

May 19, 2017

TO: *Members of the Maricopa Regional Continuum of Care Board*

FROM: *Kevin Hartke, Vice Mayor, City of Chandler, Co-Chair
Amy Schwabenlender, Valley of the Sun United Way, Co-Chair*

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting—1:30 p.m.
*Monday, May 22, 2017
MAG Office, Second Floor, Ironwood Room
302 North 1st Avenue
Phoenix, AZ 85003*

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

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: <ftp://ftp.azmag.gov/ContinuumOfCareRegionalCommitteeonHomelessness>. This location is publicly accessible and does not require a password.

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

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

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

If you have any questions, please call the MAG office.

TENTATIVE AGENDA
 MARICOPA REGIONAL CONTINUUM OF CARE (CoC) BOARD
 May 22, 2017

1. Call to Order

2. Call to the Audience

An opportunity will be provided to members of the public to address the Continuum of Care (CoC) Board on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless the CoC Board requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.

3. Approval of the Consent Agenda

2. For information.

3. For information, discussion, and approval of the Consent Agenda.

ITEMS PROPOSED FOR CONSENT

*3A. Approval of April CoC Board Meeting Minutes

The draft minutes from the April 24, 2017 CoC Board Meeting were distributed with the meeting materials.

*3B. Approval of Veteran Case Conferencing Policy and Procedure

The Committee is recommending a Veteran Case Conferencing Policy and Procedure for adoption by the Continuum of Care Board. The Policy and Procedure originated in the Ending Veteran Homelessness Workgroup and was voted on by the Committee at the May 17 Committee meeting. A draft of the Policy and Procedure was distributed with the meeting materials.

3A. Approval of the April 24, 2017 CoC Board Meeting Minutes.

3B. Approval of the Veteran Case Conferencing Policy and Procedure.

**3C. ESG Roles and Responsibilities*

At the March Board meeting, the Board adopted Roles and Responsibilities for the Subcommittees with the exception of the ESG Subcommittee. The ESG Subcommittee reviewed the draft Roles and Responsibilities and recommended the Roles and Responsibilities for adoption with a change of removing the responsibility of coordinating with the Coordinated Entry Subcommittee on ESG requirements. The group points out that coordination will be done with the Coordinated Entry providers rather than the Subcommittee. A draft document was distributed with the meeting materials.

**3D. CoC and ESG Written Standards*

The Board adopted a plan to separate “standards” of eligibility for CoC and ESG projects from “community best practices” that were formerly part of the Standards of Excellence. The CoC and ESG Written Standards are recommended to the Board by the Coordinated Entry Subcommittee. A draft document was distributed with the meeting materials.

**3E. Tenant Satisfaction Survey*

*The Committee is proposing a Tenant Satisfaction Survey for adoption by the Continuum of Care Board. The survey is recommended as a tool that agencies **may** use to solicit participant feedback. The PHWG approved the survey at the May 10, 2017 meeting. A copy of the Tenant Survey was distributed with the meeting materials.*

4. CoC Board Goal: Update Regional Plan to End Homelessness-Draft Template

MAG staff have attended the workgroups, the subcommittees and the Committee to get initial input on short- and long-term goals for the Regional Plan to End Homelessness. A template will be presented to the Board for feedback. A draft

3C. Approval of ESG Roles and Responsibilities.

3D. Approval of CoC and ESG Written Standards.

3E. Approval of the Tenant Satisfaction Survey as an optional tool for projects to use.

4. Information, discussion and possible action to approve the DRAFT template for the Regional Plan update.

template was distributed with the meeting materials.

5. CoC Board Goal: Update Regional Plan to End Homelessness-Housing Inventory Chart Review

MAG staff will present a preliminary analysis of the Housing inventory Chart to assess the current housing inventory and its impact on the system to end homelessness.

6. CoC Board Goal: Opportunities to Increase NOFA Score-Rank and Review Process and Reallocation Process for Adoption

A subgroup of the Board met on May 15 to update the Rank and Review Process and the Reallocation Process. Draft documents were distributed with the meeting materials.

7. CoC Board Goal: Opportunities to Increase NOFA Score-Potential Recruits for Rank and Review Subcommittee Members

The Rank and Review Process directs the Collaborative Applicant to recruit members for the Rank and Review Subcommittee. The Board subgroup on Rank and Review discussed possible agencies from which to seek recruits. MAG staff will seek guidance from the Board on agencies from which to seek members of the Rank and Review Subcommittee.

8. CoC Board Goal: Opportunities to Increase NOFA Score-Project Performance Scorecard

MAG staff hosted a focus group to seek feedback on the 2017 Scorecard. In addition, staff presented an updated Scorecard to the Committee and received comments at the May 17 Committee meeting. Staff will now present the scorecard to the Board for adoption. A draft scorecard was distributed with the meeting materials.

5. Information and discussion.

6. Information, discussion and possible action to adopt the Rank and Review Process and the Reallocation Process.

7. Information and discussion.

8. Information, discussion and possible action to adopt the Program Performance Scorecard.

9. CoC Board Goal: Opportunities to Increase NOFA Score-System performance Measures Review

The CoC is required to submit System Performance Measures to HUD on May 30 and the measures are anticipated to be included in the CoC's NOFA Score for the 2017 NOFA. The Data Subcommittee and MAG staff will present the CoC's System Performance Measures to the Board.

10. CoC Staff Updates

MAG staff will update the Board on the planning grant and the RFP process for consulting funds. Staff will seek input on priorities for using the consulting funds in the upcoming planning grant.

11. Requests for Future Agenda Items

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

12. Comments from the Board

An opportunity will be provided for Continuum of Care (CoC) Board members to present a brief summary of current events. CoC Board members are not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.

Adjournment

9. Information and discussion.

10. Information and discussion.

11. Information and discussion.

12. Information only.

Adjournment

Maricopa Regional Continuum of Care Veteran Case Conferencing Policy and Procedure DRAFT 5/9/2017

The purposes of the Veteran Case Conferencing Policy and Procedure are three-fold. First, ensuring there is full geographic coverage of outreach efforts to work with clients **prioritized** (according to the CoC-adopted prioritization standards, U.S. Department of Housing and Urban Development [HUD] Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless) for housing interventions by working with navigators, outreach workers and case managers. Second, outreach, navigation and case management coordinate care for the clients on the By-Name-List as to not duplicate efforts. Third, get clients from the By-Name-List to housing placement expediently.

The overall goal of case conferencing is to house every prioritized veteran within 90 days from placement on the list. To achieve that goal we are working towards the following markers*:

- The marker for the timeframe from placement on list to assignment of navigator is 15 days.
- The marker for assignment of navigator to engagement is 7 days.
- The marker for the timeframe from engagement to “document ready” is 23 days.
- The marker for the timeframe from “document ready” to housing placement is 45 days.

*The Goal and markers will be reviewed biannually.

Procedure:

1. The By-Name List is run on a monthly basis and de-duplicated and prioritized based on the U.S. Department of Housing and Urban Development (HUD) Orders of Prioritization, HUD Notice CPD-16-11, issued July 25, 2016 and adopted by the Maricopa Regional Continuum of Care Board August 29, 2016. (Refer to By-Name List Process for further information.)
2. Case conferencing occurs weekly and is focused on those on the By-Name-List that have an no exit or an exit within the last 90 days that does not show a permanent housing exit from Emergency Shelter, Street Outreach, Safe Haven, and Transitional Housing (including GPD).
 - Case conferencing is hosted by the Coordinated Entry (CE) provider and will include agencies with resources to help individuals from the By-Name-List get “document ready” for housing. For example, agencies with housing navigators or agencies providing case management for those in Emergency Shelter, Safe Haven, Outreach, and Transitional Housing projects may be invited by CE if needed. CES will notify family providers when families are noted on the BNL. Family providers will participate either in person or by phone to provide updates.

- The Veterans Administration representative at the case conferencing meeting will verify eligibility for VA housing and services programs. Eligibility status will be updated in HMIS.
3. All participants in the case conferencing meeting must adhere to privacy and security standards, sign an agreed upon privacy document, and be present at the meeting solely to ensure the coordination of care for those clients on the list. Agencies not participating in HMIS may attend, but must have an agreed upon privacy document. The CE provider is responsible for ensuring that all privacy and security standards are followed in the case conferencing process.
 4. Each agency will designate a point of contact to manage cases assigned to their agency. Based on best practices for case management, caseloads will be limited to 15 cases per navigator. If an agency representative is unable to attend the Case Conferencing Meeting, the designated point of contact is responsible to send an update of the clients assigned. This update will include clients who are “document ready” and any support the agency needs in engaging with clients.
 5. The Case Conferencing Meeting will ensure that, at a minimum, those in the top 10% of the prioritized list are assigned to a navigator/outreach worker/case manager. The community will work towards the goal of at least 2/3 of those assigned to each navigator/outreach worker/case manager are not among the “document-ready” clients and are clients that the navigator/outreach worker/case manager will work with to obtain documentation necessary for housing.
 6. Once a housing option becomes available, the CE provider will work with navigators/outreach workers/case managers to connect the client to housing as quickly as possible. The community will work towards a goal of housing “document ready” clients within 30 days.
 7. The agency providing navigation/outreach services will report back to the CE provider once the housing placement has been made and the client will be removed from the By-Name List.

Definitions

Agency—a homeless services provider agency. This may include the Veterans Administration, veteran service organizations, behavioral health providers, and other agencies providing navigation and/or outreach services.

Assignment of navigator—the date that the client is assigned to an outreach/navigation/case management provider agency during case-conferencing.

By-Name List—the Coordinated Entry generated list of individuals and families prioritized for homeless services through HMIS and other community databases.

Document ready—an individual or family experiencing homelessness that has been prioritized for services and all documentation required for housing placement have been collected. Documentation required for each housing program is different. Primary documents (required for all programs) include 2 valid forms of Identification such as: State Identification Card, Social Security Card, and Birth Certificate. Supplementary documents (may differ by program) include documentation of disability, verification of chronic homelessness, Serious Mental Illness (SMI) determination and more.

Engagement—once client has been assigned to an outreach/navigation provider agency, the date on which the outreach worker/navigator locates the client.

HMIS—Homeless Management Information System, the database used by the community to track services for individuals and families experiencing homelessness.

DRAFT

Maricopa Regional Continuum of Care

Governance Roles and Responsibilities

ESG Draft 4-13-17

ESG Subcommittee

The ESG Subcommittee provides input and makes recommendations to the Continuum of Care Board to foster collaboration and coordination for the homeless services system and partners with the CoC to comply with the requirements set forth in 24 CFR Subpart "Establishing and Operating a Continuum of Care" of the Interim Final Rule, responsibilities outlined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and HUD Notice of Funding Availability Requirements. The Subcommittee is empowered to create ad-hoc working groups to achieve its purpose and goals and communicates to the community on the following:

- (1) Provide input on the CoC's responsibility to "evaluate the outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD".*
- (2) Work with the CoC "to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities" (FY 2016 HUD CoC NOFA).*
- (3) Consult on the operation of the centralized or coordinated assessment system including the needs of families and individuals fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking but who are seeking shelter or services from non-victim service providers.*
 - Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive transitional housing assistance".*
 - Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance".*
 - Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance".*
- (4) Consult and consistently follow standards for "determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance".*
- (5) Support communication across working groups, Committee, Subcommittees, and all CoC entities established for the purpose of carrying out the roles and responsibilities of the Subcommittee.*
- (6) Understand the inventory of ESG funded projects in the region and reviewing the Housing Inventory Chart.*

Maricopa Regional Continuum of Care ESG and CoC Written Standards

Tentative Approval Schedule:

May / June	Present to Coordinated Entry Subcommittee 5/18/17
October	Initial Presentation to CoC Board
November	Seek CoC Board Approval

INTRODUCTION

These written standards apply to all Maricopa Regional Continuum of Care (CoC) contracts and Emergency Solutions Grant (ESG) subrecipients. These standards must consistently be applied for the benefit of all program participants. These standards do not replace policies and procedures created by homeless services providers, but rather they provide an overall context for programs funded with U.S. Department of Housing and Urban Development (HUD) funding.

Prioritization for the activities included in this document will follow the adopted Maricopa Regional Continuum of Care Policies and Procedures.

ESG and CoC subrecipients agree to input client level records including HMIS data records through the HMIS system and in accordance with approved Continuum of Care (CoC) data policies and procedures.

ELIGIBLE ESG ACTIVITIES

HOMELESSNESS PREVENTION

ESG funds may be used to provide housing relocation and stabilization services and short-and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the “at risk of homelessness” definition, or who meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant’s current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

Eligibility:

- Homeless, At risk of homelessness
- Annual income below 30% of AMI

STREET OUTREACH

ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. For the purposes of this section, the term “unsheltered

homeless people” means individuals and families who qualify as homeless under paragraph (1)(i) of the “homeless” definition under § 576.2.

Eligibility:

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

EMERGENCY SHELTER

The term Emergency Shelter per 24 CFR Part 576.2 means ‘any facility, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements’. This definition excludes transitional housing. However, projects that were funded as emergency shelter (shelter operations) under the FY 2010 Emergency Shelter Grants program may continue to be funded under the emergency shelter component of the Emergency Solutions Grants program, regardless of whether the project meets the definition in 24 CFR Part 576.2.

Eligibility:

Category (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category (4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks to obtain other permanent housing

ELIGIBLE COC ACTIVITIES

TRANSITIONAL SHELTER

CoC Funds may be used to provide transitional housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary.

The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Eligibility

This assistance may be provided to individuals and families who meet the criteria in category (1) (2), (3), or (4) of the “homeless” definition in § 583.5 of the U.S. Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homelessness” Final Rule, 24 CFR Parts 91, 582, and 583.

PERMANENT SUPPORTIVE HOUSING

CoC funds may be used to provide permanent supportive housing—permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Eligibility

This assistance may be provided to individuals and families who meet the criteria in category (1) and/or (4) of the “homeless” definition § 583.5 and “disability” definition § 582.5 of the U.S. Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homelessness” Final Rule, 24 CFR Parts 91, 582, and 583.

ELIGIBLE COC AND ESG ACTIVITIES

RAPID REHOUSING

ESG and/or CoC funds may be used to provide housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

The Maricopa County Continuum of Care approved a financial assistance policy for Rapid Rehousing on January 30, 2017.

Eligibility

Category (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category (4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Regulation References

24 CFR 576.400(e)

(e) Written standards for providing ESG assistance.

(1) If the recipient is a metropolitan city, urban county, or territory, the recipient must have written standards for providing Emergency Solutions Grant (ESG) assistance and must consistently apply those standards for all program participants. The recipient must describe these standards in its consolidated plan.

24 CFR 578.7(a)(9)

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

Permanent Supportive Housing Satisfaction Survey

CoC Board 5_22_2017 Agd #3E Tenant Satisfaction Survey

We want to hear about your experience in the Permanent Supportive Housing program. Please take a few minutes to answer the questions below. This information will be totally confidential. Please do not tell us your name.

How long have you been in the program: (please circle)

0-6 months

7-12 months

13-24 months

25 or more months

1. I am satisfied with my current housing situation?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
2. My landlord is responsive to my housing issues?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
3. I feel safe in my neighborhood?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
4. I feel safe in my home?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
5. I am using case management/ supportive services and they are meeting my needs?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree N/A- not applicable
6. I am using health care services and it is meeting my needs?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree N/A- not applicable
7. I am using behavioral health services through my case manager and it is meeting my needs?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree N/A- not applicable
8. I feel comfortable talking to my case manager?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
9. I see and speak to my case manager as often as I need to?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
10. I am able to get my transportation needs met?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
11. I am able to get my family's food needs met?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree
12. I am able to keep up with my utility bills?
 (5) Strongly Agree (4) Agree (3) No opinion
 (2) Disagree (1) Strongly Disagree Not applicable

13. I have had choice in my housing?

- (5) Strongly Agree
- (4) Agree
- (3) No opinion
- (2) Disagree
- (1) Strongly Disagree

14. I have made positive changes since receiving housing?

- (5) Disagree
- (4) Strongly Disagree
- (3) No opinion
- (2) Disagree
- (1) Strongly Disagree

15. I can choose the types of services provided to me?

- (5) Strongly Agree
- (4) Agree
- (3) No opinion
- (2) Disagree
- (1) Strongly Disagree

16. I understand my lease and my rights as a tenant?

- (5) Strongly Agree
- (4) Agree
- (3) No opinion
- (2) Disagree
- (1) Strongly Disagree

17. I understand the grievance and appeals process?

- (5) Strongly Agree
- (4) Agree
- (3) No opinion
- (2) Disagree
- (1) Strongly Disagree

Thank you for completing the survey!

Maricopa Regional Plan to End Homelessness
2017

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Executive Summary

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

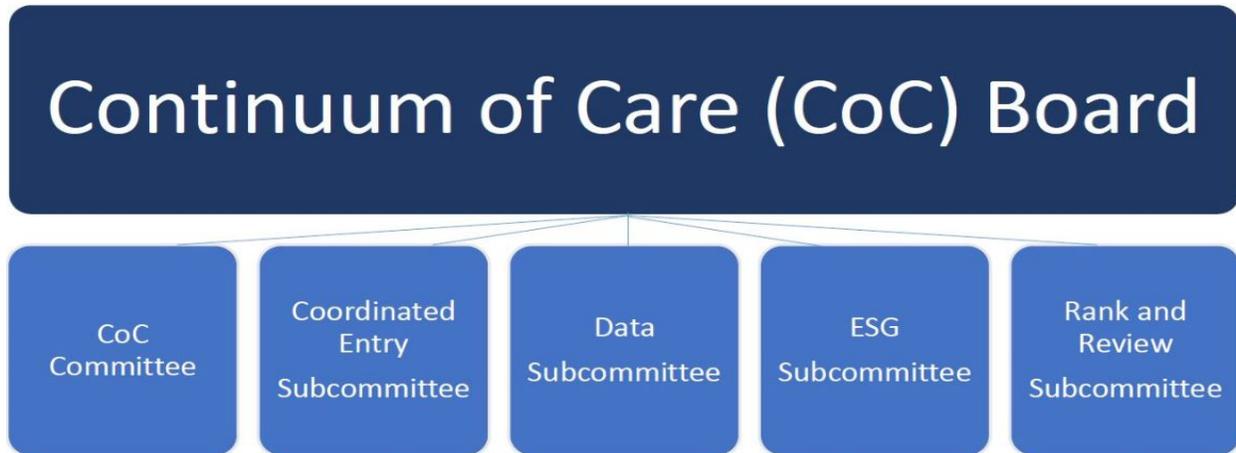
Homeless services are targeted through a Coordinated Entry System that prioritizes those seeking services according to the U.S. Department of Housing and Urban Development (HUD) "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless". This prioritization reflects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

The CoC collectively embraces an approach to the delivery of homeless services that decreases barriers to housing, provides consistent delivery of services, and determines eligibility based on vulnerability and service needs. The community ensures forward thinking case management rooted in evidence-based practices. As a guiding document, the "Regional Plan to End Homelessness" works hand-in-hand with the CoC-adopted "Maricopa Regional Continuum of Care Policies and Procedures" to provide continuity of services across the provider community.

We have made tremendous progress in our efforts to end homelessness in the region. Through focused work on Veteran homelessness, the CoC now has resources to end homelessness for Veteran families within 30 days. The community's quality by-name list prioritizes housing placements and serves as a guidepost for weekly case-conferencing efforts to coordinate with other systems of care. Our governing board, the CoC Committee, and subcommittees have representation from stakeholders in the community that include: Emergency Solutions Grants recipients, Public Housing Authorities, Maricopa County Jails, law enforcement, outreach, family providers, single providers, youth providers, the child welfare agency, hospitals, elected officials, Veteran advocates, the Arizona Coalition to End Sexual and Domestic Violence, funders, the Homeless Management Information System Lead, the Regional Behavioral Health Authority, and formerly homeless individuals.

Promoting a unified approach, inclusive decision-making, and a transparent process, the Maricopa Regional Continuum of Care seeks to right-size resources to meet the needs of every individual and family experiencing homelessness. The region's homeless assistance portfolio consists of more than 139 projects providing more than 10,000 beds. Annual HUD-CoC funding in the amount of \$26 million funds permanent housing and services for homeless individuals and families. CoC-funded Rapid Re-housing and Permanent Supportive Housing beds total 3,955. The community leverages the CoC resources with our ESG partners funding an additional 464 Rapid Re-housing beds and 1,257 Emergency Shelter beds through ESG funding. We are extremely fortunate to have more than 80 projects consisting of an additional 5,700 emergency shelter, transitional housing, and permanent housing beds funded through a variety of resources.

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



Maricopa Regional Continuum of Care

The Maricopa Regional Continuum of Care is committed to creating a system that ensures that homelessness in our community is rare, brief and non-recurring. Using data to inform decisions and planning, the CoC seeks to make the best use of community resources by collaborating with stakeholders that provide services or are impacted by homelessness in our community. We are committed to a client-centered, strengths-based, Housing First approach to assist households in gaining and maintaining stable housing. We ensure that program participants have easy access to a comprehensive array of services based on the needs and desires of each individual or family experiencing homelessness. The CoC and community stakeholders seek to expand housing opportunities by engaging new partners, funders and landlords to maximize units and services available and to ensure client choice.

The CoC Board is the policy setting and decision-making body for the Maricopa Regional Continuum of Care. The Board develops, follows, and annually updates the governance charter in consultation with Lead Agency staff and the Homeless Management Information System Lead. The Board works to strengthen the homeless services system by recognizing accomplishments, providing support to and taking appropriate action, including reallocation of funds, on the performance of CoC funded projects.

Five key groups recommend policies to the CoC Board. The CoC Committee is a collaborative of cross-sector stakeholders providing housing and services to people experiencing homelessness in Maricopa County. The purpose of the Committee is to leverage relationships and seek diverse expertise to actively advance the broad community goals of preventing and ending homelessness throughout the region.

The Data Subcommittee provides a forum to review data, provide input and make recommendations to the Continuum of Care Board on policies related to the Homeless Management Information System and data collection and use.

The Coordinated Entry Subcommittee provides policy recommendations to the Continuum of Care Board on principles and guidelines for the Coordinated Entry System and serves to problem solve around integrating a wide range of stakeholders in the Coordinated Entry System.

The ESG Subcommittee provides input and makes recommendations to the CoC Board to foster collaboration and coordination for the homeless services system. The ESG Subcommittee partners with the CoC to comply with the requirements set forth in 24 CFR Subpart "Establishing and Operating a

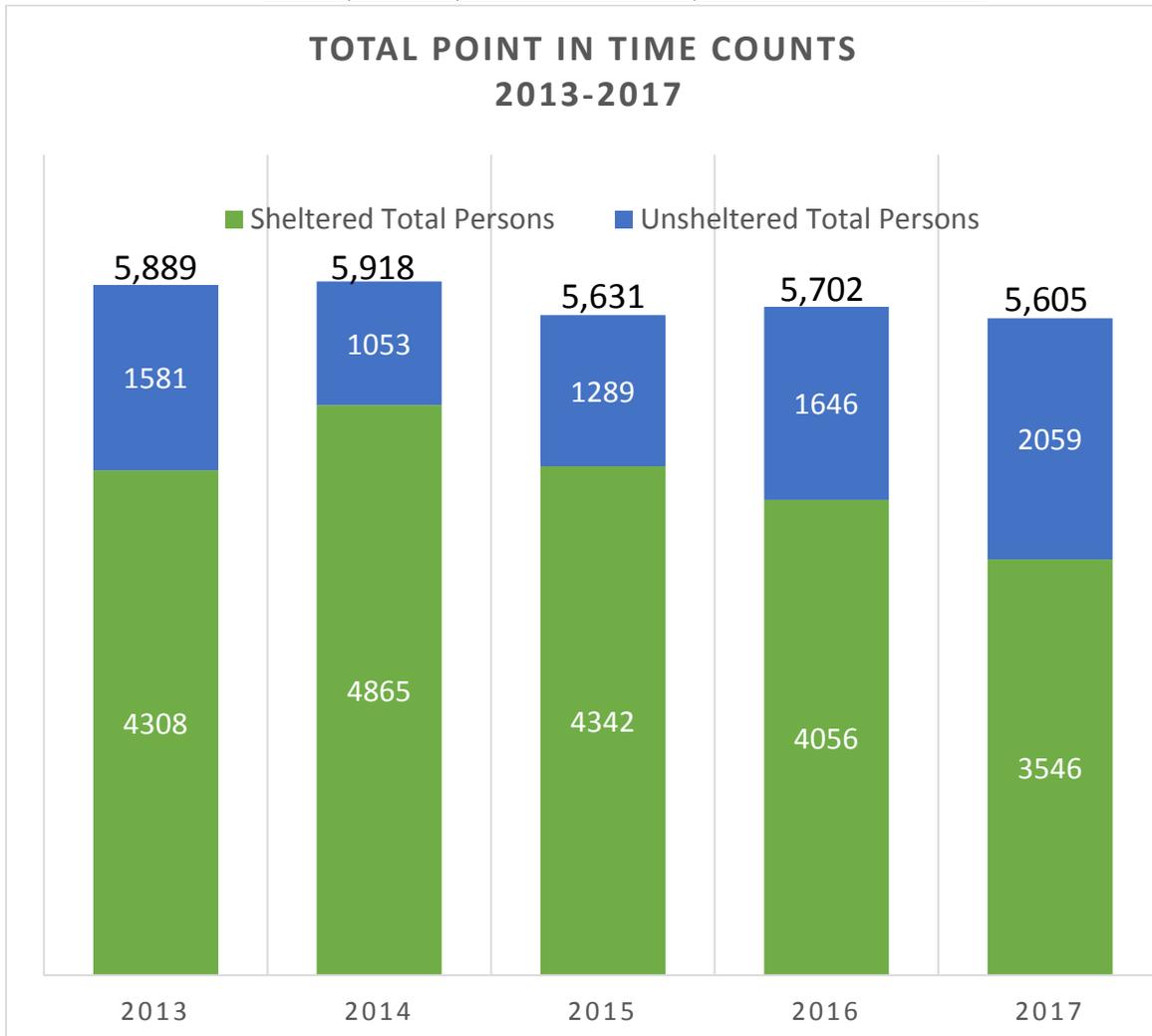
Continuum of Care” of the Interim Final Rule, responsibilities outlined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and HUD Notice of Funding Availability Requirements.

The Ranking and Review Subcommittee ensures the objective review of resources, and seeks to maximize HUD funding through ranking, review, and reallocation recommendations to the CoC Board.

(Insert planning structure and timeline.)

DRAFT

Maricopa County Total Homeless Population from 2013-2017



(Insert Housing Inventory Chart)

(Insert picture)

Impact of the Maricopa Regional Continuum of Care

- Providing long-term housing and services, 93% of formerly homeless residents in Permanent Supportive Housing retain their housing every year. (HMIS APR 5/8/2017.)
- According to the Family Housing Hub, regionally, services are available to ensure that veteran families experiencing homelessness are immediately connected with housing and related services.
- 98% of the CoC housing resources are low-barrier or Housing First units so that the most vulnerable individuals and families have immediate access to housing without preconditions. (Applicant report in 2016 NOFA.)
- The Continuum of Care is an inclusive, transparent collective group of providers, community leaders, and consumers that cooperatively seek solutions to end homelessness in the region.
- The community has achieved great success in diversion strategies. Up to ___% of families are diverted from entering the homeless services system and ___% of those do not return to coordinated entry. For individuals, our diversion rates are ___% of individuals experiencing homelessness. (Family Housing Hub and Singles 2016 Coordinated Entry Year End Report.)

Goal: End Chronic Homelessness

(Insert PIT data and other relevant data sources.)

(Insert narrative to define trends and articulate challenges.)

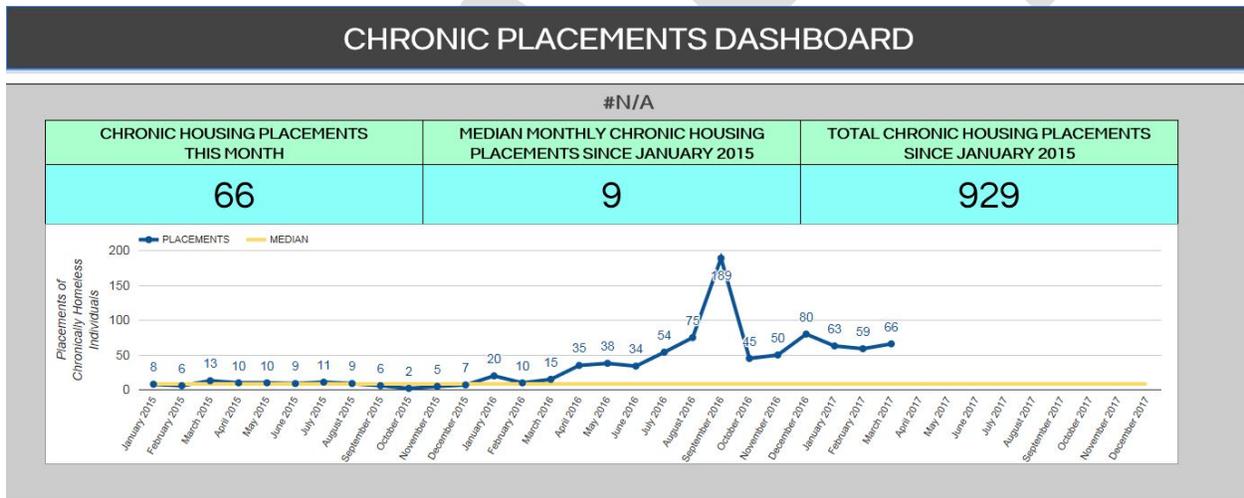
Milestones (one-year):

- Have the policies and procedures in place for the ten benchmarks on the Community Solutions scorecard.

Milestones (longer term):

- Develop resources to fund the number of units needed to achieve functional zero.
- Create a system that integrates data from jails, hospitals and other systems of care into the coordinated entry system.

SAMPLE DASHBOARD:



Milestones	2017 Action Items	2018+ Action Items
Have the policies and procedures in place for the ten benchmarks on the Community Solutions scorecard.	Establish a mechanism within HMIS to identify people aging into chronicity.	Develop a by-name list system that tracks individuals who are actively experiencing homelessness who have not consented to undergo a full assessment.
	Established a written policy that specifies the number of days of inactivity at which a person’s status will be changed to	Work towards a coordinated outreach and/or coordinated entry system that provides full

	'inactive,' and implement a protocol to locate the individual before they are moved to an inactive status.	geographic coverage of the region.
Develop resources to fund number of units needed to achieve functional zero.	Work towards a coordinated outreach and/or coordinated entry system that provides full geographic coverage of the region.	Seek new partnerships to bring non-governmental resources to support units for housing individuals and families experiencing chronic homelessness.
Create a system that integrates jails, hospitals and other systems of care into the coordinated entry system.	Work with jails, hospitals and other systems of care to establish a system by which names of those accessing systems outside of homeless services system may be added to the by-name list.	Fully integrate other systems of care into Coordinated Entry and determine a process by which individuals may access Coordinated Entry through a wide-range of access points.

DRAFT

Goal: End Veteran Homelessness

(Insert PIT data and other relevant data sources.)

(Insert narrative to define trends and articulate challenges.)

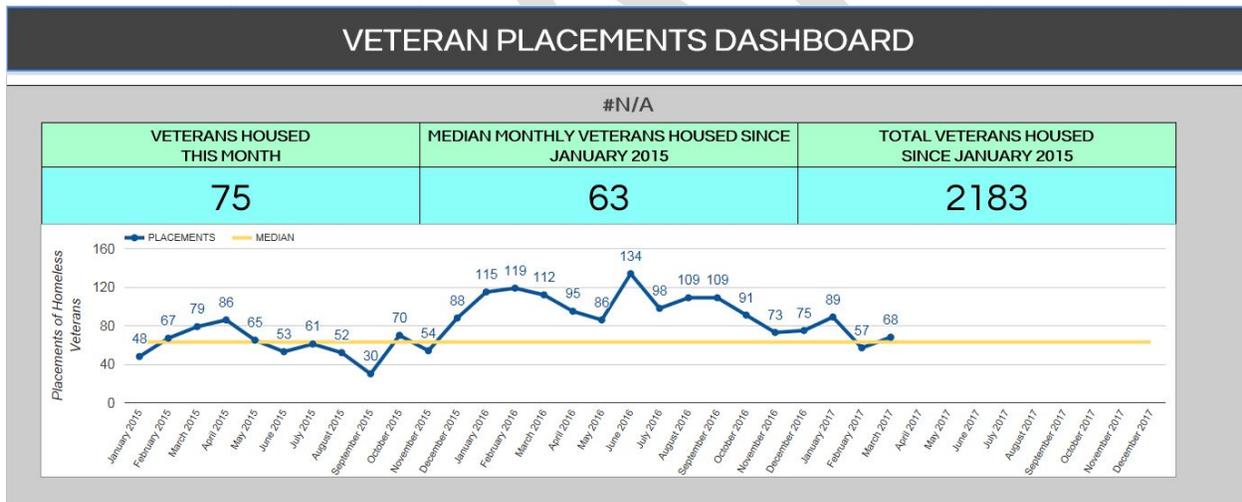
Milestones (one-year):

- Effectively manage the significant changes to the Grant Per Diem program to appropriately target interventions to the veteran population.
- Reduce the number of chronic veterans on the community by-name list by 95% and overall number of veterans on the by-name list by 15%.
- Within one year we have a true quality by-name list with documented policies and procedures that is sustainable over the long term.

Milestones (longer term):

- Create a seamless, sustainable system for identifying, assessing, and housing all veterans experiencing homelessness within 90 days.

SAMPLE DASHBOARD:



Milestones	2017 Action Items	2018+ Action Items
Effectively manage the significant changes to the Grant Per Diem program to appropriately target interventions to the veteran population.	Involve GPD providers in the Ending Veteran Homelessness Workgroup to assure continuous feedback on status of GPD changes.	
	Ensure integration of GPD units with Coordinated Entry System	

	including VI-SPDAT assessment for every veteran in a GPD bed.	
Reduce the number of chronic veterans on the community by-name list by 95% and overall number of veterans on the by-name list by 15%.	Accelerate housing placements to reduce veterans on the list identified as experiencing chronic homelessness by 95% which will correspond to a 15% reduction in the number of veterans on the by-name list.	Prioritize veterans experiencing chronic homelessness so that every veteran experiencing chronic homelessness is housed within 90 days.
Within one year we have a true quality by-name list with documented policies and procedures that is sustainable over the long term.	Work with the VA to enter veteran data into the Homeless Management Information System for coordinated entry which will include eligibility status and housing placements.	Develop and sign a memorandum of understanding with the local VA outlining roles and responsibilities of the CoC and the VA to rapidly house veterans experiencing homelessness.
Achieve functional zero.	Create a seamless, sustainable system for identifying, assessing, and housing all veterans experiencing homelessness within 90 days.	Develop additional resources to ensure adequate housing options for all veterans experiencing homelessness.

Goal: End Family Homelessness

(Insert PIT data and other relevant data sources.)

(Insert narrative to define trends and articulate challenges.)

Milestones (one-year):

- Strengthen diversion services and coordinated entry.
- Increase exits to Permanent Housing and maximize community resources.

Milestones (longer term):

- Strengthen diversion services and coordinated entry.
- Increase exits to Permanent Housing and maximize community resources.

Insert family dashboard

Milestones	2017 Action Items	2018+ Action Items
Strengthen diversion services and coordinated entry.	Formally define “diversion” and establish baseline data.	Annual Coordinated Entry performance review, looking at access points, days and hours of operation, and designated staff resources.
	Explore technology solutions for making system more transparent, integrated with HMIS, etc.	
Increase exits to Permanent Housing and maximize community resources.	Set threshold goals for the system to include exits to PH, length of stay, and returns to homelessness.	Work to remove barriers to affordable housing programs.
		Retain/enhance support services needed to exit families to Permanent Housing.
		Implement long-term, extensive services for Rapid Re-housing to prevent recidivism.

Goal: End Youth Homelessness

(Insert PIT data and other relevant data sources.)

(Insert narrative to define trends and articulate challenges.)

Milestones (one-year):

- Identify and define unique needs of youth, and improve service delivery to youth populations.
- Increase exits to Permanent Housing and maximize community resources.

Milestones (longer term):

- Bridge connection to schools, juvenile justice, and foster care.
- Develop new housing resources and maximize use of the existing resources by prioritizing vulnerable youth for housing placements.

(Insert youth dashboard.)

Milestones	2017 Action Items	2018+ Action Items
Bridge connection to schools, juvenile justice, and foster care.		Expand Coordinated Youth Entry System to integrate other systems of care.
		Develop connection with schools, juvenile justice, and foster care and identify ways to share data and coordinate services.
Develop new housing resources and maximize use of the existing resources by prioritizing vulnerable youth for housing placements.	Perform a Gaps Analysis to identify the need for Permanent Supportive Housing units and Rapid Re-housing resources.	Align resources (funding, coordination strategies, bridge housing, etc.) to prioritize youth experiencing homelessness.
Identify and define unique needs of youth, and improve service delivery to youth populations.	Support development of mapping youth hotspots using Point-In-Time homeless count data.	Implement best practices for service delivery to youth experiencing homelessness.
	Identify trends and needs based on HMIS and PIT data.	
	Encourage innovative strategies for addressing the needs of youth experiencing homelessness.	

Goal: System for Ending All Homelessness

System Performance Measures	2015	2016
Length of Time Homeless		
Returns to Homelessness		
Number of Homeless Persons		
Employment and Income Growth		
Number of Persons who Become Homeless for the First Time		
Successful Placement from SO		

(Insert PIT data and other relevant data sources.)

(Insert narrative to define trends and articulate challenges.)

Milestones:

- Leverage CoC resources by seeking new partnerships with funders, faith community, healthcare providers, and other partners to create additional permanent housing in the region.
- Maximize use of the existing resources by prioritizing those most vulnerable for housing placements.
- Work to identify resources for homeless prevention to reduce the number of individuals and families slipping into homelessness.
- Partner with the funding community to ensure common outcomes and consistent program delivery.
- Maximize the use of all current resources and invest where there is the greatest demand.

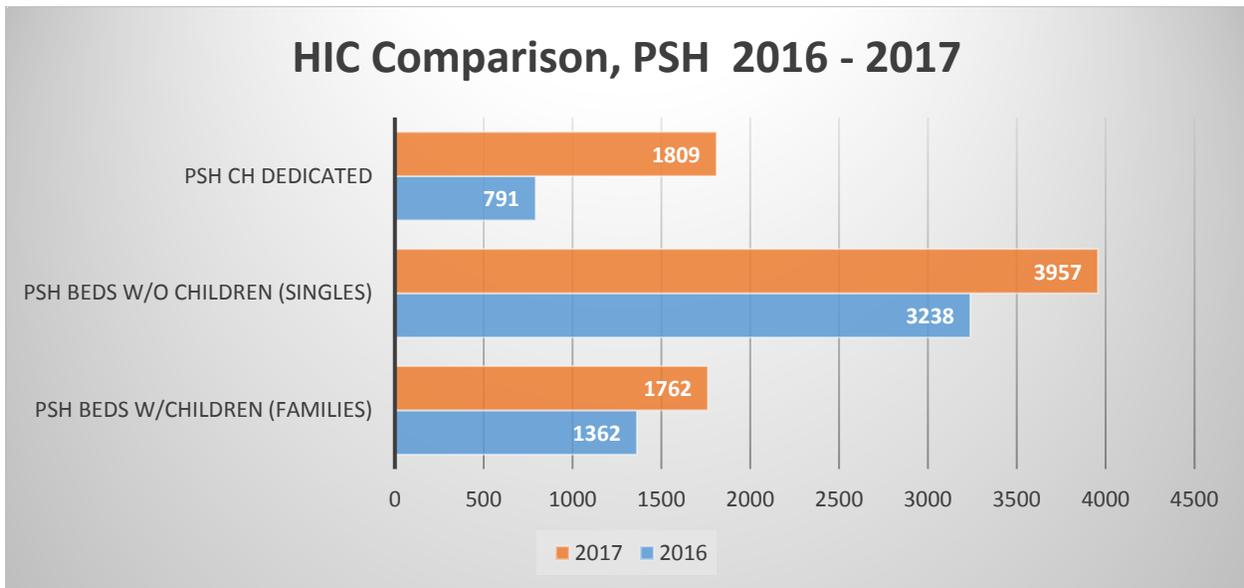
(Insert community dashboard.)

Milestones	2017 Action Items	2018+ Action Items
Leverage CoC resources by seeking new partnerships with funders, faith community, healthcare providers, and other partners to create additional permanent housing in the region.	Perform a System-wide Analysis to identify the strengths and needs for services and housing in the region.	Coordinate with quality affordable housing resources in the community. Seek opportunities for LIHTC, HUD Multifamily, Section 8, public housing, etc. to prioritize individuals

		and families experiencing homelessness from the CES.
Maximize use of the existing resources by prioritizing those most vulnerable for housing placements.	Identify and prioritize by need using fully functional Coordinated Entry System.	Align resources (funding, coordination strategies, bridge housing, etc.) to prioritize housing placements for the most vulnerable experiencing homelessness.
	Monitor accountability for system performance.	Integrate other systems of care, hospitals, jails, law enforcement, and behavioral health into the CES.
	Implement and report monthly on system progress via a community dashboard report.	
Work to identify resources for homeless prevention to reduce the number of individuals and families slipping into homelessness.		Coordinate with Community Assistance Programs and other funding resources to target assistance to those “at risk” of homelessness.
Partner with the funding community to ensure common outcomes and consistent program delivery.	Invite ESG recipient agencies to participate in the CoC Ranking and Review process and reciprocate by serving in ESG funding process to collaborate on common goals.	
Maximize the use of all current resources and invest where there is the greatest demand.	Analyze data collected through coordinated entry and examine the current community portfolio.	Make recommendations to funders and policy makers regarding any shifts required in order to better meet the needs of individuals and families experiencing homelessness.

HIC Analysis

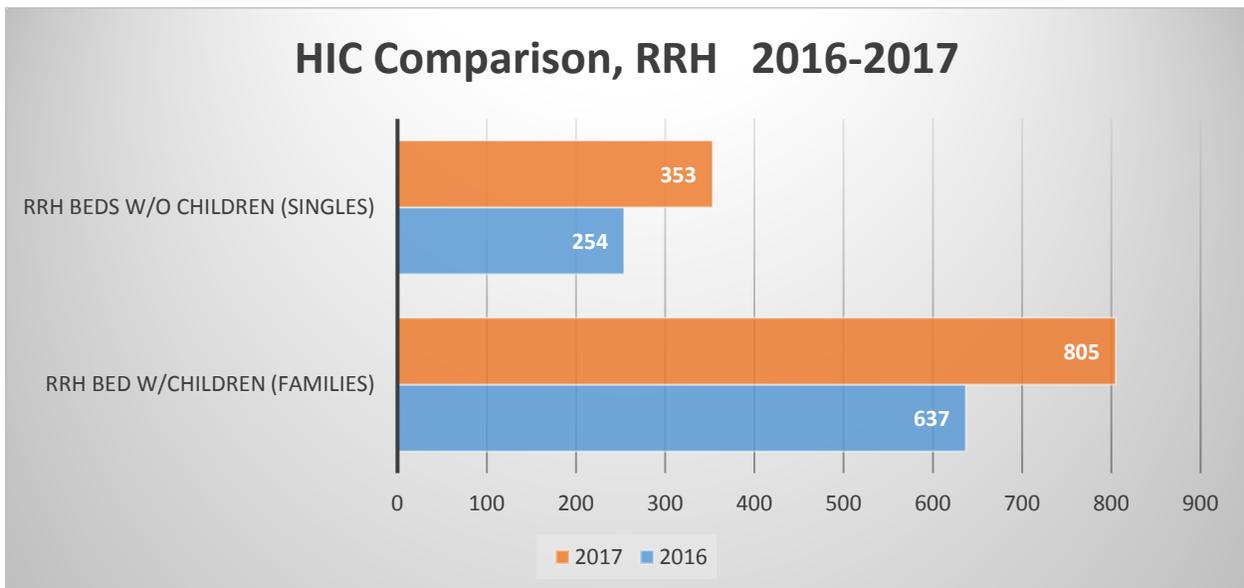
2016 – 2017 Comparison



PSH Chronic dedicated beds increased by about 130% from 2016 to 2017 (more than doubled).

PSH Singles beds increased by about 20% from 2016 to 2017.

PSH Families beds increased by about 30% from 2016 to 2017. Families are not generally chronic. If a family shows up that is not chronic, family providers can still use the chronic dedicated bed for a non-chronic family if there are open chronic dedicated beds.



RRH Singles beds increased by about 40% from 2016 to 2017.

RRH Families beds increased by about 25% from 2016 to 2017.

REVIEW AND RANK PROCESS

The Review and Rank Process is used to review and evaluate all CoC project applications submitted in the local competition.

GENERAL PROCESS

Prior to NOFA release:

- The CoC Board in consultation with the CoC Committee will conduct a formal needs assessment by reviewing all available data sources to determine community needs and gaps in resource portfolios.
- The CoC Board meets, reviews, and revises the process and scoring materials.
- The CoC Board reviews and approves a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant (MAG) recruits a non-conflicted Review and Rank Subcommittee (Subcommittee). The process for recruitment and selection will be transparent to the members of the CoC. The Subcommittee should include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Subcommittee and some Subcommittee consistency from year to year. CoC Board members are prohibited from serving on the Subcommittee. Members sign conflict of interest and confidentiality statements.
- A Collaborative Applicant representative attends Subcommittee meetings to act as a resource.

After the NOFA is released:

- The Collaborative Applicant will convene an emergency ad hoc group of CoC Committee members to seek input into how to utilize the 25 points on the score card to reflect HUD's priorities in the NOFA.
- Project applicants are invited to attend launch session; CoC Program requirements, process and timeline are explained. Deadlines are clearly outlined. Scoring tools and application materials are reviewed.
- Applications are prepared and submitted.
 - Applications received after the deadline will not be accepted.
 - Incomplete applications cannot be corrected for Subcommittee scoring, but must be corrected prior to HUD submission. The original application (not the copies) will be examined to determine if all pieces of the application have been submitted.
- Collaborative Applicant finalizes Subcommittee membership and prepares final

information for the Subcommittee.

- Subcommittee members are oriented to process, trained, receive applications and review materials and then over a one- to two- week period review and score applications.
- CoC staff ensures all applications pass Threshold Review (additional detail below).
- Subcommittee members meet to jointly discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference. The purpose of the in-person interviews is to: 1) have questions answered about projects and/or applications; 2) provide feedback to applicants on ways to strengthen their application; 3) review applicant's and committee's scoring sheets to ensure consistency.
 - Renewal projects that score in the bottom 10% of total points will be flagged for review. The Subcommittee may recommend that such projects be reallocated in favor of a new project that is aligned with HUD and Board priorities.
 - The Subcommittee may recommend that projects with consistently low scores, consistently in the bottom 10% of total points, should be considered for reallocation in favor of a new project aligned with HUD's priorities.
- Projects are given feedback from the Subcommittee on quality of application and ways to strengthen the application before submission to HUD.
- Renewal HMIS Projects undergo a threshold review and project evaluation by the Data Subcommittee. The Data Subcommittee will provide feedback to the Review and Rank Subcommittee on their evaluation of the HMIS project.
- Applications for CoC Planning funds are reviewed by the Review and Rank Subcommittee.
- Scoring results are delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the Review and Rank Subcommittee will attend the Appeal Panel to provide information but will not be members of the Appeal Panel or have a vote.
- Appellate hearings, if any.
- Emergency Procedure: MAG staff will do everything possible to ensure that an application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Subcommittee has reviewed applications and made priority determinations, an applicant decides

not to submit their application to HUD, MAG staff will do everything possible to submit applications for the full available amount, with projects representing HUD priorities.

- In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community's system of care when generating recommendations for the CoC Board.
- The Review Subcommittee may present multiple options to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. The meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board.
- The CoC Board will consider/approve rank order of new projects and submission of renewals.
- Consolidated Application is made available to community for inspection on MAG's website.
- Consolidated Application is submitted to HUD.
- Stakeholders are advised that the application has been submitted.
- Projects have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.

APPEALS PROCESS

The Review and Rank Committee reviews all applications and ranks them for funding recommendations to HUD. That ranking decision is communicated to all applicants by email within 24 hours of the determination. All applicants are hereby directed to contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) if no email notice is received.

1. Who May Appeal

An agency may appeal an "appealable ranking decision," defined in the next paragraph, made by the Review and Rank Subcommittee concerning a project application submitted by that agency. If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

2. What May Be Appealed

"An appealable ranking decision" is a decision by the Review and Rank Subcommittee that (a) reduces the budget to a lower amount than applied for, (b) ranks the project in Tier 2, or (c) recommends the project for reallocation.

3. Timing

The ranking decision is communicated to all applicants within 15 days of the NOFA due date. Applicants have until 12:00 p.m. on the day after the CoC Board funding decision to decide if they are going to appeal and contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) for more information, with a formal written appeal (no longer than 2 pages). If an appeal will be filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

4. Initiating the Formal Appeal

The Formal Appeal must be submitted by 12:00 p.m. the day after the CoC Board funding decision. The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the Review and Rank Subcommittee's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Anne Scott (ascott@azmag.gov).

5. Members of the Appeal Panel

A three-member Appeal Panel will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving, as defined by the existing Review and Rank Subcommittee conflict of interest rules. Voting members of the Appeal Panel shall not serve simultaneously on the Review and Rank Subcommittee; however, a Review and Rank Subcommittee member and a MAG staff person will participate in the Appeal Panel to inform discussion.

6. The Appeal Process, Including Involvement of Other Affected Agencies

The Appeal Panel will conduct an in person or telephone meeting with a representative(s) of the agency/collaborative who filed the appeal to discuss it, if needed. The Panel then will deliberate. The Appeal Panel will inform appealing agencies of its decision.

The CoC Board or its designee will approve the final project list for submission. The decision of the CoC Board will be final.

REALLOCATION PLAN

It is possible that funds will be reallocated from projects that will not receive renewal funding, or whose funding will be reduced. This is a recommendation made by the Review and Rank Subcommittee, and approved by the Board, and will be based on HUD priorities and CoC Board priorities. When considering reallocation, the Subcommittee will:

- a. Consider unspent funds and the ability to cut grants without cutting service/housing levels
 - i. Subcommittee members will receive guidance about the limitations related to spending CoC funds.
 - ii. For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve).
- b. Consider history of reductions (e.g., if grant reduced one year, will not be apparent in spending the following year)
- c. Consider alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
- d. Consider renewal HUD “covenant” concerns (use restrictions, etc.)
- e. Consider impact on consolidated application’s score
- f. Consider impact on the community in light of community needs
- g. Consider non-compliance issues identified during the Review and Rank process or project monitoring
- h. Consider projects with consistently low scores

The impact of this policy is that high scoring projects may be reallocated if these considerations warrant that decision. In addition, if a project scores in the bottom 10% of community ranked projects, then the Subcommittee may consider reallocation of funding.

Threshold

In addition to the scoring criteria, all renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All renewal projects must meet the following thresholds. If threshold criteria is not met, the Subcommittee and the CoC Board will be notified to determine severity of non-compliance with threshold criteria and action needed:

- i. Project must participate (or agree to participate) in Coordinated Entry (to the capacity the Coordinated Entry system is built out in the community)
 - i. *Per HUD contracts, contractors are required:
To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care’s centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD’s minimum requirements and the victim service provider uses that system.*
- j. Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- k. Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization must have a valid explanation as well as the plan to increase the utilization rate.
- l. Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explain the agency’s plan to resolve them.
- m. Project must be able to meet the HUD threshold requirements for renewal projects including that there are none of the following:
 - i. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
 - ii. Audit finding(s) for which a response is overdue or unsatisfactory;
 - o History of inadequate financial management accounting practices;
 - o Evidence of untimely expenditures on prior award;
 - iii. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
 - iv. History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly;
 - v. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established time frames.
 - vi. History of non-compliance with HUD CoC Program funding requirements, defined in the HEARTH Act and/or NOFA.
 - vii. Program components and project types must meet HUD funding contracts and program regulations, refer to HUD’s HEARTH Act and/or HUD’s SHP Desk Guide for guidance on project regulations.

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

Agency Name:	Program Name:
Program Type (Component):	McKinney-Vento Funding Amount:
Date of Report:	Completed by:

Goals	Performance Standard	Data	Points Available	%	Section Points
<p>1A. Project serves “harder to serve” homeless population.</p> <p>PSH Only</p>	<p>Percentage of households served by program that meet locally defined “harder to serve” conditions at entry, listed on the APR:</p> <ul style="list-style-type: none"> - Mental Illness - Alcohol Abuse - Drug Abuse - Chronic Health Conditions - HIV/AIDS - Developmental Disabilities - Physical Disabilities <p>Note: We will look at serving sex offenders, arsonists and other felons during monitoring rather than through the scorecard because self-reported.</p> <p>We will also monitor CE referrals compared to eligibility requirements.</p>	<p>From “Physical and Mental Health Conditions at Entry” question in APR.</p> <p>If using households, please submit the Detail Report and spreadsheets used to calculate.</p>	<p>TOTAL 3 pts.</p> <p><i>50% of people or households</i> 1 pt = 2 conditions 3 pts = 3 or more conditions</p> <p>Modified to reflect that 1 disabling condition is a requirement for PSH.</p>	%	<p>/3</p> <p>or N/A</p> <p>We adjusted the total pts down based on feedback at focus group and Committee meeting.</p>
<p>1B. Project serves “harder to serve” homeless population.</p> <p>RRH Only</p>	<p>Percentage of households served by program that meet locally defined “harder to serve” conditions at entry, listed on the APR:</p> <ul style="list-style-type: none"> - Mental Illness - Alcohol Abuse - Drug Abuse - Chronic Health Conditions - HIV/AIDS - Developmental Disabilities - Physical Disabilities <p>Note: We will look at serving sex offenders, arsonists and other felons during monitoring rather than through the scorecard because self-reported.</p> <p>We will also monitor CE referrals compared to eligibility requirements.</p>	<p>From “Physical and Mental Health Conditions at Entry” question in APR.</p>	<p>TOTAL 3 pts.</p> <p><i>50% of people or households</i> 1 pt = 1 condition 3 pts = 2 or more conditions</p>	%	<p>/3</p> <p>or N/A</p> <p>We adjusted the total pts down based on feedback at focus group and Committee meeting.</p>
<p>2: HUD Objective: Increase Housing Stability.</p>	<p>Permanent Housing, PSH and RRH Programs: Percent of homeless persons age 18 and older in PH program who remained in or exited to PH during the year. – As reported in the APR.</p> <p>(HUD Goal 80%)</p>	<p>APR – Housing Stability Measure</p>	<p>TOTAL 10 pts.</p> <p>-5 = below 60% -4 pts = 60-64% -3 pts = 65-69% -2 pts = 70-74% -1 pt = 75-79% 0 pts = 80%</p>	%	<p>/10</p>

	We are deducting points for falling under 80% since everyone was meeting 80% in the last scorecard submission round.		2 pts = 81-84% 4 pts = 85-89% 6 pts = 90-94% 8 pts = 95-97% 10 pts = 98-100%		
3A: HUD Objective: Increase project participant's total income. PSH only	A1 - The percent of persons age 18 and older who increased their total income (from all sources) when they started with zero income as of the end of the year or program exit. HUD Goal = 54% Regional PSH HUD-funded baseline = 36% Consistent with new APR.	APR – Increase Total Income Measure [Q24b3, row 5, column 5] We will show screenshots of APR boxes in instructions.	TOTAL 5 pts. 5 pts = >36% 4 pts = 32-36% 3 pts = 27-31% 2 pts = 22-26% 1 pt = 17-21% 0 pts = <17%	%	/5 or N/A
3A: HUD Objective: Increase project participant's total income. RRH only	A2 - The percent of persons age 18 and older who increased their total income (from all sources) when they started with zero income as of the end of the year or program exit. HUD Goal = 54% Regional RRH HUD-funded baseline = 40%	APR – Increase Total Income Measure [Q24b3, row 5, column 5] We will show screenshots of APR boxes in instructions.	TOTAL 5 pts. 5 pts = >40% 4 pts = 36-40% 3 pts = 31-35% 2 pts = 26-30% 1 pt = 21-25% 0 pts = <21%	%	/5 or N/A
3B: HUD Objective: Increase project participant's earned income. PSH only	B1 - The percent of persons age 18 and older who increased their earned income (from all sources) when they started with zero income as of the end of the year or program exit. HUD Goal = 20% Regional PSH HUD-funded baseline = 4%	APR – Increase Earned Income Measure [Q24b3, row 1, column 5] We will show screenshots of APR boxes in instructions.	TOTAL 5 pts. 5 pts = 6% or more 4 pts = 4-5% 3 pts = 2-3% 2 pts = 1-<2% 1 pt = >0-<1% 0 pts = 0%	%	/5 or N/A
3B: HUD Objective: Increase project participant's earned income. RRH only	B2 - The percent of persons age 18 and older who increased their earned income (from all sources) when they started with zero income as of the end of the year or program exit. HUD Goal = 20% Regional RRH HUD-funded baseline = 24%	APR – Increase Earned Income Measure [Q24b3, row 1, column 5] We will show screenshots of APR boxes in instructions.	TOTAL 5 pts. 5 pts = 25% or more 4 pts = 20-24% 3 pts = 15-19% 2 pts = 10-14% 0 pts = <10%	%	/5 or N/A
3: Total	Total of 3A and 3B				/10
4: Effective use of federal funding.	Percent of expended HUD funding for the most recent operating year. LOCCS Report 2 pts = 98-100% -1 pt = 95-97% -2 pts = 90-94% -3 pts = 85-89% -4 pts = 80-84% -5 pts = <80%			%	/2

5: HMIS; Data Quality and Training.	a. Add 2 points for each question that your project scored less than or equal to 10% for each subpart/line of each of the following questions: Q2, Q3, Q4, Q5 Please submit your DQ Framework Report along with this scorecard. We will be moving towards a stricter standard next year, likely 5%.	Data Quality Framework Report	TOTAL 8 pts.	_____pts	/10
	b. Percentage of staff that have completed at least one HMIS training course within the past year.	HMIS Lead Agency	TOTAL 2 pts. 2 pts = 100% -1 pt = 95-99% -2 pts = 90-94% -3 pts = <90%	_____pts	
6: Community Priorities and Standards	Participation in Coordinated Entry Housing Providers accept 85% of eligible referrals from the Family Housing Hub and Welcome Center. We will be asking for an "Enrollment Report" from CE next round.	Report from Coordinated Entry Leads	TOTAL 6 pts.	N/A	/6
7. CoC Engagement and Participation	4 points for agency having a representative as a current member of the CoC Committee and who attended at least 75% of meetings from June 1, 2016 to May 31, 2017. If awarding points – Provide name of member and committee:	Self-Report/ Meeting Minutes	TOTAL 4 pts.	N/A	/9 Used to be 15 points.
	3 points for participation in one of the workgroups (refer to workgroup document) from June 1, 2016 to May 31, 2017. If awarding points – Provide name of person and workgroup (refer to workgroup listing if unsure of the name of the workgroup):	Self-Report/ Confirmation with workgroup leader	TOTAL 3 pts.	N/A	
	2 points for participation in the 2016 unsheltered PIT count If awarding points – Provide name of person and municipality of count:	Self-Report	TOTAL 2 pts.	N/A	
Total Score Part I (Please complete Part II on the next page for a FINAL SCORE) - 50 Points Available					/50
MAG Continuum of Care Regional Committee on Homelessness NOFA Addendum: Program Performance Report – Part II					
Goals	Performance Standard	Data	Points Available	%	Points
8. HUD Ranking Priorities: up to 15 points will be based on HUD Priorities as established in the relevant NOFA	Chronic Homelessness: Project dedicates 100% of turnover to individuals or families experiencing chronic homelessness. We will update this to reflect new NOFA priorities. DYNAMIC SECTION	From Project Application	TOTAL 9 pts.	N/A	/9

<p>9. HUD Ranking Priorities: up to 15 points will be based on HUD Priorities as established in the relevant NOFA</p>	<p>Housing First: Project commits to operating according to a Housing First model.</p> <p>For each box checked corresponding to the USICH checklist attached (which means you have met that criteria), give yourself one point.</p>	<p>USICH Checklist Attached</p>	<p>TOTAL 11 pts.</p> <p>HF = 11 pts</p>	<p>N/A</p>	<p>/11</p>
<p>10. Commitment to Policy Priorities: up to 10 points for commitment to and alignment with HUD Policy Priorities</p>	<p>a. Cost effectiveness: Project is cost effective compared to other projects funded by CoC funds.</p> <p>Measured by average HUD CoC investment per positive housing outcome.</p> <p>We will compare PSH and RRH projects separately.</p> <p>b. Exits to Homelessness: % Exits to Homelessness.</p> <p>APR Q29a1 + Q29a2.</p> <p>(29a1 Temporary Destinations Subtotal + 29a2 Subtotal) divided by (29a1 All Subtotals + 29a2 All Subtotals).</p> <p>Regional HUD-funded PSH baseline = 18%. Regional HUD-funded RRH baseline = 10%</p>	<p>Top 25% = 5 pts</p> <p>Middle 50% = 3 pts</p> <p>Bottom 25% = 0 pts</p> <p>PSH only: 5 pts = 18% or less 4 pts = 19-23% 3 pts = 24-28% 2 pts = 29-33% 1 pt = 34-39% 0 pts = > 39%</p> <p>RRH only: 5 pts = 10% or less 4 pts = 11-15% 3 pts = 16-20% 2 pts = 21-25% 1 pt = 26-30% 0 pts = > 30%</p> <p>Used to be <15% Returns to Homelessness</p>	<p>TOTAL 10 pts.</p> <p>a. Enter project's cost per positive housing outcome: _____</p> <p>b. Enter project's % exits to homelessness: _____</p>	<p>N/A</p>	<p>/10</p>
<p style="text-align: right;">Total Score Part I (50 points available)</p>					
<p style="text-align: right;">Plus Total Score Part II (30 points available)</p>					
<p style="text-align: right;">FINAL Score (Sum of Total Score Part I and II) (80 points available)</p>					

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	12481	12437	58	58	0	30	34	4
1.2 Persons in ES, SH, and TH	14420	14557	99	101	2	47	50	3

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	12078	-	241	-	-	85	-
1.2 Persons in ES, SH, and TH	-	14166	-	270	-	-	118	-

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	208	24	12%	16	8%	19	9%	59	28%
Exit was from ES	2403	327	14%	149	6%	228	9%	704	29%
Exit was from TH	1385	98	7%	66	5%	61	4%	225	16%
Exit was from SH	26	5	19%	0	0%	2	8%	7	27%
Exit was from PH	1228	83	7%	63	5%	102	8%	248	20%
TOTAL Returns to Homelessness	5250	537	10%	294	6%	412	8%	1243	24%

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5631	5702	71
Emergency Shelter Total	2004	2362	358
Safe Haven Total	25	25	0
Transitional Housing Total	2313	1669	-644
Total Sheltered Count	4342	4056	-286
Unsheltered Count	1289	1646	357

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	15167	15112	-55
Emergency Shelter Total	12845	12682	-163
Safe Haven Total	104	109	5
Transitional Housing Total	3402	3301	-101

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)	2275	2259	-16
Number of adults with increased earned income	98	81	-17
Percentage of adults who increased earned income	4%	4%	-1%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)	2275	2259	-16
Number of adults with increased non-employment cash income	1017	446	-571
Percentage of adults who increased non-employment cash income	45%	20%	-25%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)	2275	2259	-16
Number of adults with increased total income	1078	509	-569
Percentage of adults who increased total income	47%	23%	-25%

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1114	1274	160
Number of adults who exited with increased earned income	256	280	24
Percentage of adults who increased earned income	23%	22%	-1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1114	1274	160
Number of adults who exited with increased non-employment cash income	264	263	-1
Percentage of adults who increased non-employment cash income	24%	21%	-3%

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1114	1274	160
Number of adults who exited with increased total income	489	506	17
Percentage of adults who increased total income	44%	40%	-4%

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	13326	13086	-240
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3828	3398	-430
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	9498	9688	190

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	14896	14734	-162
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	4417	4025	-392
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	10479	10709	230

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

FY2016 - Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach	4587	3221	-1366
Of persons above, those who exited to temporary & some institutional destinations	495	803	308
Of the persons above, those who exited to permanent housing destinations	312	302	-10
% Successful exits	18%	34%	17%

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	12675	12734	59
Of the persons above, those who exited to permanent housing destinations	4035	4068	33
% Successful exits	32%	32%	0%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	5278	5795	517
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	4950	5474	524
% Successful exits/retention	94%	94%	1%