Buckeye Total	12	7	0	0	0	0	0	0	0	0	0	19	10	90%
Carefree Total	0	0	0	0	0	0	0	0	0	0	0	0	1	-100%
Cave Creek Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Chandler Total	10	3	0	0	0	0	0	0	0	0	0	13	27	-52%
El Mirage Total	28	0	0	0	3	2	3	0	0	0	3	36	34	6%
Fountain Hills Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Gila Bend Total	1	1	3	0	2	0	3	0	0	0	1	10	19	-47%
Gilbert Total	1	1	4	1	0	0	0	0	0	0	0	7	8	-13%
Glendale Total	20	5	0	0	0	0	0	0	0	0	0	25	21	19%
Goodyear Total	15	0	0	0	0	0	0	0	0	0	0	15	9	67%
Guadalupe Total	47	11	0	0	7	6	6	0	0	0	3	77	26	196%
Litchfield Park Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Mesa Total	29	5	180	36	0	0	0	0	0	0	0	250	173	45%
Paradise Valley Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Peoria Total	3	2	10	1	0	0	0	0	0	0	0	16	18	-11%
Phoenix Total	1028	171	384	86	6	5	6	36	4	3	3	1726	2236	-23%
Queen Creek Total	3	0	0	0	0	0	0	0	0	0	0	3	20	-85%
Scottsdale Total	35	5	36	6	0	0	0	0	0	0	0	82	125	-34%
Sun City Total	0	0	0	0	0	0	0	0	0	0	0	0	1	-100%
Surprise Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Tempe Total	39	14	60	17	0	0	0	0	0	0	0	130	110	18%
Tolleson Total	5	0	0	0	0	0	0	0	0	0	0	5	2	150%
Wickenburg Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Youngtown Total	2	0	0	0	0	0	0	0	0	0	0	2	2	0%
<b>TOTAL COUNTY</b>	<b>1285</b>	<b>228</b>	<b>677</b>	<b>147</b>	<b>18</b>	<b>13</b>	<b>18</b>	<b>36</b>	<b>4</b>	<b>10</b>	<b>10</b>	<b>2426</b>	<b>2853</b>	<b>-15%</b>

\*These numbers reflect a point-in-time count of homeless people seen on the streets on January 29, 2008 and does not include people staying in shelters, doubled up, or not seen that day.

### Homeless Count on January 29, 2008

Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <b>with</b> Dependent Children:	173	282	10	465
1a. Total Number of Persons in these Households (adults and children)	934	1,520	49	2,503
2. Number of Households <b>without</b> Dependent Children	1,299	1,010	2,377	4,686
2a. Total Number of Persons in these Households	1,299	1,010	2,377	4,686
<b>Total Persons (Add Lines 1a and 2a):</b>	<b>2,233</b>	<b>2,530</b>	<b>2,426</b>	<b>7,189</b>
<b>Homeless Subpopulations</b> (Adults only, except g. below)				
		<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless		363	824	1,187
b. Severely Mentally Ill		269	*	269
c. Chronic Substance Abuse		959	*	959
d. Veterans		340	*	340
e. Persons with HIV/AIDS		71	*	71
f. Victims of Domestic Violence		1,224	*	1,224
g. Unaccompanied Youth (Under 18)		24	*	24
*Information not collected during the Homeless Street Count.				

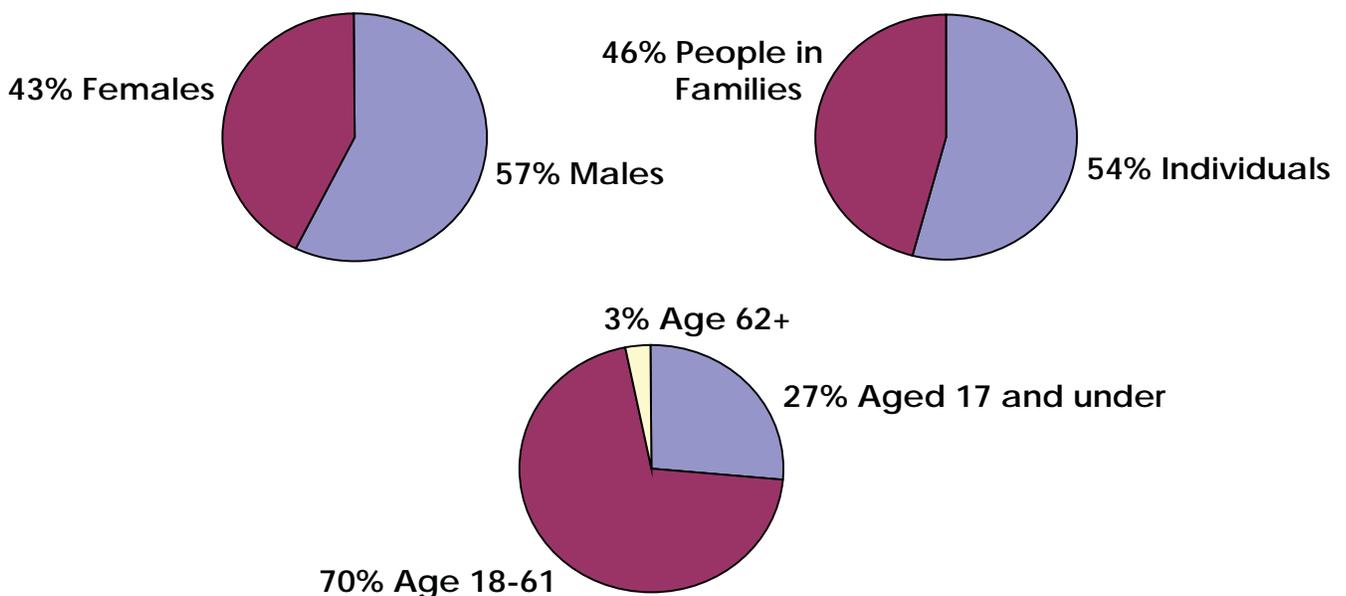
# Homeless Management Information System (HMIS)

In 2001, HUD notified Continuums of the Congressional direction on improved local and national homeless data collection and analysis. With the notification came the requirement that Continuums have a locally implemented Homeless Management Information System (HMIS). The Maricopa County HMIS was implemented by Community Information and Referral in 2002, with guidance from the MAG Continuum of Care Regional Committee on Homelessness. Since the local HMIS was established, the community is able to gather quality data on the numbers of people in shelters, analyze the data, and better address the needs of those in shelters. On a regional basis,

HMIS reports reveal aggregate data such as demographic information, the extent of homelessness, primary reasons for homelessness, and more.

From July 2007 to June 2008, there were a total of 14,095 people in emergency shelter, transitional housing and permanent supportive housing reported in HMIS. Of that total, 57 percent were males and 43 percent were females. During that time, 54 percent were homeless individuals and 46 percent were people in families. Seventy percent of the people in HMIS were aged 18 to 61 and 27 percent were 17 and under.

HMIS Demographic Information: All Clients FY 2007-2008



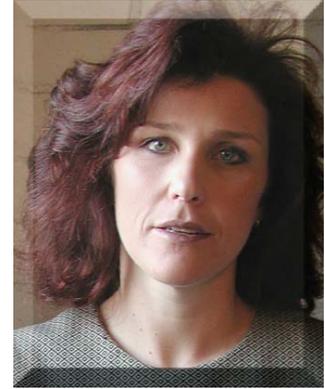
### **HMIS Demographic Information: All Clients FY 2007-2008**

When asked the primary reason for their homelessness, 13 percent of those in the HMIS report indicated that their homelessness was due to a lack of financial resources. In addition, 12 percent said their homelessness was resulted from being evicted and nine percent said it was because of a loss of job. Domestic violence was also reported as a primary reason for homelessness, especially among homeless women. More than 15 percent of the people in the HMIS report being victims of domestic violence. More than one third of women in the HMIS report being a domestic violence victim.

### **Primary Reason for Homelessness**

Of adults over the age of 18, 19 percent reported being employed. Fifty-five percent indicated a disability, however, only 10 percent reported receiving benefits for their disabilities. The majority of people reported monthly income levels of less than \$750 a month.

For additional information on the aggregate data collected in HMIS, please refer to the report on the following pages.



***“If someone is homeless,  
don’t put them in a  
category of worthlessness—  
find the reason for his  
homelessness.”***  
-Formerly homeless individual

## Maricopa County HMIS Project County-wide Demographics Report

This report provides continuum-wide statistics on unduplicated clients served for the given time period. "Unknown" means that the question wasn't answered for the client(s). "Unknown" is NOT assumed to mean no in those types of questions.

FY 2007-2008

All Clients: 14,095

Individuals	Count	%	Gender	Count	%
Adults	7,491	53%	Female	6,003	43%
Children	111	1%	Male	8,041	57%
Unknown	48	0%	Unknown	51	0%
Families	Count	%	Prior Living Situation (PLS)	Count	%
Adults	2,829	20%	Emergency Shelter	2,624	19%
Children	3,616	26%	Transitional Housing	667	5%
Unknown	0	0%	Permanent Housing	29	0%
Total Clients	14,095	100%	Psychiatric Hospital	44	0%
Program Type	Count	%	Substance Abuse Treatment Center	278	2%
Emergency Shelter	8,620	61%	Hospital	202	1%
Transitional Housing	3,526	25%	Jail, Prison, or Juvenile Detention	487	3%
Permanent Supportive Housing	2,774	20%	Rental House/Apartment/Room	729	5%
Age	Count	%	Own House/Apartment	754	5%
0 - 5	1,576	11%	Living With Family	2,058	15%
6 - 8	626	5%	Living With Friends	1,351	10%
9 - 12	674	5%	Hotel/Motel	674	5%
13 - 15	393	3%	Foster Care/Group Home	53	0%
16 - 17	458	2%	Places Not Meant for Habitation	1,294	9%
18 - 24	1,120	8%	Other	720	5%
25 - 34	2,168	15%	Don't Know	823	6%
35 - 44	2,721	20%	Refused	4	0%
45 - 61	3,880	28%	Unknown	1,304	10%
62+	431	3%	PLS Length of Stay	Count	%
Unknown	48	0%	One week or less	2,019	14%
Race	Count	%	> 1 week to < 1 month	1,998	14%
American Indian/Alaskan Native	659	5%	1 - 3 months	2,685	19%
American Indian/Alaskan/Black	87	1%	> 3 months to < 1 year	2,275	16%
American Indian/Alaskan/White	140	1%	> 1 year	1,885	13%
Asian	55	0%	Not Applicable/Unknown	3,233	24%
Asian/Black	473	3%	Extent of Homelessness	Count	%
Asian/White	14	0%	First Time Homeless	6,623	47%
Black/African American	3,008	21%	1 - 3 Times in the Past	4,132	29%
Black/White	212	2%	4 Times in Past 3 Years	798	6%
Native Hawaiian/Othr Pacific Islander	67	0%	Continuous hmls for 1 year or more	955	7%
White	8,701	63%	Not Applicable/Unknown	1,587	11%
Other Multi-Racial	629	4%	Chronically Homeless	Count	%
Unknown	50	0%	Yes	2,974	21%
Ethnicity	Count	%	No	9,664	69%
Hispanic/Latino	2,909	21%	Unknown	1,457	10%
Non-Hispanic/Latino	11,065	78%			
Unknown	121	1%			

\*This information is a point in time capture of clients in ServicePoint from 68.98% of the county bed coverage. This report contains emergency shelter, transitional shelter, and permanent supportive housing clients.

## Maricopa County HMIS Project County-wide Demographics Report

This report provides continuum-wide statistics on unduplicated clients served for the given time period. "Unknown" means that the question wasn't answered for the client(s). "Unknown" is NOT assumed to mean no in those types of questions.

FY 2007-2008

All Clients: 14,095

<b>Primary Reason Homeless</b>	<b>Count</b>	<b>%</b>	<b>Income Sources**</b>	<b>Count</b>	<b>%</b>
Alcohol Abuse	249	2%	Earned Income	2,447	17%
Bad Credit	68	0%	Unemployment Insurance	65	0%
Criminal Activity	86	1%	SSI	1,227	9%
Divorce	204	1%	SSDI	816	6%
Domestic Violence	923	7%	A Veteran's Disability Payment	82	1%
Evicted	1,673	12%	Private Disability Insurance	5	0%
Fire or Disaster	56	0%	Worker's Compensation	11	0%
Foreclosure	51	0%	TANF	446	3%
Lack of Financial Resources	1,686	13%	General Assistance	271	2%
Loss of Job (Unemployed)	1,319	9%	Social Security Retirement Income	166	1%
Loss of Public Assistance	52	0%	Veteran's Pension	51	0%
Loss of Transportation	25	0%	Former Job Pension	24	0%
Medical Condition Family/Personal	393	3%	Child Support	177	1%
Moved to Seek Work	633	4%	Alimony or Other Spousal Support	6	0%
Natural Disaster (In State)	5	0%	<b>Non-Cash Benefits**</b>	<b>Count</b>	<b>%</b>
Natural Disaster (Out of State)	14	0%	Food Stamps	2,319	16%
Overcrowding or Family Dispute	605	4%	Medicaid	1,378	10%
Physical or Mental Disabilities	419	3%	Medicare	272	2%
Poor Budgeting	104	1%	SCHIP	154	1%
Release from Jail or Prison	625	4%	WIC	25	0%
Release from Mental Health Facility	25	0%	Veterans Admin. Medical Services	190	1%
Substance Abuse	963	7%	TANF Child Care Services	78	1%
Other	466	3%	TANF Transport Services	1	0%
Other Addictions	29	0%	Other TANF	9	0%
Don't Know	1,746	14%	Section 8/Other Rental Assistance	4	0%
Refused	22	0%	Other Source(s)	379	3%
Unknown	1,654	12%	No Resources	2,655	19%
<b>Employed (Over 17)</b>	<b>Count</b>	<b>%</b>	<b>Income Level (Monthly)**</b>	<b>Count</b>	<b>%</b>
Yes	2,007	19%	0	191	1%
No	5,687	55%	1 - 49	68	0%
Unknown	2,626	26%	50 - 99	90	1%
<b>Employment Tenure (Over 17)</b>	<b>Count</b>	<b>%</b>	100 - 149	127	1%
Permanent	1,153	57%	150 - 199	123	1%
Temporary	167	8%	200 - 249	125	1%
Seasonal	24	1%	250 - 299	134	1%
Unknown	663	34%	300 - 499	359	3%
			500 - 749	1,036	7%
			750 - 999	453	3%
			1000 - 1499	648	5%
			1500 - 1999	375	3%
			2000+	771	5%

\*\* Income Sources, Non-Cash Benefits, and Income Level (Monthly) will not total properly to the total number of clients due to null/multiple values.

## Maricopa County HMIS Project County-wide Demographics Report

This report provides continuum-wide statistics on unduplicated clients served for the given time period. "Unknown" means that the question wasn't answered for the client(s). "Unknown" is NOT assumed to mean no in those types of questions.

FY 2007-2008

All Clients: 14,095

US Military Veteran (Over 17)			Count	%	Currently in School			Count	%
Yes	1,258	12%			Yes	1,291	9%		
No	8,503	82%			No	6,922	49%		
Don't Know	125	1%			Unknown	5,882	42%		
Refused	10	0%							
Unknown	424	5%							
Domestic Violence (DV) Victim			Count	%	Education Level			Count	%
Yes	2,156	15%			No schooling completed	1,350	10%		
No	7,801	55%			Nursery school - 4th grade	803	6%		
Unknown	4,138	30%			5th - 6th grade	262	2%		
					7th - 8th grade	470	3%		
Extent of Domestic Violence			Count	%	9th grade	342	2%		
Within the past 3 months	370	17%			10th grade	488	3%		
3 to 6 months ago	228	11%			11th grade	635	5%		
6 to 12 months ago	204	9%			12th grade, No diploma	1,059	8%		
More than a year ago	966	45%			High School Diploma	2,115	15%		
Don't Know	99	5%			GED	1,173	8%		
Refused	10	0%			Post-secondary	1,389	10%		
Unknown	279	13%			Unknown	4,009	28%		
Disabilities**			Count	%	** Disabilities will not total properly to the total number of clients due to null/multiple values.				
None	1,723	12%							
Alcohol Abuse	805	6%							
Alzhiemers/Dementia	8	0%							
Developmental	88	1%							
Drug Abuse	1,163	8%							
Dual Diagnosis	99	1%							
Hearing Impaired	82	1%							
HIV/AIDS	136	1%							
Mental Handicap/Injury	104	1%							
Mental Illness	3,111	22%							
Physical/Medical	1,129	8%							
Physical/Mobility Limits	417	3%							
Vision Impaired	57	0%							
Other	134	1%							
Other: Cognitive	11	0%							
Other: Hepatitis C	184	1%							
Other: Learning	130	1%							
Other: Speech	18	0%							
Long Duration Disability			Count	%					
Yes	4,068	29%							
No	7,965	56%							
Don't Know	258	2%							
Refused	4	0%							
Unknown	1,800	13%							

\*This information is a point in time capture of clients in ServicePoint from 68.98% of the county bed coverage. This report contains emergency shelter, transitional shelter, and permanent supportive housing clients.

# Regional Planning

In 1987, the MAG Regional Council directed that a Task Force be assembled to focus on a regional response to homelessness. That Task Force produced plans to address homelessness as a region.

The MAG Continuum of Care Regional Committee on Homelessness published a Regional Plan to End Homelessness in 2002. This plan was developed to raise

awareness and offer direction to end homelessness in the MAG region. Four basic goals led the charge: increase funding, prevent homelessness, remove barriers to accessing services and improve data collection and outcomes. These goals provided the direction, the community provided the energy, and the people experiencing homelessness provided the impetus for action.

In 2005, the Regional Plan was updated to provide a benchmark for what had been accomplished and a focus for what remained to be done. The information compiled in the update reflected the diligence of a wide variety of stakeholders including non-profit agencies, homeless service providers, elected officials, municipal staff, concerned citizens, the faith based community, and people who have experienced homelessness. Goal achievement was assessed and to date, more than 88 percent of the goals developed

in 2002 have been engaged or accomplished.

In January 2008, the Continuum of Care Regional

Committee on Homelessness together with more than 70 community stakeholders launched efforts to develop a new plan using Appreciative Inquiry (AI) as a tool during a full day planning work-

shop. The purpose of the workshop was to begin development a Plan to End Homelessness in a manner that engaged the entire Continuum of Care's history, wisdom, insight and passion. The group was introduced to the AI process that enabled the community to:

- Take inventory of and celebrate past successes in the regional work to end homelessness.
- Create a shared vision for a future in which the Phoenix metropolitan area is an exemplar of regional collaboration resulting in comprehensive services that ensure permanent housing and financial stability for local residents.
- Focus available financial, political and organizational resources on identified high-priority elements of the service delivery system.
- Forge new partnerships that will enable timely and effective implementation of the plan.

***“Individuals from the Continuum of Care come together and work with passion and respect for the people they are helping.”***  
-Continuum of Care Stakeholder

# Appreciative Inquiry (AI): A Process for Positive Change

AI is a process for creating positive change. It is different from other planning processes because it focuses on what is right, rather than what is wrong, by asking positive questions to ignite productive dialogue and inspire action. In keeping with the AI goals and process, a series of one-on-one interviews were conducted with members of the Continuum of Care Regional Committee on Homelessness, community stakeholders, formerly homeless persons, and with people currently experiencing homelessness.

People all across the region were engaged in conversations about creating positive outcomes where ending homelessness is a reality. Through these conversations, a vision emerged of a future where everyone has a positive place. Overall, 70 professionals were interviewed and their responses were analyzed for trends. They were asked to

discuss their relationship with efforts toward ending homelessness in the region, peak experiences in ending homelessness, stories about successful

programs or processes that really made a difference in the lives of homeless individuals or families and what came together to create those successes. The stakeholder interviews were the beginning points for the development of the goals and actions steps that emerged into the Regional Plan.

In keeping with the AI approach and to truly involve people experiencing homelessness in the development of the Plan, 63 interviews

were conducted with people who had experienced homelessness or who were currently homeless. They were asked to share stories about their experiences, to reflect on elements of success in the region, and what is needed to end homelessness in their opinions.

***“In the region, we need to continue to work together and ensure that the voices of the people we serve are being met.”***

**-Continuum of Care Stakeholder**



## Elements of Success

Thirty percent of the responders indicated that personalized support from service providers

helped create the impetus for their success. The caring attitude of providers and their willingness to help encouraged their success. This network of support helped them believe that success was possible.

While staff support was the primary force behind their success, 24 percent of responses included their own attitude as being a critical catalyst toward success. The AI interviews revealed that after receiving support and encouragement from staff, it was the change in their own attitude that drove their success. Other critical areas that played a part in their success included the knowledge gained from programs (like budgeting and savings classes), and the support of friends or family.

## What's Needed to End Homelessness

The AI interviews asked for their opinions regarding what is needed to end homelessness in the region. The responses were analyzed to help shape the development of the goals and action steps in the Plan. Responses were organized into four categories that parallel the Regional Plan goals. The categories include programs and funding; housing; education, training and

***“Without the programs or the funding we would be on the streets.”***

**-Formerly homeless individual**

employment; and community awareness and support.

*Programs and Funding*

One-third of all AI interviewees indicated a need for more supportive programs with enhanced awareness and accessibility to the programs. Many said that although programs exist in the community, awareness of the programs is lacking among those who are in need. A crucial need was expressed for more funding to support current services along with the growth of programs on a region-wide basis. Awareness of what is available to those experiencing homelessness also needs to increase.

## *Housing*

To achieve secure permanent housing and financial stability, housing has to be more affordable for everyone. Twenty percent of those interviewed in-

dicated a need for affordable housing or listed it as a first step on the path to ending homelessness in the region.

The majority of people interviewed point out that the availability of affordable housing in general should be a top priority for the region. The generally accepted definition of af-

fordability is for a household to pay no more than 30 percent of its annual income on housing. In the report, *Maricopa County 2020*



***“I worked with an individual that everyone had given up on. Now he works in the system helping others.”***

**-Continuum of Care Stakeholder**

*Eye to the Future*, researchers found that “Maricopa County is one of the nation’s fastest growing counties, subsequently increasing pressure on housing and rental prices.” The authors note a number of factors that impact housing affordability. “Incomes have not kept pace with price increases; there is a lack of financing for low- and moderate-income households, as well as NIMBYism, exclusionary zoning, and other regulatory barriers” (Maricopa County Board of Supervisors 2001). Data from the Federal Housing Finance Board reveal that home prices in Arizona have been increasing faster than income. Data shows that from year 2000 to 2007, the median sale price of homes in Arizona increased by 75 percent, while the median family income only increased by just over 13 percent (Arizona Department of Housing, Federal Finance Board).

#### *Education, Training and Employment*

Along with programs and housing, the importance of education, skill-training and employment opportunities was emphasized by interviewees. Almost 30



***“It’s hard to find stable housing while being a young single mother who is trying to go to school.”***

***-Formerly homeless individual***

#### *Community Awareness and Support*

Finally, those interviewed felt that community understanding and support should be the first step to ending homelessness in the region. Thirty percent of respondents indicated the need for increased community support and involvement. Many of the people interviewed acknowledged the importance of a community resource and service guide to help with awareness of programs and to increase community knowledge of services available in the region. There are resources that exist in the community now such as *Community Information and Referral* and *Arizona 2-1-1*. Both provide informa-

***“Give everyone the courage and skills to try to make a better life.”***

***-Formerly homeless individual***

percent of respondents indicated a desire for more educational opportunities and/or skill-training programs. Some examples include work readiness courses and financial planning programs. Almost 50 percent of those interviewed acknowledged that an increase in wages and a strengthened pool of jobs would increase their own success in ending homelessness.

tion about programs and can be used as a referral tool for programs and services in Maricopa County.

## Regional Response Addressing the Needs

When comparing the needs revealed in the AI interviews with people experiencing homelessness and the priorities developed by the professionals and committee members, it is clear that the goals developed in the Plan are reflective of the needs expressed by the people experiencing homelessness. Action steps that correspond directly to the indicated needs include:

- Coordination between homeless and domestic violence providers.
- Additional funding for permanent affordable housing units and supportive services.
- Web-based resource page that includes employment and training opportunities.
- Housing stability and financial management training programs.
- Increased community awareness on the issue of homelessness.
- A user guide to help clients navigate the homeless behavioral health system.



***“People are working together to make a difference in this community. They are willing to put themselves out there to do the right thing as a team.”***  
-Continuum of Care Member

# Goals and Action Steps

## MAG Continuum of Care (CoC) Regional Community on Homelessness 2008 Regional Plan to End Homelessness Goals and Action Steps

### Leadership and Community Support

(\*Highlighted Action Steps represent CoC lead activities.)

*Goal: High-profile community champions will raise awareness and support for coordinated responses to end homelessness in the region.*

Action Steps	Purpose	Measurement (how many, etc.)	Timing	Resources Needed	Evaluation Method
1) Launch implementation of the Regional Plan to End Homelessness with a regional summit.	Gain support for the Continuum of Care Regional Plan and coordinate responses to ending homelessness.	One Summit	Planning: six months Event: 1/2 day	Funding for Implementation Summit. Planning group composed of stakeholder representatives.	Survey designed by planning group and interested others.
2) Identify successful practices in ending homelessness to present at the Arizona Coalition to End Homelessness Annual Conference on October 27-28, 2008.	Build community support for successful strategies in ending homelessness.	Five best practices will be featured	Planning: 6 months Event: 2 days	Possible travel expenses for representatives from other communities.	Breakout session survey.
3) Conduct a cost study to document the economic impact of homelessness in Maricopa County through.	Build community support on the cost effectiveness of rapid rehousing.	One cost study	Completion of study in June 2008.	Funding to cover consultant and printing costs	Arizona Coalition to end Homelessness Conference and Implementation Summit evaluations with possible latter evaluation of report usage.

## Community Awareness and Collaboration

**Goal:** Leverage funding, services and housing to end homelessness in the region by creating innovative new partnerships and strengthening collaborative relationships.

Time Sensitive					
Action Steps	Purpose	Measurement (how many, etc.)	Timing	Resources Needed	Evaluation Method
4) Participate in the Arizona Town Hall "Housing Arizona" event. Focus discussion on homelessness and how it relates to the Town Hall topic of affordable housing.	Address the need for affordable housing on state-wide basis.	One town hall and one pre-meeting.	Planning: Summer 2008 Event: November 2008.	Expertise of committee members and community partners.	Event evaluation.
5) Conduct cascading Appreciative Inquiry (AI) interviews with persons experiencing homelessness and with community leaders.	Build community support for ending homelessness and inform the planning process.	40 interviews completed.	December 2008.	CoC members and stakeholders to conduct AI interviews.	Track satisfaction with the interviews through surveys.
Short Term					
6) Develop collaborative press releases, community awareness events and a comprehensive Web-based information source.	Increase community awareness of issues related to homelessness, resources and solutions.	Quarterly press releases, two events a year and one comprehensive Web-based information source.	First community event by January 2009 and quarterly press releases thereafter.	Media coverage and Web site development.	CoC meetings.
7) Expand Project Homeless Connect to take place at least quarterly and to expand to at least one other city in the region per year.	Provide immediate services to homeless people in an efficient setting.	Quarterly events and at least one new community to host a Project Homeless Connect per year.	First by July 1, 2008.	Connection to housing, services and benefits, salons to provide hair cuts, volunteers to guide guests through the process and donations of clothing for guests.	Track the number of agencies that participated and the number of people connected to services.

*Continued on next page.*

Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
8) Host brown-bag trainings for stakeholders.	Improve regional collaboration and communication on strategies to end homelessness in the region.	Four a year.	Beginning in January 2009.	Speakers and meeting supplies.	Track the number of participants and survey the participants to evaluate satisfaction.
9) Create a "Collaboration Corner" at the homeless street count volunteer trainings.	Encourage service providers to communicate with each other, share information about services they provide and encourage innovative partnerships among providers and programs.	One event at each of the 3 volunteer trainings.	Planning: three months Events: one month.	Meeting supplies.	Track the number of participants.
10) Provide in-depth training, technical assistance and mentoring for Street Count Coordinators.	Improve the quality of data and collection methods and increase validity to the street count throughout the region.	Number of trainings and hours of technical assistance provided.	Annually	Experience of those that have done the count before, city staff, outreach teams and volunteers.	Compare count trends to prior years.
11) Develop a tri-fold business card size community resource guide for persons who are experiencing homelessness.	Empower homeless people to access appropriate services.	Tri-fold resource card.	March 2009.	Research information about resources. Funding for printing of cards.	User survey results.
12) Create a User Guide for homeless behavioral health services to facilitate better communication and collaboration among providers.	This will facilitate seamless service delivery and faster recovery from homelessness. The result will benefit the community at large as homeless people will spend less time being homeless and more time as productive citizens positively contributing to the region.	One User Guide will enable people to navigate through the homeless behavioral health system more efficiently.	Completed in FY09.	Development of User Guide.	User Guide is complete and clients respond to a survey and usefulness of the guide.

## Prevention

**Goal:** Coordinate an effective information network to prevent people from becoming homeless.

Time Sensitive					
Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
13) Develop recommendations for local prevention strategies based on an assessment of best practices.	Identify the strategies that have the most potential for successful local implementation.	The number of recommendations presented in a report to the CoC.	Completed by October, 2008 for the ACEH Conference.	Report/Presentation.	Summit survey evaluation of presentation.
Short Term					
14) Develop a resource sheet that offers information about eviction prevention resources within the community and provide the sheet to property managers along with eviction notices.	Decrease the number of evictions.	100 percent of people being served eviction notices will receive the resource notices.	Beginning in January 2009.	Participation of stakeholders in developing resource page to include with eviction notices.	Document a decrease in the number of evictions.
15) Hold housing stability and financial management trainings.	Ensure people have the information and resources they need to remain stably housed.	Quarterly.	Beginning in January 2010.	Training materials and trainers.	Participant evaluations.
Long Term					
16) Develop an inter-agency and community discharge planning model to eliminate the number of people being released from prisons and jails to homelessness.	Eliminate the number of people being released to homelessness.	Development of a planning model.	On going work and long term goal.	Coordination of efforts to stop the discharge of people into homelessness.	Protocols are implemented and a decrease in the number of people being discharged into homelessness is documented.

### Housing and Services

*Goal: Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to individuals and families who are experiencing homelessness.*

Short Term					
Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
17) Increase the supply of permanent supportive housing for chronically homeless individuals with a disability through U.S. Department of Housing and Urban Development McKinney Vento funding.	Stably house chronically homeless people and open up resources for others needing assistance.	100 in first year. 1,000 in ten years.	Annually.	Funding for operating and capital, PSH units, increased political will and supportive services (money or leveraged).	Increased number of permanent supportive housing units.
18) Improve coordination between homeless shelter providers and domestic violence shelter providers.	Reduce vacancy rates in all beds throughout the community.	Improved coordination of beds.	On going.	Coordination between providers and funders.	Reduction in vacancy of shelter beds.
19) Move 25 chronically homeless people from the streets into a housing first model and provide coordinated and effective wrap-around services to maintain housing stability.	Reduce the time chronically homeless people spend on the streets.	150 people a year.	Annually.	Funding, coordination between providers, units, Supportive services, outreach teams and follow-up teams.	150 People are placed in a housing first model.
20) Expand the number of faith communities participating in Open Table and Circles of Support.	Increase the capacity of the faith-based community to address homelessness.	25 faith communities sponsor 50 families or individuals who are homeless obtain housing and services needed to sustain housing.	2 years	Funding, coordination between providers and volunteers, training of volunteers, program manual and related documentation.	Track the number of people placed in housing.

*Continued on next page.*

Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
21) Hold quarterly case manager trainings on assisting clients with obtaining SSI/SSDI determination.	Improve stability and self-sufficiency of persons who are homeless.	Number of individuals/families linked to benefits.	On going	Coordination among providers and Social Security Administration.	The number of persons receiving SSI/SSDI eligibility is increased. Report from providers.
22) Stabilize funding for existing shelter beds.	Ensure continuity of service.	Baseline of existing programs and support.	10 years, potentially reducing need for services as availability of Permanent Supportive Housing (PSH) and affordable housing increases.	Funding coordination between existing providers Support and advocacy from ACEH.	Funding for existing shelter beds becomes stabilized.
<b>Long Term</b>					
23) Establish a public/private partnership to create a sustained funding pool for development, implementation and expansion of permanent affordable housing units and supportive services for families and individuals experiencing homelessness. These funds should be directed to expanding permanent housing opportunities including rental assistance programs, new construction, or acquisition and rehabilitation of existing units as well as funding requisite supportive services.	Expand available resources to increase the number of permanent supportive housing units	Housing fund resource level: \$2 million in year one. Ramp to \$20M a year by year ten.  250 housing units in year one. 4000 housing units in ten years.	10 years.	Political will.  Funding for capital, operating expenses & supportive services.	Number of individuals placed and retained in permanent supported housing.

*Continued on next page.*

Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
24) Create a local permanent supportive housing toolkit to be distributed to local service providers wanting to create additional permanent supportive housing units in the community.	Increase community support and ability to develop permanent supportive housing.	1 toolkit, available online.	1 year.	Funding to create toolkit, staff time to coordinate, and a network to distribute the toolkit.	Survey people to determine if the toolkit is effective.
25) Establish a Benefits Advocate position that will assist chronically homeless persons who are eligible for benefits to apply for and receive SSI/SSDI benefits.	Increase the resources available to homeless people to stabilize.	1 position created in the community.	2 years.	Funding, coordination among providers and Social Security Administration, training for Benefits Advocate and referral sources.	The number of persons receiving SSI/SSDI eligibility is increased. Report from providers.
26) Create five new regional interdisciplinary outreach teams.	Assist individuals and families obtain housing.	5 new teams.	2 years.	Funding, coordination between providers, faith communities, local law enforcement, etc.	Increase in the number of individuals and families identified and housed.
27) Create follow-up and support services teams (ratio of 1 case manager to 20 families or individuals) to provide services to those in permanent supportive housing programs.	Help formerly homeless people maintain their housing.	Increased number of teams, and individuals/families in PSH programs.	5 years.	Funding Coordination between providers.	Measure the number of teams created and the number of individuals/families in PSH programs.

## Education, Training and Employment

*Goal: Promote information about resources that provide people who are homeless with the skills and knowledge they need to ameliorate barriers to housing.*

Short Term					
Action Steps	Purpose	Measurement	Timing	Resources Needed	Evaluation Method
28) Collaborate with homeless liaisons in the public school system to provide resources for homeless youth to complete and or obtain their education.	Provide resources needed for homeless youth to obtain their diploma, ESL, college preparation programs, vocational education programs and programs on financial literacy.	Quarterly meetings.	Annually.	Partnership with homeless school liaisons.	Knowledge of resources is increased. Determined by pre and post survey.
29) Offer financial management classes to case managers.	Offer tools to case managers so they can better assist their clients achieve financial stability.	Number of financial management classes offered by Arizona Saves.	Annually.	Partnership with Arizona Saves.	Case Manager knowledge is increased. Measured by pre and post surveys.
Long Term					
30) Develop a Web-based resource page about employment and training opportunities.	Promote employment and training opportunities for people who are homeless in the region.	Development of one Web-based resource page.	December 2009.	Funding and staff to create page.	Creation of Web-based resource page.

# Conclusion

The Appreciative Inquiry (AI) process used to develop the *Regional Plan to End Homelessness* offers an opportunity to explore the region's response to homelessness in a way that has not been done before. From organizational useful practices to personal success stories, the Continuum of Care has looked at the issue of homelessness in a new light. This process has brought together stakeholders that have never been engaged before to develop a plan to be implemented collaboratively.

This Plan is just one point along the journey to end homelessness in the region. In April 2009, an Implementation Summit will be held to begin the next, and possibly most critical, phase of the Regional Plan. Continuum of Care members will unite with community stakeholders and

clients to continue the AI process by developing an implementation plan. The implementation plan will include a timeline and funding strategies for the goals and action steps in the plan. Accountability will be established by identifying stakeholders to take the lead on each of the action steps.

***“Political and social investment at the front end will be returned to the community through the success of families in the future.”***  
-Continuum of Care Member

The region can end homelessness by implementing the goals and action steps in the Plan, continually evaluating success, and by making adjustments when necessary.

The plan encourages new collaborations, energy and leadership. There is a role for everyone in making a positive place for each person in the region.



# What's Working in the Community

The MAG Continuum of Care Regional Committee on Homelessness has had a number of successes since the Regional Plan was updated in 2005.

These successes are the result of steadfast dedication to ending homelessness and strategic decisions to support this goal. Through collaboration among a diverse array of stakeholders, funding has increased, innovations have been implemented, and lives have been saved. This section will highlight some of these best practices to celebrate their success and to encourage their replication.

Funding has increased because the Continuum continues to score well in the annual application to HUD for Stuart B. McKinney funding. The 2007 application, that provided funding in the amount of more than \$21 million in 2008, marks the highest award ever to be

received in the region. Since 2005, 175 new permanent supportive housing beds have been created for chronically homeless individuals.

***“Creating a plan for success is not easy, but with patience and support you can achieve your goal to end homelessness.”***

**-Continuum of Care Member**

Care Regional Committee on Homelessness and the MAG Regional Domestic Violence Council to enhance the shelter referral process. New community strategies have been put into place and are showing positive outcomes.

The Homeless Management Information System in Maricopa County is on the leading edge for data collection and innovation. There is a new collaboration between the MAG Continuum of



The Continuum of Care has developed and distributed heat-relief maps during the summer showing refuge locations and water hydration stations throughout the region in an effort to prevent heat-related deaths in the community.

ending  
homelessness  
is everyone's  
responsibility



Importantly, excitement has been created during the development of the *Regional Plan to End Homelessness* to carry forward the region's response to ending homelessness.

There are many programs in the community that are showing great strides in the effort to end homelessness in the region. The Regional Plan Working Group invited all service providers in the community to submit information about their program, highlighting successes. The following table is a summary of the programs that responded. Each of the 14 programs in the following tables are producing great outcomes and are offered as local models that others can replicate. There are other programs in the community that are successful. This table is reflective of a sampling of the region's breadth of programs and services and does not represent all of the quality programs within the County.

***“I respect the Continuum of Care members for asking the hard questions. We can address issues by working together and being proactive in our solutions.”***

**-Continuum of Care Stakeholder**

The programs highlighted on the following pages are aligned with at least one of the areas of focus within the Regional Plan. This summary is meant to encourage the replication of useful practices. The program name, a brief summary, and contact information are listed below. Please refer to the agency contact for more detailed information on the programs.

<b>MAG Continuum of Care Regional Committee on Homelessness</b> <b>Regional Plan to End Homelessness</b> <b>Programs Working in the Community</b>			Regional Plan Focus Areas				
			Leadership and Community Support	Community Awareness & Collaboration	Prevention	Housing and Services	Education, Training and Employment
Program Name	Description	Contact Information					
<b>Arizona Housing, Inc.</b>	This program provides permanent housing and supportive services for up to 84 single adults. Residents are maintaining housing with an average length of stay over two years with many over five years.	John Wall at (602) 256-6945 x 3043 or <a href="mailto:jwall@cass-az.org">jwall@cass-az.org</a> .				✓	✓
<b>Arizona Veterans In Progress (VIP)</b>	This program is a residential-employment center for homeless veterans. VIP services commence with street outreach to identify and engage homeless veterans in taking the steps to create positive change in their lives.	<a href="http://www.usvetsinc.org">www.usvetsinc.org</a> or contact Donna Bleyle, Site Director, at (602) 305-8585 or <a href="mailto:dbleyle@usvetsinc.org">dbleyle@usvetsinc.org</a> .			✓	✓	✓
<b>Family Connections Teams</b>	This program provides voluntary services for families at risk of entering the child welfare system, or who are facing homelessness or a result of domestic violence, or for families who might benefit from intensive wraparound services.	State of Arizona 211 web site at <a href="http://www.az211.org">www.az211.org</a> or call Family Connections at (602) 542-6600.		✓	✓		✓
<b>Heat Relief Network</b>	The City of Phoenix Human Services Department operates this program that provides refuge from the heat, hydration stations, and wellness checks to residents during the summer. This program operates in partnership with the faith-based community, service providers, local businesses, and others in an effort to prevent heat-related deaths among homeless people.	Deanna Jonovich, Deputy Human Services Director, at (602) 262-4522 or <a href="mailto:deanna.jonovich@phoenix.gov">deanna.jonovich@phoenix.gov</a> .	✓	✓	✓		
<b>Home-Base Crews'n Health Mobile</b>	This program is a collaboration between Phoenix Children's Hospital and Home-Base Youth Services. It provides a holistic approach to meeting the needs of homeless youth. Medical care, clinical care, substance abuse services, supportive services for crisis management, basic needs, housing, education, and employment are provided to assist young adults in reaching their fullest potential.	<a href="http://www.hbys.org">www.hbys.org</a> or call (602) 263-7773.		✓	✓	✓	✓

<p style="text-align: center;"><b>MAG Continuum of Care Regional Committee on Homelessness</b>  <b>Regional Plan to End Homelessness Programs Working in the Community</b></p>			Regional Plan Focus Areas				
			Leadership and Community Support	Community Awareness & Collaboration	Prevention	Housing and Services	Education, Training and Employment
Program Name	Description	Contact Information					
Inter-faith Homeless Emergency Lodging Program (I-HELP)	I-HELP is an emergency shelter for homeless adults. The program rotates among faith communities throughout Tempe. The program operates seven nights per week and provides shelter, food and case management services.	<a href="http://www.az-ihelp.org">www.az-ihelp.org</a> or contact Beth Fiorenza, Executive Director of the Tempe Community Action Agency at (480) 350-5880 or <a href="mailto:BethF@tempeaction.org">BethF@tempeaction.org</a> .	✓	✓		✓	✓
Lodestar Day Resource Center (LDRC)	This program is designed to serve as a gateway for homeless individuals to access an extensive array of human services needed to begin the transformation from crisis to stability and self-sufficiency. The LDRC is located at the Human Services Campus in downtown Phoenix. A faith-based, non-profit, and private public collaboration that provides wrap-around services for people experiencing homelessness.	<a href="http://lodestardrc.org/">http://lodestardrc.org/</a>	✓	✓	✓	✓	✓
Open Table	This is a faith-based program or group of people and organizations that establishes goals and develops the overall plan to accomplish these goals. By working together with the individual or family, Open Table overcomes obstacles that prevent the achievement of stability and self-sufficiency.	<a href="http://www.theopentable.org">www.theopentable.org</a> or <a href="mailto:info@theopentable.org">info@theopentable.org</a> or call (602)793-0533.	✓	✓	✓	✓	✓
Native American Connections-Pendleton Court	This program provides 11 units/beds of temporary transitional supportive housing to homeless women who have become more stabilized after completing a residential treatment program for substance abuse.	Diana Yazzie-Devine, President/CEO of Native American Connections at (602) 254-3247 or <a href="mailto:d.devine@nativeconnections.org">d.devine@nativeconnections.org</a> .			✓	✓	✓

<b>MAG Continuum of Care Regional Committee on Homelessness Regional Plan to End Homelessness Programs Working in the Community</b>			Regional Plan Focus Areas				
			Leadership and Community Support	Community Awareness & Collaboration	Prevention	Housing and Services	Education, Training and Employment
Program Name	Description	Contact Information					
Save the Family Transitional Living Program	This program is specialized, nationally accredited program providing comprehensive wrap-around housing and supportive services to homeless families with children in order that they become self-sufficient.	<a href="http://www.savethefamily.org">www.savethefamily.org</a> or call (480) 898-0228.			✓	✓	✓
Tempe Project Homeless Connect	Project Homeless Connect is a national best-practice that brings together multiple community organizations for one day in one place to provide immediate services to homeless individuals and families. Volunteers are paired with each homeless individual/family and escort them through the array of services.	Theresa James, City of Tempe Homeless Coordinator at (480) 858-2360 or <a href="mailto:theresa_james@tempe.gov">theresa_james@tempe.gov</a> .	✓	✓	✓	✓	✓
Tumble-Tees	This program is a youth run T-shirt screenprinting business and an art gallery displaying and selling youth created art. Homeless, abused, abandoned and at risk youth are taught the skills of screenprinting and creating art through various mediums. Youth learn skills needed to move toward self-sufficiency.	<a href="http://www.tumbleweed.org/tumbletees">www.tumbleweed.org/tumbletees</a> or email Paul Jones Jr. at <a href="mailto:pjones@tumbleweed.org">pjones@tumbleweed.org</a> .			✓		✓
UMOM New Day Centers	This program is an Emergency and Transitional Shelter Program for homeless families, providing meals, shelter, clothing, case management, childcare, crisis counseling, educational and vocational services and a variety of other services to create a bridge to self-sufficiency.	<a href="http://www.umom.org">www.umom.org</a> or contact Lisa Miller at (602) 275-7852 or Gary Zeck at (602) 889-0671.		✓	✓	✓	✓
Watkins Overflow Shelter	This City of Phoenix program provides 24-hour shelter and case management services for homeless families and single women. The shelter serves a maximum of 120 single women and 18 families.	City of Phoenix Human Services Department, Community Services Division at (602) 262-4520.	✓	✓		✓	✓

# Acknowledgements

## **MAG Continuum of Care Regional Committee on Homelessness**

Roberto Armijo, Community Information and Referral  
 David Barnhouse, Governor's Office for Children, Youth and Families  
 Brad Bridwell, U.S. Vets  
 Kathryn Brown, Arizona Department of Corrections  
 Kendra Cea, Arizona Public Service  
 Trinity Donovan, Valley of the Sun United Way, Councilmember, City of Chandler  
 Steven Frate, Councilmember, City of Glendale  
 Theresa James, City of Tempe  
 Deanna Jonovich, City of Phoenix  
 Donald Keuth, Phoenix Community Alliance, *Vice Chair, MAG Continuum of Care Regional Committee on Homelessness*  
 Stephanie Knox, Magellan Health Services of Arizona  
 Mark Ludwig, Arizona Department of Housing  
 Daniel Lundberg, City of Surprise  
 Nick Margiotta, Phoenix Police Department  
 Carrie Mascaro, Catholic Charities  
 Michael McQuaid, Human Services Campus  
 Linda Mushkatel, Maricopa County  
 Darlene Newsom, UMOM New Day Centers  
 Joanne Osborne, Councilmember, City of Goodyear  
 Gina Ramos Montes, City of Avondale  
 Brenda Robbins, Arizona Department of Health Services  
 Laura Skotnicki, Save the Family  
 Greg Stanton, Councilmember, City of Phoenix, *Chair, MAG Continuum of Care Regional Committee on Homelessness*  
 Jacki Taylor, Arizona Coalition to End Homelessness  
 Margaret Trujillo, Margaret Trujillo & Associates  
 Mary Rose Wilcox, Supervisor, Maricopa County  
 Ted Williams, Arizona Behavioral Health Corporation  
 Diana Yazzie Devine, Native American Connections



**MAG Continuum of Care Planning Subcommittee**

Greg Boone, Labor's Community Service Agency

Robert Duvall, Community Information and Referral

Richard Geasland, Tumbleweed Center for Youth Development

Katie Hobbs, Sojourner Center

Theresa James, City of Tempe, *Chair, MAG Continuum of Care Planning Subcommittee*

Deanna Jonovich, City of Phoenix

Nick Margiotta, Phoenix Police Department

Elizabeth Morales, Arizona Behavioral Health Corporation

Linda Mushkatel, Maricopa County

Darlene Newsom, UMOM New Day Centers

Amy Schwabenlender, Valley of the Sun United Way

Laura Skotnicki, Save the Family

John Wall, Central Arizona Shelter Services

Lisa Wilson, City of Mesa

Diana Yazzie Devine, Native American Connections

**Regional Plan Working Group**

Terry Araman, Lodestar Day Resource Center

Mike Bell, St. Vincent de Paul

Jessica Berg, Lodestar Day Resource Center

Donna Blyle, U.S. Vets

Brad Bridwell, U.S. Vets

Maureen Bureson, Increased Capacity, LLC.

Colleen Byron, Arizona State University

Tim Cole, City of Phoenix

Margot Cordova, Native American Connections

Elizabeth Cranmer, Area Agency on Aging

Geoff Davis, Southwest Behavioral Health Services

Bahney Dedolph, Catholic Charities

Marilyn Fall, Recovery Innovations of Arizona

Becky Franco, City of Phoenix

Richard Geasland, Tumbleweed Center for Youth Development

Nancy Gerlach, Lodestar Day Resource Center

Christy Gibbons, HomeBase Youth Services

Joyce Gross, Town of Buckeye

Andy Hall, Arizona Department of Economic Security

Mark Holleran, Arizona Housing, Inc.

---

Jeff Kastner, Community Legal Services  
Stephanie Knox, Magellan  
Terri Leveton, Phoenix Rescue Mission  
Mike Levy, NOVA, Inc.  
Gail Loose, Tumbleweed Center for Youth Development  
Mattie Lord, Arizona Department of Economic Security  
Paul Ludwick, Maricopa County  
Mark Ludwig, Arizona Department of Housing  
Nick Margiotta, City of Phoenix Police Department  
Mike McQuaid, Human Services Campus  
Stacy Miller, Recovery Innovations of Arizona  
Elizabeth Morales, Arizona Behavioral Health Corporation  
Linda Mushkatel, Maricopa County  
Darlene Newsom, UMOM New Day Centers  
Dottie O'Connell, Chicanos por la Causa  
Joanne Osborne, Councilmember, City of Goodyear  
Marlena Pina, The Salvation Army  
Kerry Ramella, Phoenix Fire Department  
Brenda Robbins, Arizona Department of Health Services  
Ben Sanders, Church on Mill  
Amy Schwabenlender, Valley of the Sun United Way  
Laura Skotnicki, Save the Family  
Greg Stanton, Councilmember, City of Phoenix, *Chair, MAG Continuum of Care Regional Committee on Homelessness*  
Annette Stein, Maricopa County  
Jacki Taylor, Arizona Coalition to End Homelessness  
Michelle Thomas, YWCA  
Keith Thompson, Phoenix Shanti  
John Wall, Central Arizona Shelter Services  
Cathy Walsh, City of Phoenix  
Tiffany Whitaker, Southwest Behavioral Health Services  
Lisa Wilson, City of Mesa  
Gary Zeck, UMOM New Day Centers

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# Notes:





**MAG Regional Plan to End Homelessness, January 2009**



**Maricopa Association of Governments**, 302 North 1<sup>st</sup> Avenue, Suite 300, Phoenix, Arizona 85003

Phone: (602) 254-6300, Fax: (602) 254-6490

Web Site Address: [www.mag.maricopa.gov](http://www.mag.maricopa.gov); e-mail: [mag@mag.maricopa.gov](mailto:mag@mag.maricopa.gov)