

Homeless Chapter

Introduction

Like other major areas in the country, homelessness presents a challenge to the MAG Region. While specific circumstances vary, the need for permanent housing, a stable source of income and a positive support system remain the same for both housed and homeless people. The inability to meet these needs independently results in homelessness for thousands of Valley residents each year.

The Maricopa Association of Governments (MAG) Continuum of Care (Continuum) Regional Committee on Homelessness was formed to develop policies and provide homeless planning for the region in response this need. The first Continuum of Care was developed in 1994 in response to a directive by the Department of Housing and Urban Development (HUD). MAG began hosting the Continuum in 1999; however, the need for a structure like the Continuum was apparent as early as the 1980's, as a result of increased homelessness and a fragmented service delivery system. The region has come long way in addressing issues of homelessness. However, there is still a need to examine homelessness and the issues that surrounding it in the MAG Region.

This chapter will offer definitions to frame the issue, a discussion of the local background on homelessness and a report on the current state of homelessness. A presentation of the MAG Region's delivery of the Continuum of Care with focus on major initiatives will close the chapter.

Definitions

There are different technical definitions of homelessness for funding sources and programs. For example, HUD defines a homeless person as a person who, "lacks a fixed,

regular, and adequate night-time residence and; ...has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings" (42 U.S.C. § 11302(a) and, 42 U.S.C. § 11301, et al 1994).

The Department of Education defines homelessness as individuals who lack a fixed, regular, and adequate nighttime residence, and includes:

- “Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, trailer parks, or camp grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement,
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- Migratory children who qualify as homeless for the purpose of this subtitle because the children are living in circumstances described in clauses” (Plan for Housing, 2005).

The HUD definition is used for the street and shelter counts. The DOE definition is used in schools.

Local Background

Like other counties across the country, widespread homelessness in the MAG Region began in the 1980's partially as a result of affordable single room occupancy hotels being closed down in favor of higher end housing. These hotels were often the housing of choice for low-income workers and the only option for those recently released from mental institutions or prison. When the hospitals began releasing mentally ill patients en masse with the de-institutionalization trend of the 1980's, there were no longer safe, affordable housing options for people who could not be gainfully employed. Nearly overnight, the community faced a burgeoning homeless population and little expertise or resources to meet this crisis. Tent City, an adhoc assortment of temporary shelters, was erected and thus began the MAG Region's relationship with homelessness and the elusive struggle to make a place for every person in the community. The Continuum's committee structure was developed to effectively address the issues that were first presented in the 1980's and that continue well into 2005.

Profile

The homeless population presents a wide array of needs and challenges to meet those needs. This section will address some of the subpopulations within homelessness, offer basic information about the environment in which they live, and examine adversities specific within those subpopulations.

Persons with Mental Illness

On January 25, 2005 MAG conducted a regional point-in-time shelter survey and street count. According to the shelter count, there were 582 (16.4 percent) homeless

people and with mental illness in the MAG Region (this includes individuals with substance abuse issues and serious mental illness). Nationally, approximately 23 percent of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayors, 2003). The Federal Task Force on Homelessness and Severe Mental Illness, reports that only 5-7 percent of homeless persons with mental illness require institutionalization; “most can live in the community with the appropriate supportive housing options” (Federal Task Force on Homelessness and Severe Mental Illness, 1992).

HIV/AIDS

Homeless people have higher rates of illness and chronic diseases than the general population. Of the estimated 3.5 million people who are homeless every year in the United States, as many as 3.4 percent are HIV positive. This represents a rate three times higher than that of the general population (AIDS Housing of Washington, Homelessness and HIV/AIDS, 2003).

Homeless people with HIV/AIDS face greater health issues than people with HIV/AIDS that are housed. The “conditions of homelessness including nutritional deficiencies, exposure to the elements and extreme weather, and other lifestyles factors, can exacerbate or cause chronic health problems” (A Preliminary Review of Literature: Chronic Medical Illness and Homeless Individuals 2002).

Homeless people also have limited access to critical HIV/AIDS medications and treatments. Even when they are able to obtain the proper medicine and treatment, barriers like maintaining “demanding and rigorous regimens” and lack of access to clean

water, bathrooms, refrigerators, and unbalanced diet can retard life expectancy and quality of life. Housing for people with HIV/AIDS is vital to survival. A study in New York revealed that, in supportive housing, formerly homeless individuals were four times more likely to seek medical care than those in case management alone (AIDS Housing of Washington, 2003).

Persons suffering from substance abuse disorders

Persons who suffer from substance abuse is the largest subpopulation of “single unattached individuals in Maricopa County” (Plan for Housing, 2005). According to the point-in-time shelter survey there are 1795 (50.7 percent) persons with substance abuse disorders in the MAG Region.

The availability of programs to serve this subpopulation is limited. Even if a person can get into substance abuse specific programs, if they have families and children, they face another hurdle because there are even fewer supportive services programs that accept families and children. In addition to a lack of substance abuse programs available a “lack of health insurance; lack of documentation; waiting lists; scheduling difficulties; daily contact requirements; lack of transportation; ineffective treatment methods; and cultural insensitivity” are also barriers that this subpopulation faces (Why Are People Homeless, 2002). Additionally, many of the programs in place require individuals to be sober, in some cases as long as one year before they can qualify for entry into non-treatments programs. Transitional housing programs usually have a sobriety requirement.

Halfway houses and Housing First programs have less stringent sobriety requirements, which help alleviate this barrier. For example, some half way houses “will

accept only those with at least a few days of abstinence, [while] others provide detoxification services.” These “residential facilit[ies] provide a drug-free environment for individuals recovering from drug or alcohol problems but [are] not yet able to live independently without jeopardizing their progress” (Halfway Houses: *Drug Study Guide*, 2005).

The concept of Housing First has been cited as a best practice to combat homelessness. It is based on two basic premises: expedited re-housing and services once a family or individual is housed (Housing First Network, 2000).

Youth

In 2001, the U.S. Conference of Mayors' survey of homelessness in 27 cities found that children under the age of 18 accounted for 25.3 percent of the urban homeless population. This same study found that unaccompanied minors comprised four percent of the urban homeless population. In the MAG Region, 80 youth on their own were identified as homeless. Of those 80, 23 were counted in shelters and 57 were identified as unsheltered. This accounts for one percent of the homeless population counted in the January 25, 2005 point-in-time street and shelter count. On a national level, approximately 39 percent of the homeless population are children (Urban Institute 2000).

According to the National Alliance to End Homelessness, “homeless youth found experiences of physical and sexual abuse, parental drug or alcohol abuse, childhood homelessness, and juvenile detention. Neglect and lack of emotional and financial support from their families can also cause youth homelessness”. Lack of an appropriate exit strategy from the foster care system has been cited as another cause of youth

homelessness. The Annie E. Casey Foundation found that “within two to four years of exiting foster care, 25 percent of foster children had experienced homelessness” (Youth Homelessness, 2004).

Families

According to the U.S. Conference of Mayors, the number of homeless families, especially with children, has grown significantly over the past decade. On a national level, families make up about 40 percent of the homeless population. The MAG Region point-in-time survey identified 650 sheltered homeless families (18.3 percent). A young single mother, as described by The National Center on Family Homelessness, heads the typical homeless family, “with two children under age six. She may have lost her job or her home, become injured or ill, or be fleeing from domestic violence”.

Once a family becomes homeless, the children confront serious emotional, physical, and mental adversity. Homeless children face “dramatically higher levels of acute and chronic illness. They go hungry at twice the rate of other children. As night comes, they wonder where they will sleep” (Family Homelessness, 2004). The parent and child also deal with the constant fear of separation, which can exacerbate anxiety.

Ethnicity

A 2004 survey of 27 cities by the U.S. Conference of Mayors “found that the homeless population was 49 percent African-American, 35 percent Caucasian, 13 percent Hispanic, two percent Native American, and one percent Asian” (Who Is Homeless, 2005). Location plays a role in the racial make-up of a homeless population. For example, “people experiencing homelessness in rural areas are much more likely to be

white; homelessness among Native Americans and migrant workers is also largely a rural phenomenon” (U.S. Department of Agriculture, 1996). Due to the composition of homelessness, it is imperative that homeless programs be cognizant of cultural differences. In the MAG region, some shelters and/or programs provide culturally specific services for Hispanics, African-Americans, and Native Americans.

Victims of Domestic Violence

In addition to the emotional and physical abuse that battered individuals experience, once they leave the relationship many face homelessness. Nationally, 50 percent of women and children who are homeless are “fleeing from abuse”. The largest homeless shelter in Arizona, Central Arizona Shelter Services (CASS), “reported that 30 percent of their female population has a history of domestic and sexual violence” (Plan for Housing, 2005). The MAG Regional point-in-time survey revealed 22.8 percent (807 people) of sheltered people who reported being homeless were also victims of domestic violence.

Veterans

The National Coalition for the Homeless states that “40 percent of homeless men have served in the armed forces, as compared to 34 percent of the general adult male population”. During the regional point-in-time survey, 187 veterans were identified in shelters, making up over four percent of the sheltered homeless population.

Employment

A decrease in “wages have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent” (National Low Income Housing Coalition, 2001). In the MAG region a minimum-wage worker would have to work 122 hours each week to afford a two-bedroom apartment at 30 percent of his or her income, as opposed to the national median of 89 hours for a minimum wage worker (National Low Income Housing Coalition 2004). See the table below for additional information.

Out of Reach 2004

Phoenix—Mesa, AZ MSA, Arizona

In Phoenix—Mesa, AZ MSA, Arizona, an extremely low income household (earning \$17,580, 30 percent of the Area Median Income of \$58,600) can afford monthly rent of no more than \$440, while the Fair Market Rent for a two bedroom unit is \$817.

A minimum wage earner (earning \$5.15 per hour) can afford monthly rent of no more than \$268.

An SSI recipient (receiving \$564 monthly) can afford monthly rent of no more than \$169, while the Fair Market Rent for a one-bedroom unit is \$677.

In Phoenix—Mesa, AZ MSA, Arizona, a worker earning the Minimum Wage (\$5.15 per hour) must work 122 hours per week in order to afford a two-bedroom unit at the area’s Fair Market rent.

The Housing Wage in Phoenix—Mesa, AZ MSA, Arizona is \$15.71. This is the amount a full time (40 hours per week) worker must earn per hour in order to afford a two-bedroom unit at the area’s Fair Market rent.

A unit is considered affordable if it costs no more than 30 percent of the renter’s income.

Current State of Homelessness

The January 25, 2005 street count identified 2,918 people living on the streets of Maricopa County. Although this count was one of the most comprehensive efforts to date to identify the number of homeless individuals in the region, the counts represents only individuals and families living on the street and at the Phoenix overflow shelter. It does not, however, include the 5,000 or more other homeless persons currently residing in shelters or transitional housing. On the day the street count was conducted, 1,693 individuals and 133 families requested shelter and were turned away because of lack of capacity.

A combination of homeless adult individuals and youth on their own represent the largest number of homeless persons. As stated in *The Current Status of Homelessness in Arizona, 13th Edition – Nov. 2004*, “the majority of homeless persons not in families are reported by emergency and transitional housing programs as having problems with substance abuse or serious mental illness or both”. Reports also indicate that many are exiting the correctional system and facing barriers to family reunification because of current crime free housing policies. Homeless families, specifically women with children, are the fastest growing subpopulation of people who are homeless.

Gaps Analysis

The Gaps Analysis is part of a process in which communities come together to identify gaps in the local response to homelessness and then set priorities to fill those gaps. To identify gaps in the Continuum of Care, the number of homeless persons, type and number of housing and services, and the type and number of unmet needs are generated. In the MAG Region, gaps analyses are conducted in each county on a yearly

basis and include data from the DES point-in-time surveys, street counts and estimates from local providers. Information from the 2005 local gaps analysis is provided in the following table:

MAG Continuum of Care Homeless Population and Subpopulations Chart based on January 25, 2005 Sheltered and Unsheltered Count

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	968 (N)	1,506 (N)	2,505(N, S)	4,979 (N,S)
2. Homeless Families with Children	240 (N)	410 (N)	33 (N)	683 (N)
2a. Persons in Homeless Families with Children	821 (N)	1,369 (N)	109 (N)	2,299 (N)
Total (lines 1 + 2a only)	1,789 (N)	2,875 (N)	2,614 (N,S)	7,278 (N, S)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	114 (N)			
2. Severely Mentally Ill	582 (N)		*	582 (N)
3. Chronic Substance Abuse	1,795(N)		*	1,795 (N)
4. Veterans	187 (N)		*	187 (N)
5. Persons with HIV/AIDS	30 (N)		*	30 (N)
6. Victims of Domestic Violence	807 (N)		*	807 (N)
7. Youth (Under 18 years of age)	23 (N)		57 (N)	80 (N)

*(N) Numeration

*(S) Statistically Reliable Sample

The Gaps Analysis Work Group determined the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing after an extensive review of all data available from a variety of sources. These included:

- Preliminary data from the DES Homeless Coordination Office on the number of persons housed in emergency shelters, transitional housing and in permanent supportive housing

- The number of persons identified in the Maricopa County count of unsheltered homeless persons
- The number of households that contacted the county-wide shelter hotline for assistance in a one month period
- The number of persons that contacted the county-wide information and referral agency with emergency housing needs in a one month
- The number of families and individuals turned away from emergency shelter and transitional housing programs on the day of the shelter survey, January 25, 2005
- A variety of county-wide multi-year homelessness indicators, e.g., the number of court ordered evictions, the number of orders of protection, the number of persons turned away from emergency and transitional housing programs and the number of runaway youth

Based on the above information, representatives from each region of the county provided estimates regarding the number of beds needed in each region to meet the need/demand for emergency shelter, transitional housing and permanent supportive housing.

Policy Issues

Heat Related Deaths: The summer of 2005 was unusually hard on the Region's homeless population because of the many heat-related deaths and the impact of hurricanes Katrina and Rita. The unusually high temperatures at night and consecutively hot days contributed to over 30 heat related deaths of people, many of which were homeless, this summer. Many organizations, businesses, and government entities stepped up to the plate to provide relief to homeless individuals impacted by the high

temperatures. The community is looking at ways to be more prepared in the future and to prevent this number of deaths from happening again.

On January 25, 2005, as reported in the shelter count, 1693 individuals and 133 families requested shelter and were turned away because of lack of capacity. These numbers just represent a one-day period of time. The numbers may indicate the need for year-round shelter. The CASS overflow shelter opened its doors in September this year in response to the heat emergency and remained open until the Phoenix overflow shelter opened in mid November. The CASS overflow shelter has been serving an average of 200 people a night since it opened.

Hurricane Response: The community provided exemplary support to Hurricane Katrina and Rita evacuees. Over 500 people have received services and housing in a way that has shown effective collaboration, communication and effectiveness among agencies. The way providers, funders, local, state and federal government have worked together to make housing and services more accessible to evacuees shows that the process for our local homeless population may be improved. If positive changes are made in response to what was done for evacuees, it could positively impact those homeless individuals who have been trying to access similar services.

Community Input: To know the current state of homelessness in depth, MAG and community partners facilitated eight focus groups with homeless people in the summer of 2005. Input from over 90 people was collected.

New Arizona Family, Inc. and the YWCA conducted focus groups specifically in the area of family homelessness. Over fifty people participated in the group sessions that were held to collect information on current issues, improvements needed, community

strengths, and recommendations for ending homelessness. The majority of the individuals in the focus groups had been homeless at some point in their lives or are currently homeless. The three main community issues that were discussed were limited shelters and services, a need for substance abuse and treatment programs and limited funding available for services already in place.

Native American Connections also conducted a focus group to get feedback on the issues that specifically relate to the Native American population and issues that overlap with the general population. The group identified lack of affordable housing, lack of strong social services, prevention and a need for collaboration among Native American agencies throughout the region as areas of concern.

There were very specific common trends that emerged from the focus groups they are as follows:

Strengths: Individuals identified local shelters, rehabilitation programs, and AHCCCS as community strengths. It was made clear that the shelters and programs are very beneficial to homeless people once they are “in” the shelter or program. However, accessing the shelters or programs is difficult and identified as barriers.

Biggest Needs: Affordable housing, improved transportation, mental health and substance abuse programs, improved dental care, and a database of services were all identified as the biggest needs in the community. Increased communication and collaboration among agencies and improved community involvement were also areas that the groups recognized for improvement.

Solutions: In response to the strengths and needs that surfaced during the focus groups, the following solutions were posed. Increase funding to homeless service

providers, increase education to the community on issues surrounding homelessness, improvement in mental health and substance abuse programs, and the creation of a comprehensive database of services that fit the needs of homeless individuals, including all the cultural subpopulations. Also recommended were increased communication and collaboration among agencies and improved community involvement in the area of homelessness.

Affordable Housing: A consistent need that was expressed at the MAG public hearings and homeless focus groups was affordable housing. Affordable housing plays a pertinent role in a community's growth and economy. The Valley has seen home sales increase 4.4 percent by unit level, from June 2004 to June 2005 (Realty Times, 2005). Sales are reaching historically high levels, which are causing housing prices to increase. To home sellers this is welcomed news, but to those who are looking to purchase, increased housing costs can be an area of concern. The increase in housing costs also extends to rental properties.

Affordable housing is defined as safe, decent, non-time limited housing that requires no more than 30 percent of the household income for rent and utilities. For very low income and homeless persons the difference between the operating costs for the housing and the actual rent is often covered by local, state, or federal subsidies. Permanent affordable housing takes several forms from multi-unit housing developments to scattered site units.

The following list of barriers to affordable housing in Arizona was taken from the Governor's Interagency Community Council on Homelessness *Plan for Housing*. This was developed from data and other information in the three Arizona 2004 Continua of

Care applications, the Arizona Affordable Housing Profile, and the Homeless Work Group.

Development Barriers:

- Lack of deeper subsidies to encourage development of housing for very low-income persons
- Amount of money required as reserves to get a development loan is too high and has to be held for too long
- Community Issues Including:
 - NIMBY (Not in my back yard)
 - Cost of Land
 - Zoning
 - Design guidelines that increase cost
 - Site control requirements on front end of tax credit deals make them expensive for non-profits
- Lack of developers willing to do very low-cost housing
 - Multiple funding sources required for a single project
 - Programmatic restrictions serve as disincentives to private developers
- Cost of construction materials

Operating Barriers:

- Lack of subsidies
- Difficulty obtaining and sustaining services for supportive housing
- Outdated Arnold v. Sarn provisions
- Limited asset and property management skills of some non-profits

Individual:

- Start up costs, deposits, furniture
- Special problems of youth aging out of foster care and other institutions
- Limited information regarding housing availability
- Lack of assistance with sorting through appropriateness of available housing options
- Lack of accessible/adaptable housing
- Resolving credit issues is a barrier to “housing first” model
- Lack of “living wage” makes it almost impossible for low-income people to pay for housing
- Special problems of individuals being discharged from hospitals, behavioral health facilities, jails, etc.
- Understanding of tenants rights and responsibilities

Regulatory:

- Crime Free Housing
- Unregulated Halfway Houses
- Property taxes on tax credit deals
- Impact/Development fees
- Conflicting Low Income Housing Tax Credit (LIHTC) and state regulations
- Taxes on vacant units
- Building codes (e.g. required parking)
- The costs related to the time it takes to address regulatory issues

Other:

- Lack of public understanding of affordable housing and low-income issues
- Lack of low demand shelters
- Lack of political will to address housing issues

Funding: Funding levels remain level. Some funding sources like the Community Development Block Grant (CDBG) have been threatened with extraordinary cuts and may still face cuts in the near future. The Community Development Block Grant program provides up to \$20 million per year to a wide variety of Phoenix community-based groups, and is facing virtual elimination from the federal budget.

We may also see a decrease in funding of local providers because of funding going to hurricane relief instead. There is concern that local funding is being diverted to aid victims of Hurricanes Katrina and Rita and that our local homeless population will suffer from a decrease in funding.

On a federal level, HUD has placed an emphasis on housing instead of services, which concerns many homeless service providers dependent on HUD funding for services. HUD has also focused on chronically homeless individuals, which in the past did not include homeless families. Therefore, funding may be limited for providers that serve homeless families.

Types of Subsidized Housing for Homeless People

Permanent Supportive Housing: This type of housing is ideal for homeless families and individuals. HUD funding continues to focus on permanent supportive housing programs because it offers stability and increases the chance of client success. According to the Plan for Housing developed by the Interagency and Community Council

on Homelessness “affordable community-based housing provides residents with the rights of tenancy under state/local landlord tenant laws and is linked to voluntary and flexible supports and services designed to meet residents’ needs and preferences”. The Housing Plan also identifies capital funding, subsidies, and flexible/voluntary supportive services as “key elements” of permanent supportive housing (Housing Plan Draft, 2005).

Transitional Housing: This is housing for families and individuals where the tenants are required to participate in services in order to maintain their housing. These types of programs usually limit participant’s stay to twenty-four months.

Safe Haven: This kind of housing provides low demand shelter, or housing with few rules, for homeless people and may be either transitional or permanent supportive housing. This housing targets homeless people with substance abuse or mental health issues who may be reluctant to enter a more traditional program at first.

The next section will present information about how MAG mobilizes the community to address homelessness through the MAG Continuum of Care Regional Committee on Homelessness.

MAG Continuum of Care Regional Committee on Homelessness

The Maricopa Association of Governments Regional Continuum of Care Committee on Homelessness is comprised of up to 42 people from three different membership categories: 1) private sector/general public; 2) public sector (representatives from twenty-six cities, two Indian communities and the County); and 3) provider agencies. Seats are set aside for key organizations like HUD, Arizona Department of Corrections (ADOC) and the Department of Economic Security (DES). The committee must also have a formerly homeless person as a member.

Subcommittees

There are three standing subcommittees: Steering, Planning, and Membership. *The Steering Subcommittee* consists of the Continuum Chair, the Continuum Vice Chair(s) and the Chair from each standing subcommittee. The Steering Committee acts on behalf of the Continuum between meetings and reports actions taken at the next full Continuum meeting. All actions are subject to Continuum members' comments and approval. MAG staff and the Continuum Chair are responsible for all Steering Subcommittee meetings, setting agenda items, sending notices and scheduling of meetings.

The Planning Subcommittee is responsible for: 1) providing input on issues that will offer recommendations on the activities of the Continuum; and 2) analyze and review issues and activities with potential recommendation for action. Unlike the Steering Subcommittee, this subcommittee is open both to members and non-members of the Continuum. A Chair of the Subcommittee is a member of the Continuum appointed by the Continuum Chair. The Continuum Chair also appoints the Membership Subcommittee Chair.

The Membership Subcommittee is comprised of five Continuum members who either volunteer or are appointed by the Chair of the Continuum of Care. This subcommittee was developed to identify and recruit individuals throughout the community appropriate for membership. Appointments are made to maintain proper proportions and balance of the Continuum.

In addition to the various subcommittees, ad hoc committees and work groups are also a part of the Continuum committee structure. Ad hoc committee and works groups

meet for a limited amount of time for a specific purpose. These special groups have members of the Continuum, interested community members and experts come together to address or resolve any short-term issues.

Regional Plan to End Homelessness

Each of the subcommittees, work groups, and ad hoc committees of the Continuum has a common goal: ending homelessness. In 2002 MAG published the MAG Regional Plan to End Homelessness (the Plan). The purpose of the Plan was to “raise awareness and offer direction to end homelessness” and to work toward four basic goals: 1) increase funding; 2) prevent homelessness; 3) remove barriers to accessing services; 4) and improve data collection and outcomes.

Regional Plan to End Homelessness Update: In 2005 MAG released the Regional Plan to End Homelessness 2005 Update (the Update), to better gauge accomplishments and areas of improvement. The Update examines factors like affordable housing and a shift in priorities, as they relate to homelessness.

The Update was released to “provide a benchmark for what has been accomplished and a focus for what remains to be done” (the Update, 2005). The Continuum has either done or is engaged in seventy-seven percent of the goals and community strategies. In addition to identifying areas of progress, the Update recommends four action steps for the next two years. The four actions steps are:

- Integrate economic development into the plan.
- Re-evaluate the goals that have not yet been established for current relevance and measurable action steps.

- Engage the community through education and by providing opportunities for partnerships.
- Increase prevention activities. This was the goal with the least action taken, but is one of the most important activities needed to end homelessness (The Update, 2005).

HUD Application Process

The Continuum of Care's main activity is to facilitate the regional application process for Stuart B. McKinney funds. The federal government's investment in this region through HUD McKinney-Vento funds has increased from just over \$7 million in 1999 to over \$19 million in 2005. New programs are added every year in an increasingly competitive environment. These new beds and services, along with the programs renewed each year make, a formidable defense in the struggle to end homelessness. In total, HUD McKinney-Vento funding has provided over \$86 million dollars to Maricopa County since 1999. HUD's homeless assistance programs include supportive housing, shelter plus care, and emergency shelter grants. The services are defined below as stated on the HUD web page (www.hud.gov).

Supportive Housing Program: Provides housing, including housing units and group quarters, that has a supportive environment and includes a planned service component.

Shelter Plus Care Program: Provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Emergency Shelter Grant Program: A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Each year, when HUD releases its Federal application for homeless assistance funding, MAG responds by releasing a local application. The purpose of the local application is to be used for an external and impartial ranking and review process facilitated by the Valley of the Sun United Way. MAG staff provides technical assistance to the agencies, completes Exhibit One of the Federal application and compiles the Federal applications submitted by the agencies.

Agencies complete the Federal and local applications and submit them to MAG. The local applications are submitted to the Valley of the Sun United Way for their ranking and review committee to score. The ranking and review committee is composed of public, private and provider agencies that do not receive funds from HUD. Committee members are chosen based on their experience, knowledge of homeless issues, geographic representation and diversity.

Every application is ranked according to an objective point system. Points are given for the agency's presentation to the committee, for leverage committed at the time of application, performance of programs (based on goal achievement from the Annual Progress Report), and for participation in the Continuum of Care. All applicants receive a breakdown of how points are assigned to each area, examples of answers, and many receive feedback concerning their agency's score from the committee.

The Continuum of Care Regional Council on Homelessness reviews and approves the rankings and submission of the ranking order to HUD. The Maricopa Association of Governments Regional Council reviews the rankings and application prior to the submission to HUD.

The next section will review a statewide effort, which plays a significant role in the Continuum of Care.

Arizona Evaluation Project

The Arizona Evaluation Project is the development of an outcome-based system of evaluating the effectiveness and performance of homeless projects throughout the state of Arizona. Initially, the system included only HUD McKinney projects but has expanded to include other homeless projects. Reporting of data for the system is conducted through the Homeless Management Information System (HMIS).

The HMIS was developed for several reasons. First, HUD has required all continua to use performance measurement in evaluating the effectiveness and performance of all HUD Homeless McKinney projects. HUD also mandates that each continuum have a fair system for prioritizing its projects. Secondly, the system is in place to benefit agencies in several capacities. In the future, the system will provide agencies with statistical outcome-based criteria that can be used for self-evaluation. The data obtained can be used by the agencies for grant writing. Also, continuum raters and rankers will be able to fairly evaluate projects based on this system. Finally, agencies may use this system to identify if projects need technical assistance.

There may be concern about an increase in data requirements; however, the statewide committee has made a commitment to avoid new data requirements wherever

possible. To minimize the impact, the system utilizes the HUD Annual Progress Report for much of the data and also incorporates a self-sufficiency matrix similar to those required by many local and state agencies.

To date, the project accomplishments include:

- Development of pilot study program
- Inclusive community input process
- National best practices reviewed
- Collected and analyzed existing tools in use
- Reviewed scores of existing reports such as the Annual Performance Report
- Tested potential tools
- Surveyed agencies to learn what they felt most critical elements in a clients' success
- Integrated the Evaluation System into HMIS
- Held three outcomes trainings throughout the state
- Training for data analysis and data collection
- Implement self-sufficiency matrix

In March of 2006 a training manual will be issued for the project.

Conclusion

This chapter provided a history of the Continuum of Care Committee, definitions of homelessness, profiles of subpopulations, and an in-depth look at the issues surrounding homelessness in Maricopa County. People experiencing homelessness reported many strengths, needs and common solutions. The challenge of the upcoming years will be to better understand the local homeless population and how this information

may be used to make improvements in critical areas to meet their needs and better serve this population.