

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

Collaborative Applicant Name: Maricopa Association of Governments

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Maricopa Association of Governments
Continuum of Care Regional Committee on Homelessness

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Meeting notices, containing an agenda and meeting materials, are sent electronically to the CoC distribution list. The CoC distribution list contains emails for over 400 individuals within the community interested in or connected to the Continuum of Care. In addition to the electronic notice, meeting notices are also posted on the CoC Lead Agency's website and posted for the public at least 24 hours in advance of each meeting per Open Meeting Law.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The CoC does not currently operate a centralized assessment but is in the process of developing a coordinated assessment system for the entire CoC. The CoC began the development of coordinated assessment in April 2012 with a kickoff planning event and has plans to implement the system in 2013. We have developed guiding principles and have made community decisions such as implementing a "no wrong door" approach and having multiple assessment centers across our vast geography that will take in all homeless subpopulations. We have also decided to open up our HMIS system for data sharing and the data sharing agreements are part of the 2012 local CoC Program application requirements. With regards to ESG monitoring, we are not currently monitoring but we have implemented a CoC/ESG Collaborators Group that meets quarterly. In November 2012, the group met and discussed implementing ESG monitoring, in coordination with the CoC, to begin in 2013.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The CoC has developed a Coordinated Assessment Working Group that began meeting in April 2012. The goal of the working group is to plan, develop, and implement a CoC-wide Coordinated Assessment system. The process for developing our Coordinated Assessment system includes gathering support and buy-in from the working group, establishing guiding principles, mapping the current CoC housing and service delivery system, identifying needs and gaps in services and housing, identifying funding for the system, designing the system, and finally implementing the system. The working group will provide input during all parts of the development process of the system and will remain intact after the system is developed to maintain a continuous assessment of the system and ensure it is operating efficiently and meeting the needs of the homeless individuals and families in our community.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Regional Committee on Homelessness	Planning and decision making group	Bi-monthly
Continuum of Care Planning Subcommittee	Technical Advisory group to the Continuum of Care Committee	Bi-monthly
PIT Street Count Working Group	Planning group for the annual PIT homeless count.	Monthly or more
CoC Membership Subcommittee	Recommends members to the Continuum of Care Committee	annually (every year)
Coordinated Assessment Working Group	Planning and implementation of Coordinated Assessment System	quarterly (once each quarter)

If any group meets less than quarterly, please explain (limit 750 characters)

The Continuum of Care Membership Subcommittee has met on an annual basis to review membership of the Continuum of Care and recommend new members. However, the Continuum of Care Committee is developing a Governance Charter in early 2013 and the frequency of the Membership Subcommittee may change as a result of the Governance Charter decision making.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Public Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector

Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	2	2	1	25	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	1		2	1	14	0
Substance abuse	1		2	1	14	0
Veterans	1	2	2	1	25	0
HIV/AIDS	1		2	1	7	0

Domestic violence	1	2	2	1	12	0
Children (under age 18)	1	2	2	1	12	0
Unaccompanied youth (ages 18 to 24)	1	2	2	1	6	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	2	2	2	1	24	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	0	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	2	2	2	0	24	0
Primary decision making group	2	0	2	1	6	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	1	11	0	1	2	4	0

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	11	0	1	2	4	0
Substance abuse	1	11	0	1	0	4	0
Veterans	1	11	0	1	0	4	0
HIV/AIDS	1	11	0	1	0	4	0
Domestic violence	1	11	0	1	2	4	0
Children (under age 18)	1	11	0	1	2	4	0
Unaccompanied youth (ages 18 to 24)	1	11	0	1	0	4	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	11	0	1	2	4	0
Authoring agency for consolidated plan	0	4	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	4	0	0	0	0	0
Attend consolidated plan focus groups/public forums during past 12 months	0	4	0	0	0	0	0

Lead agency for 10-year plan	0	1	0	0	1	0	0
Attend 10-year planning meetings during past 12 months	0	11	0	1	1	4	0
Primary decision making group	1	11	0	1	1	4	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual

Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	1	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	1	0
Substance abuse	0	1	0

Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	1	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	1	0
Primary decision making group	0	0	0

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The CoC has a local process and competition for new projects to apply for the CoC Program Bonus Project. The local process kicks off with the release of the federal NOFA. The information on funding and the opportunity to apply for new project funds is sent to a list of over 400 contacts that include currently funded providers as well as hundreds of others in the community. The information is also posted on the Lead Agency's website. A Ranking and Review Panel, made up of an un-biased review panel reviews, scores, and recommends the new project(s) to the CoC for approval. The panel reviews project readiness, capacity, past performance, cost effectiveness of the program and basic threshold criteria to ensure that the project(s) is of good quality and meets the gaps and needs of the CoC.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The Lead Agency staff provides technical assistance to any entity interested in applying for HUD funds. In addition, the Lead Agency contracts with a consultant who also provides technical assistance and guidance to any entity interested in applying for new project funding. The technical assistance (TA) includes discussing the potential project, vetting it to ensure it would meet threshold criteria, ensure that the project meets the needs of the community and the requirements of the permanent housing bonus project indicated in the NOFA. The TA also includes help with accessing e-snaps and training on completing the federal application and the steps involved with the local and federal application process. If the project is not recommended for funding, staff will provide feedback on how the project application could be improved for future requests.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

No, there were not any complaints received.

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

Overall, there was a slight increase of 2 percent in the number of emergency shelter beds in the CoC. The slight increase is in the number of beds for homeless families. Providers report an increase in the number of families and the size of homeless families. Additional beds have been created to meet this increased demand.

HPRP Beds: No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

The number of HPRP beds remained the same from 2011 to 2012.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

The number of Safe Haven beds remained the same from 2011 to 2012.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

Overall, the number of transitional housing beds in the CoC increased by 17 percent. Providers reported an increase in the number of beds for families and a slight increase in the number of beds for individuals. One of the large domestic violence shelters added additional beds that accounts for much of the increase. In addition, several programs added beds to account for larger family sizes and an increased demand in beds for homeless families.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

There was a significant increase of 39 percent in the CoC in the number of permanent housing beds. The CoC and many community partners have banded together to create focus on increasing the number of permanent housing beds in the CoC. Many efforts have contributed to the increase including the award of PH Bonus Project funding, the Corporation for Supportive Housing PH Institute, and the partnership with the Valley of the Sun United Way to create 1,000 PH units for CH homeless.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Local studies or non-HMIS data sources, Stakeholder discussion, HUD unmet need formula

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters)

The unmet need was determined by first using the HUD formula for calculating the unmet need and then members of the Planning Subcommittee (Gaps Analysis Group) reaching consensus on a recommended unmet need to the CoC Committee. In addition to the results of the unmet need formula, the group considered the homeless street and shelter count data, data from HMIS, the Housing Inventory Chart, turn-away data from the shelter hotline and provider expertise on gaps in beds that exist within the community.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

Is there a governance agreement in place with the CoC? No

If yes, does the governance agreement include the most current HMIS requirements?

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The CoC and the HMIS Lead Agency do not have a formal governance agreement. The HMIS Lead Agency, Community Information and Referral Services, has been designated as the Lead Agency by the CoC and currently has a contract with HUD to perform all HMIS functions on behalf of the CoC. A formal governance agreement will be drafted in the coming year. The CoC is receiving technical assistance as a Priority Community to enhance the Governance structure of the CoC. This work will resume in 2013 and will incorporate the development of a Governance Agreement between the CoC and the HMIS Lead Agency.

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 08/01/2002

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Other

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

We marked "other" to indicate that we have a closed HMIS system and data sharing has been a challenge. During our local application process, we required HUD funded projects to sign a data share agreement that will allow sharing of the Universal Data Elements in HMIS. This is our first attempt at moving toward an open HMIS. In addition, the community includes some small faith-based shelters that are not receiving HUD funds and not participating on HMIS. The HMIS Lead Agency has met with several of these faith-based shelters to discuss HMIS and the benefits to being on the system in hopes of encouraging them to utilize the system. The CoC and HMIS Lead Agency will continue to meet with these groups to discuss HMIS and the benefits for their program and the community as a whole if they were to join us.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	August	2011
Operating End Month/Year	July	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$400,921
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	\$400,921

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	\$2,000
County	\$12,555
State	
State and Local - Total Amount	\$14,555

Funding Type: Private

Funding Source	Funding Amount
Individual	\$10,000
Organization	
Private - Total Amount	\$10,000

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$68,262

Total Budget for Operating Year	\$493,738
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

N/A

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

N/A

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency Shelter (ES) beds	65-75%
* HPRP beds	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

N/A

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	17%
Supportive Services	6%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	3
Safe Haven	8

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	1%	0%
Ethnicity	1%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	2%	0%
Gender	1%	0%
Veteran status	3%	1%
Disabling condition	7%	3%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	4%	18%
Housing status	9%	1%
Destination	34%	5%
Head of household	1%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

The HMIS project has a Data Quality Plan and is currently in the process of updating that plan. The primary measure used by the HMIS project to evaluate data quality in the Continuum is "missing value" and "don't know and refused". The project has multiple data quality reports that provide this type of information to the CoC.

How frequently does the CoC review the quality of client level data? At least Annually

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

The CoC currently reviews the quality of client level data on an annual basis. However, the Data Quality Plan is in the process of being revised and the frequency of data review will be increased. Data quality will become part of the project performance review that will be done by the CoC in partnership with the HMIS Lead Agency. Programs identified as concerning will be evaluated quarterly and be required to develop an improvement plan.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Quarterly
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** Never
- Measuring the performance of participating housing and service providers:** At least Annually
- Using data for program management:** At least Annually
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	Never
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Quarterly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 02/01/2012

**If 'Yes', does the manual include a glossary of
terms?** Yes

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):**

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly
* Policy and procedures	At least Monthly
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

N/A

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		15%		85%
Transitional Housing		10%		90%
Safe Havens				100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Overall, there was a 16% increase in the total persons sheltered from 2011 to 2012. There was a 37% increase in the total number of people in families and a 9% decrease in the number of singles. Therefore, our increase can be attributed to an influx in the number of homeless families in our CoC. Our HMIS data shows that the three primary reasons for homelessness are "lack of financial resources", "loss of job", and "evicted". These reasons are consistent with the downturn in the economy.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The increase in the number of people in families indicates that there is a need for additional housing and resources for homeless families. Rapid re-housing for families (and singles) was identified as a need for our CoC.
* Services	The increase in homeless families indicates a need for additional services and resources for homeless families. Prevention resources and rapid re-housing are needed to quickly stabilize families before they become homeless.
* Mainstream Resources	Connection to mainstream resources is critical for the individuals and families experiencing homelessness. Information collected in the PIT count indicate that families need to be connected to these resources to prevent homelessness and help them to quickly stabilize once they become homeless.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The Continuum of Care used a combination approach in conducting the 2012 PIT Shelter Count. The combination included data from HMIS for all providers reporting in our CoC HMIS. For providers not using HMIS, such as Domestic Violence providers, a survey was administered. The data reported from HMIS was combined with the data received from the survey for our overall CoC Shelter Count. The data collected from HMIS and the survey was confirmed with the agency prior to finalizing the data that was reported in the HDX. Instructions were provided to the agencies prior to running the HMIS report informing agencies that the data was being collected from HMIS and the importance of ensuring that accurate and complete data was entered in the system to ensure an accurate report of clients.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

N/A

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The CoC used two methods for collecting data for the shelter count. We used an HMIS report to collect data from all shelters on HMIS. For shelters not on HMIS, like DV shelters and some small faith-based shelters, we conducted an electronic survey via Survey Monkey. The data from HMIS and the Survey Monkey was combined to get a complete report. Providers had an opportunity to review and approve their data on behalf of their shelter to ensure accuracy. They reviewed the total numbers as well as data on subpopulations. Shelter staff received instructions prior to the date of the count with important information and guidance on ensuring accurate data in both HMIS and the Survey Monkey tool. Technical assistance was provided, on an as-needed basis, to shelters needing assistance with completing the survey.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	<input checked="" type="checkbox"/>
Training:	<input type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Data was collected through HMIS. Instructions were provided to shelter staff explaining the importance of an un-duplicated shelter count, when the count was to take place, and details about completing the HMIS shelter survey. It was explained that the shelter count is an actual count of persons sheltered and does not include estimates or people not sheltered that day. The data gathered from HMIS was combined with data from an electronic survey for those shelters not in HMIS. Cross-checking was done by data collection staff and provider staff to ensure that information was accurate. HMIS staff reviewed the shelter count information and completed a cross-check of data reported with the shelter staff.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The CoC used HMIS plus a survey (for non HMIS users) to complete the PIT shelter count. Providers received notification of the methods being used for the count a month prior to the date of the count. They were informed of the process that would be used to collect the data and were encouraged to help ensure accurate data by entering all clients completely and accurately in HMIS as well as in the electronic survey. The importance of accurate data was conveyed through communication on multiple levels including email, discussions at meetings, and one-on-one communication. A report was run from HMIS to collect data from all shelters in HMIS. This data was combined with the data collected via Survey Monkey. Shelter providers had an opportunity to review the data and confirm it prior to submission. Any data discrepancies were worked out between the CoC lead and the shelter provider prior to data submission to ensure accurate data quality.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? biennially (every other year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2011

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? No

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

The CoC did not conduct an unsheltered count in 2012. Up until 2012, our CoC has always conducted an annual unsheltered count. The CoC made a decision not to conduct an unsheltered count in 2012 because we decided instead to spend time improving our unsheltered count methodology. A Street Count Working Group was created and met over a six month period with the charge of developing an improved count methodology. The CoC approved the new approach in August of 2012 and the new unsheltered count methodology is being implemented in January 2013.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

We did not conduct an unsheltered count in 2012 so we are not able to compare the data from 2011. However, we did conduct a Statewide survey of unsheltered persons during the summer of 2012. It was not a PIT count but rather an extensive survey of persons on the street across the entire State of Arizona. The data from the summer survey is still in the process of being analyzed and reported to the State's Interagency Council on Homelessness. This data will be used to provide additional information about the homeless population throughout the State.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

N/A

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The 2011 unsheltered count was a public places count which included a brief interview. The interview included questions to determine chronic homelessness status as well as whether or not the person had served in the U.S. Military. The count was conducted in all 25 cities and towns throughout our CoC. Coordinators were identified for each city and were responsible for volunteer recruitment and assignments within their city. Volunteers were trained on how to conduct the count and collect the information needed. They were assigned a specific area to count within their city and canvassed the area on the night of the count. Volunteers were trained to only count in their assigned area to reduce duplication. Volunteer trainings were conducted and focused on data collection and techniques toward reducing duplication. Volunteers collected responses and submitted their data to the Coordinator for their city. The Coordinator verified the data for their city and then submitted the data to the CoC lead agency. The CoC lead agency compiled all of the data on behalf of the CoC and verified accuracy with each city coordinator.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

N/A

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

The CoC lead works with and provides training and technical assistance to Street Count Coordinators in all 25 municipalities in the region. The Street Count Coordinators are trained on best practices for conducting a homeless street count, on preventing duplication, and on effectively counting unsheltered homeless persons. An emphasis is placed on preventing duplication. Maps were provided to volunteers with the geographic boundaries of their assigned counting areas. Volunteers were trained to only count persons in their assigned area and to not go outside of their assigned area. Volunteers were trained to ask if the person they were surveying had already participated in a survey. If so, they were trained to stop the interview. Training sessions were held prior to the count and on the night of the count. Time was dedicated during the training which focused on the importance of an accurate and un-duplicated count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

The CoC has prioritized permanent housing and supportive services, specifically rapid re-housing, for homeless families. Additional beds are being created in the community for homeless families. Our CoC participated in HUD's Family Options study and have learned from the study about appropriate housing interventions for the families in our region. In addition to our focus on adding new housing options, the CoC is in the process of developing a Coordinated Assessment system. This system will reduce the number of unsheltered families by quickly and effectively assessing their needs and assigning them to the most appropriate housing and services solution.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

Many efforts are in place across the region to identify and engage persons sleeping on the street. There are 13 homeless outreach teams across the region who regularly conduct street outreach and engage with people on the street. An outreach collaborative has formed over the past two years and is focused on coordination efforts among the outreach teams. In addition, Project H3 and H3 Vets, our local 100,000 Homes campaign, have conducted outreach and vulnerability assessments to rapidly re-house the most vulnerable homeless persons on the street. These efforts have successfully engaged and housed our most vulnerable population. In addition, monthly Project Homeless Connect events are held throughout the region. The Project Connect events bring together service providers and housing providers, as well as mainstream benefit agencies, together in one location with the goal of providing streamlined housing and services to the homeless individuals and families in the region. Transportation to the events are provided to those who need it. People are often connected to multiple resources during these events that assist them in getting off the streets and into housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	882
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	1,132
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	1,632
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	1,882

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The CoC Lead Agency Maricopa Association of Governments, in partnership with Corporation for Supportive Housing, Valley of the Sun United Way, and housing providers will create 250 new permanent supportive housing beds for chronically homeless individuals and families. In addition, an effort will be made to educate the Public Housing Authorities on and applying for Family Unification Program (FUP) vouchers.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The CoC Lead Agency Maricopa Association of Governments, in partnership with Valley of the Sun United Way (VSUW) and Corporation for Supportive Housing has a goal of creating 1,000 units of permanent supportive housing for chronically homeless by 2015. In addition, an effort will be made to encourage Public Housing Authorities to adopt a plan to set aside ten percent of housing units for chronically homeless families. VSUW has a permanent supportive housing implementation team, made up of public and private sectors, to implement the plan. The Corporation for Supportive Housing will hold permanent supportive housing institutes to increase capacity in the CoC to create and sustain additional PSH beds.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

The increased number of permanent supportive housing beds in the community designated for chronically homeless individuals and families will allow the CoC to quickly house the chronically homeless population in our community. This effort aligns with the national goal of ending chronic homelessness by 2015 as we plan to create 1,000 new units of PSH for chronically homeless by 2015. Our efforts to house the chronic homeless population in the CoC will contribute to the national effort.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 90%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 91%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 92%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC Lead Agency, Maricopa Association of Governments (MAG) will provide best practices training for providers on working with challenging clients on overcoming barriers so that clients can retain housing and stay in the program. MAG will provide best practices training on developing and maintaining landlord relationships to improve housing retention. The AZ Behavioral Health Corp. Housing Specialist/Benefit model of services will be expanded to agencies that do not have the expertise or resources to provide this specialized service.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

SOAR will be implemented on a CoC-wide regional basis by Valley of the Sun United Way and Corporation for Supportive Housing. All provider staff will be trained on utilizing the SOAR model of connecting clients to SSI and SSDI resources. Maricopa Association of Governments will evaluate and monitor performance of all HUD-funded PH projects. Projects that are not achieving 80 percent or more will be required to develop an action plan to improve their performance. They will be monitored quarterly and be given technical assistance and matched with high performing peer providers to increase performance. Programs that are unable to improve their performance will be considered for reallocation or re-purposing of funds.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 78%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC Lead Agency, Maricopa Association of Governments (MAG) will provide training and technical assistance on removing barriers that prevent people from moving from TH to PH. Such as best practices in dealing with substance abuse and mental health issues. MAG will evaluate and monitor the performance of transitional housing providers. Programs that are not at 65 percent or more will be required to develop an action plan to increase their performance. The low performing programs will be monitored on a quarterly basis, will receive technical assistance, and will be partnered with high performing peer programs in an effort to improve their performance.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC Lead Agency, Maricopa Association of Governments (MAG) will require low performing TH providers to routinely help their participants apply for subsidized housing and connect their clients with mainstream resources. MAG will evaluate and monitor the performance of all HUD-funded TH programs. Low performing programs will be identified and given an opportunity and technical assistance to improve. Programs that are unable to improve performance will be considered for funding reallocation or re-purposing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 36%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 36%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 37%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 37%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

The CoC Lead Agency, Maricopa Association of Governments (MAG) will partner with the HMIS lead agency Community Information and Referral to incorporate and track this measure in HMIS. MAG will conduct training for Case Managers and other program staff on connecting clients to employment opportunities.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

The CoC Lead Agency Maricopa Association of Governments (MAG) will develop relationships with employment service organizations and involve them in the Continuum of Care with hopes of creating new employment opportunities for participants in CoC funded programs. The number of employment and volunteer opportunities for participants will be expanded throughout the region.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 29%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 29%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 30%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 50%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC Lead Agency Maricopa Association of Governments (MAG) will coordinate training directed to all CoC funded projects on the Health-e-Arizona on line application. The application can be used to apply for medical assistance, nutrition assistance, and cash assistance. This covers many of the mainstream benefits including AHCCCS health insurance, KidsCare, nutrition assistance, and temporary assistance for needy families (TANF). In addition to applying for assistance, training will also be conducted on how to use Health-e-Arizona to check the status of an application. MAG will evaluate the performance of all CoC funded programs on connecting clients to mainstream benefits. Programs that are low performing in this area will be required to develop an action plan for improving performance. Technical assistance will be provided by connecting low performing programs to high performing programs, as a peer learning group.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

All CoC funded projects will be trained on utilizing the SOAR model to connect clients to mainstream programs, MAG will coordinate this training. Staff will be dedicated to assist chronically homeless participants in obtaining the records needed to complete an application. In addition, provider staff will help the participants complete a successful application and will track the status of the application. Staff will assist participants through the appeals process, if necessary. The CoC will continue to work with state agencies to develop a common application form for mainstream benefits. MAG will monitor agencies performance in this area. Programs that are consistently low performing, and unable to improve, will be considered for funding reallocation or re-purposing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 683%
- In 12 months, what will be the total number of homeless households with children?** 658%
- In 5 years, what will be the total number of homeless households with children?** 400%
- In 10 years, what will be the total number of homeless households with children?** 200%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

MAG will encourage providers in the CoC to take advantage of every opportunity to secure federal grants to provide housing and services to decrease the number of homeless individuals and families. CoC stakeholder agencies will encourage the Housing Authority to preserve opportunities for HUD VASH vouchers and Section 8 for extremely vulnerable families. MAG will maximize community resources through coordinated assessment and assign individuals and families to the proper intervention at first contact. MAG, the CoC Lead Agency, will work with the HMIS Lead Agency, Community Information and Referral, to establish baseline data aligned with HEARTH and closely manage the outcomes with CoC funded providers.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC Lead Agency, MAG, will require, through coordinated assessment, that a common and consistent assessment tool be used and that individuals and families are assessed and placed in the most appropriate housing and services programs based on their needs as determined through common assessment. The CoC stakeholders will increase the inventory of affordable permanent housing for individuals and families at 30 percent area median income. The CoC Lead Agency, MAG, will increase the number of Rapid Re-Housing beds available for homeless families.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

N/A

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

N/A

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

It is policy that the Dept. of Economic Security (DES) shall not transition a young adult to a state of homelessness. The Director of AZ DES co-chairs the State Commission on Housing & Homelessness which ensures coordination of this population. Youth are supported to exit care and avail themselves of aftercare services which may include funding for room & board costs. A case plan meeting when discharge is imminent, shall be held and the dept. shall ensure an appropriate discharge plan which includes: the plan to meet the identified needs gathered from the comments, recommendations, & requests of the youth, caregiver & service team members & specific plans for obtaining services. The dept. shall explore suitable resources & ensure the child & caregivers are provided sufficient information to enable them to contact the service provider & initiate services identified in the discharge plan. HMIS ID's any clients that may have come from foster care. This protocol is reviewed annually.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Protocols among state agencies provide that youth exiting foster care shall not be released to homelessness. Resources are dedicated to support the policy. A representative from the AZ Department of Economic Security is a member of the Interagency on Homelessness to ensure continued discussion and coordination concerning fostered youth transition. The implementation date for this protocol was 1/1/08.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Arizona Department of Economic Security is the State agency responsible for the Foster Care System and ensuring there is a discharge plan. The DES State Homeless Coordinator is a member of the Continuum of Care Committee and actively participates in activities related to discharge planning. The State also

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

It is the State's policy that "the department shall not transition a young adult to a state of homelessness". A case plan meeting shall be held when a decision to remove a young adult from continued placement is under consideration. The department shall ensure an appropriate discharge plan is developed for all youth served which includes: the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and specific plans for obtaining any identified services. The department shall explore suitable resources and ensure the child and caregivers are provided sufficient information to enable them to contact the service provider and initiate services identified in the discharge plan.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

N/A

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

In AZ, primary health care is provided by the AZ Dept. of Health Services, the public and behavioral health state agency that is represented on the AZ Commission on Homelessness and Housing. In 2011, the AZ Dept. of Health Services pursued and obtained a grant to develop an at-risk managed care program for the complete physical and behavioral health care needs via health homes for adults with SMI. The goal of health care plan is to establish healthy homes focusing on maintaining success of transformative initiatives through our Integrated Health Home Project (IHH). The IHH seeks to facilitate the integrated deliver of physical health care for clients. this model seeks to address barriers clients have and move clients to recovery with a holistic approach.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC does not have a discharge plan for health care because the discharge plan is a State Mandated Policy. However, the CoC does participate in discharge planning working groups as part of the Arizona Commission on Homelessness and Housing.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders include the Arizona Department of Health Services and the Arizona Commission on Homelessness and Housing.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Persons may go to health homes, or at risk management care facilities. The State agency actively addresses discharge planning to ensure that persons released from health care facilities are not released homeless.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

N/A

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Sections 3.17.7-F and 3.8 AZ Dept of Health Services PROVIDER MANUAL covers transitions & re-engagement activities of persons being discharged from inpatient settings. Key components of the discharge plan, developed upon admission, include the review of medical necessity criteria for inpatient admissions, the requirements for completing hospital discharge plans & the review and/or modification of the recipient's Individual Service Plan. Housing is critical to the recipient's recovery. In order to get this accomplished, the recipient and Case Manager (CM) will complete a housing assessment, & ID their rehabilitation needs. The CM will schedule a meeting w/all interested & applicable parties, including the recipient, hospital staff, Housing ACT Team Clinical Team, probation/parole officer & any other person recipient would like to invite (i.e. family) to discuss housing-related needs and re-engagement activities, so that a successful discharge can occur.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC does not have a discharge plan for health care because the discharge plan is a State Mandated Policy. However, the CoC does participate in discharge planning working groups as part of the Arizona Commission on Homelessness and Housing.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders include the Arizona Department of Health Services, our Regional Behavioral Health Agency - which is currently Magellan, and the Arizona Commission on Homelessness and Housing.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Sections 3.17.7-F and 3.8 AZ Dept of Health Services PROVIDER MANUAL covers transitions & re-engagement activities of persons being discharged from inpatient settings. Key components of the discharge plan, developed upon admission, include the review of medical necessity criteria for inpatient admissions, the requirements for completing hospital discharge plans & the review and/or modification of the recipient's Individual Service Plan. Housing is critical to the recipient's recovery. In order to get this accomplished, the recipient and Case Manager (CM) will complete a housing assessment, & ID their rehabilitation needs. The CM will schedule a meeting w/all interested & applicable parties, including the recipient, hospital staff, Housing ACT Team Clinical Team, probation/parole officer & any other person recipient would like to invite (i.e. family) to discuss housing-related needs and re-engagement activities, so that a successful discharge can occur.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

N/A

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC follow state policies. Before release, focus is given to preparations that enhance successful re-entry. The Arizona Department of Corrections (ADC), collaborating with state and local partners, provides re-entry classes, pre-release assistance with housing and referrals for community services to all inmates. Pre-release assistance to qualify for community health services is given to specialty populations. ADC works with the Social Security Administration to re-qualify prior to release inmates who were on SSDI benefits before incarceration. For released inmates, the focus is on stable housing and access to case management, supervision and services, provided by ADC's Community Corrections staff. An inmate submits at least three release housing possibilities, such as private residences or halfway houses. In FY12, the homeless rate for Arizona releases was 5%. To address this issue, ADC opened a Southern Region Community Corrections Center in Tucson in late 2012. The center offers re-entry and sanctions services and will house offenders unable to secure other viable housing.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC does not have a discharge plan for health care because the discharge plan is a State Mandated Policy. However, the CoC does participate in discharge planning working groups as part of the Arizona Commission on Homelessness and Housing.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders include the Arizona Department of Corrections, Social Security Administration for benefits, and the Arizona Commission on Homelessness and Housing.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Pre-release assistance to qualify for community health services is given to specialty populations. ADC works with the Social Security Administration to re-qualify prior to release inmates who were on SSDI benefits before incarceration. For released inmates, the focus is on stable housing and access to case management, supervision and services, provided by ADC's Community Corrections staff. An inmate submits at least three release housing possibilities, such as private residences or halfway houses. In FY12, the homeless rate for Arizona releases was 5%. To address this issue, ADC opened a Southern Region Community Corrections Center in Tucson in late 2012. The center offers re-entry and sanctions services and will house offenders unable to secure other viable housing.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: 1-Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to homeless individuals and families.2-Leverage funding, services and housing to end homelessness in the region by creating new partnerships and strengthening collaborative relationships; 3- Coordinate an effective network to prevent people from becoming homeless; 4-Raise awareness and support for coordinated responses to end homelessness in the region.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The CoC is working with the ESG jurisdictions in a collaborative way to ensure that funding that was previously provided through the HPRP program may continue through either CoC or ESG funding. Many of the ESG jurisdictions are using ESG funding to provide Rapid Re-housing funds. In addition, many of the ESG jurisdictions are using ESG to provide prevention funding. The CoC is also has a Rapid Re-Housing grant funded through the CoC Program funds. The CoC and ESG jurisdictions have plans to map out current funding and identify gaps in 2013.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The CoC has a funding collaborators group, which meets on a quarterly basis and includes the ESG jurisdictions. These jurisdictions also provide NSP and CDBG funding as well as ESG. The collective group has set a goal for 2013 to map out all of the funding for homeless programs available in our CoC. The purpose of the mapping is to identify the type of funding that is currently being provided, for which providers and for what services. This will help in identifying funding gaps in the community and will assist in making thoughtful funding decision on a collaborative level in the future. In addition, our community is participating in the Housing Boot Camp initiative to streamline the HUD-VASH process in housing homeless veterans. Our group attended the event in Colorado held late in 2012 and was represented by the Continuum of Care Committee. We have already had success with this process of improving the HUD-VASH process. We expect to have great outcomes in 2013 related to improving the process and housing homeless veterans.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: The CoC requires all HUD-funded homeless assistance providers to have a policy in place within their agency to ensure that children are enrolled in school and connected to the appropriate services in our community. This is a requirement in our annual funding application process at the local level.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The CoC has partnered with the Arizona Department of Education to conduct training for homeless and domestic violence providers on the education provision of the McKinney-Vento Act. Providers are given an overview of the McKinney-Vento Act, are informed on the education rights of homeless children, and provided with additional resources to ensure success when working with homeless families. The coC has also met with the Arizona Department of Education and the LEA's to discuss gaps and ways to better coordinate with each other to ensure homeless families are informed of their eligibility for resources and services. School Liaisons are invited to attend and participate in the CoC and are also partners in identifying families for the PIT street count.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC has provided notification to homeless and domestic violence providers of the requirements under the HEARTH Act that families are not separated. Providers are aware of the regulations under HEARTH related to keeping families together. The CoC will address this in the development of the Coordinated Assessment System for our region. Once Coordinated Assessment is in place, families will be assessed and referred to the program that best meets the needs of the entire family. Policies will be in place within the assessment system to ensure that families are not separated.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The CoC participated in the development of the Arizona Action Plan to End Homelessness Among Veterans and participated in the annual Veterans Summit to ensure alignment of Federal, State, and local plans to prevent and end homelessness among veterans. The CoC is involved with the Arizona StandDown and Project CHALENG. One of the newest strategies to combat homelessness among veterans is through Project H3 VETS. Is is a special initiative following the 100,000 Homes model to house chronically homeless veterans. In addition our CoC is participated in the HUD-VASH Boot Camp process, forming a team to improve the HUD-VASH process. Organizations include the City of Phoenix, the Department of Veteran's Services, the VA Medical Center, the CoC, multiple housing and services programs. This effort is consistent with the housing and homeless veteran goals in the CoC Plan, the Veteran's Plan, as well as the Arizona Commission on Homelessness and Housing plan. A veterans working group has been created to coordinate the CoC's Coordinated Assessment and the Veteran's Coordinated Resource and Referral Center (CRRRC). The working group discussed gaps and will be working to implement action steps to meet those gaps.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Current efforts include outreach teams, drop-in-centers, housing and services programs specifically working with the homeless youth population. Some of the organizations addressing this population are Tumbleweed, Native American Connections, HomeBase Youth Services, 1 in 10, Stand Up for Kids, and various youth networks. The CoC Plan to End Homelessness strives to end homelessness among all homeless populations, including homeless youth. The CoC has identified that additional housing and services are needed in the CoC to appropriately end homelessness for this population. Efforts will continue in the CoC to develop a plan to successfully house and serve this population.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

N/A

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The CoC conducts a quarterly meeting of all ESG jurisdiction in the region of the CoC. The purpose of the meeting is to encourage coordination and collaboration on a regional level. ESG jurisdictions share their plans with each other for deleoping their funding applications and priorities. They also share tools with each other and discuss which program in the region are being funded by their program. The CoC and ESG jurisdictions have also met regarding devloping a streamlined way to measure performance and to develop a funding table, representative of the entire region, that indicateds what programs are funded and by what source. We strive to develop a system for mapping the funding sources of the CoC and ESG in a collaborative effort to ensure smart funding decisions are being made.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The AZ Department of Housing as well as the jurisdictions within the CoC take an active role in the education and training of housing providers to ensure awareness of fair housing laws. Housing providers are encouraged to and sometimes required to attend fair housing law training and market their housing opportunities according to the law. Fair housing trainings and workshops are provided throughout the state of Arizona. At least four fair housing workshops are conducted within each of the 13 rural counties in Arizona per year, with Pima and Maricopa Counties receiving at least two workshops per year. Education of Fair Housing was identified as a goal under our CoC's technical assistance plan as a priority community. One of the deliverables is to conduct a training on Fair Housing Laws for all CoC-funded programs as well as non CoC-funding housing providers. This training will take place in the Spring or Summer of 2013 and will include marketing procedures to ensure compliance with the law.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC has a Regional Plan to End Homelessness, developed in 2009. The CoC is actively implementing the action steps in the Regional Plan. The CoC participated in the development of the State's Plan the Prevent and End Homelessness and is involved in the work at the state level to align the CoC plan and State plan with the Federal Strategic Plan. Although the plan is meeting the needs of many homeless individuals and families, the CoC has identified gaps and is working to improve our system to meet the needs of all homeless persons. We have developed a plan to create a Coordinated Assessment System that will improve the housing and service delivery system in the CoC.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The CoC provides the goals, performance measures, and goal achievement to the Conolidated Plan jurisdictions in the CoC. In addition, the CoC reviews the goals in the Consolidated Plan for alignment. The CoC provides data, such as the street and shelter count data to the jurisdictions as well.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The goals in the plan are reviewed twice a year and progress on the action steps in the plan is assessed. In addition to the Regional Plan, the CoC is receiving techncial assistance, as a priority community, to implement CoC priority action steps. We are actively involved in developing a Coordinated Assessment System, assessing the effectiveness of our transitional housing programs, and focusing on aligning our governance structure with the HEARTH Act.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC has been collaborating with the AZ Commission on Homelessness and Housing since it was formed and recognized by the state. We have developed our plans in alignment with each other and have taken steps to ensure alignment with the Federal Plan. Barbara Poppe visited our CoC during the summer of 2012 and presented to the CoC and the State on the Federal Plan and the importance of alignment. We are a CoC Priority Community, as identified by HUD, and have developed an action plan that will specifically align our CoC goals with the HEARTH Act and of those in Opening Doors. We have begun the first phase of implementation and will continue once the NOFA blackout period ends. The jurisdictions within the CoC are active members of the CoC and part of this collaborative process.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities, Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The CoC and ESG Jurisdictions have formed a collaborative working group which meets on a quarterly basis. The group reviews federal guidelines and uses the meeting as a capacity building session. Funding models are shared among all ESG jurisdictions in the CoC ideas are vetted, policies are discussed, and performance standards are shared. The group plans to continue meeting on a quarterly basis in 2013 and will develop a more detailed plan for aligning the performance evaluation piece with the CoC's own performance evaluation process. We have begun discussions on this topic and are prepared to develop a formal process in 2013.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	661	Beds	882	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	90	%	90	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	69	%	74	%
Increase the percentage of homeless persons employed at exit to at least 20%	31	%	36	%
Decrease the number of homeless households with children	658	Households	683	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Our CoC achieved four out of five of the national objectives. We did not meet our goal of decreasing the number of homeless households with children. The number of homeless households increased by 25 households from 2011 to 2012. Unfortunately, our CoC has experienced an increase in the number of homeless families in shelter. Shelter providers report more families seeking shelter and services and HMIS data indicates that the main reason for homelessness among families is because of loss of job/income and eviction. Therefore, we feel that the downturn in the economy is a factor that has increased the number of homeless families in our CoC. We have a high unemployment rate, high foreclosure rate, and are starting to see the impact of those factors. In addition, the Arizona Department Education reports an increase in the number of homeless kids in school who are doubling up. If that temporary housing alternative falls through for that family then they may end up on the streets or in our shelter system. The CoC has identified this as a critical issue in the community and are working strategically with the jurisdictions within the CoC to ensure that prevention and rapid re-housing are available options for these families.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC developed a Performance Evaluation plan and measurement tool that was approved and implemented in August 2012. The CoC is monitoring performance on an annual basis at a minimum and on a quarterly basis for projects that are identified as being "low performing". Our scoring tool was integrated into HMIS so that we can pull HMIS, mostly APR data, from our system and compare programs with like programs. Agencies identified as poor performing are required to develop an improvement plan and are monitored quarterly and will receive technical assistance to improve.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

Projects that are identified as low performing will receive technical assistance from the CoC Lead Agency staff as well as be matched with a high performing program of similar nature. The goal in the CoC is to work with low performing projects so that they can become high performing projects.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

We have incorporated a "Peer Learning Communities" as part of our local performance evaluation process. Peer learning communities are a community of programs of similar nature. For example, all of our transitional housing programs are part of a community, all of our permanent housing programs are part of a community and our supportive service only providers. The purpose of the learning community is to increase the capacity of each project by creating a network of providers with the same goals. Within the learning community, they are encouraged to share ideas and best practices with each other as well as talk through challenges and way to overcome barriers. The CoC approved this new process in August of 2012 and it is being implemented in 2013.

Does the CoC have any unexecuted grants awarded prior to FY2011? Yes

If 'Yes', list the grants with awarded amount:

Project Awarded	Competitio n Year the Grant was Awarded	Awarded Amount
City of Mesa, ARM of Save the Family	2010	\$418,740
NA	NA	\$0
NA	NA	\$0
NA	NA	\$0
NA	N/A	\$0
Total		\$418,740

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC is working with the HMIS Lead to develop a tracking method through HMIS to collect this data. In addition, we have developed a survey that will be issued during the PIT street count that will ask for length of homelessness. The HMIS Lead is actively research this and following the HUD data collection standards as they are developed.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC is working with the HMIS Lead to develop a tracking method through HMIS to collect this data. In addition, we have developed a survey that will be issued during the PIT street count that will ask for episodes of homelessness. The HMIS Lead is actively research this and following the HUD data collection standards as they are developed.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

Valley of the Sun United Way, a CoC member agency, coordinates a homeless outreach team collaborative group. The group is made up of all the outreach team members within the CoC. Procedures have not been developed but the outreach teams are actively coordinating and collaborating with each other. During their collaboration meetings they discuss ways to work better together to ensure that outreach is doing in an efficient way. A one-day summit was held last year in which the outreach teams received training on Trauma Informed Care. They are also involved with collaborative outreach efforts and have been actively involved with our local 100,000 Homes Campaign called Project H3 and H3 Vets. The relationships outreach teams develop with homeless persons on the street carries over into their housing placement. Many exciting things are happening in the CoC regarding outreach teams working toward housing solutions.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

Homelessness prevention is one of the key goals in the Regional Plan as well as the Statewide Plan. We have funded Rapid Re-housing programs to quickly rehouse homeless persons. Members of the ESG Jurisdictions serve on the CoC and are an important part of the prevention solution as ESG funding is used for prevention. The jurisdictions operate Community Action Programs which provide utility assistance as well as food assistance and basic needs assistance. The jurisdiction work with local faith based groups as well to supplement resources in these areas. The CoC is in the process of developing a Coordinated Assessment System for the entire CoC region. The jurisdictions have participated in the working group meetings to develop the Coordinated Assessment design. The Coordinated Assessment system will work to divert people from becoming homeless by connecting them to mainstream resources and other services in the CoC that meet their needs. We also have a 2-1-1 system that operates in our CoC. 2-1-1 operators provide referrals for all services, including prevention services, throughout the CoC.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

N/A

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

N/A

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	615	654
2011	789	672
2012	764	882

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC requires CoC-funded providers to use the HUD-recommend methods of determining chronic homeless status. Providers must follow the HUD record keeping requirements for serving the chronic homeless population. Provider are referred to the HUD SHP Desk Guide and resources available on HUD Homelessness Resource Exchange for guidelines. In addition, some providers use the Vulnerability Instrument to determine the chronically homeless population at the highest risk. Housing Barriers assessments are also used to identify and house the hardest to serve homeless population. (We did not conduct a street count in 2012 so we do not have a CH population number reflective of a 2012 count.)

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

221

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

N/A

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$1,731,362				\$725,822
Total	\$1,731,362	\$0	\$0	\$0	\$725,822

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	565
b. Number of participants who did not leave the project(s)	2661
c. Number of participants who exited after staying 6 months or longer	495
d. Number of participants who did not exit after staying 6 months or longer	2415
e. Number of participants who did not exit and were enrolled for less than 6 months	263
TOTAL PH (%)	90

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1334
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	986
TOTAL TH (%)	74

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 1,328

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	444	33%
Unemployment insurance	24	2%
SSI	173	13%
SSDI	151	11%
Veteran's disability	20	2%
Private disability insurance	1	0%
Worker's compensation	3	0%
TANF or equivalent	59	4%
General assistance	23	2%
Retirement (Social Security)	2	0%
Veteran's pension	9	1%
Pension from former job	7	1%
Child support	45	3%
Alimony (Spousal support)	9	1%
Other source	118	9%
No sources (from Q25a2.)	570	43%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 1,328

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	812	61%
MEDICAID health insurance	811	61%
MEDICARE health insurance	61	5%
State children's health insurance	4	0%
WIC	45	3%
VA medical services	38	3%
TANF child care services	41	3%
TANF transportation services	1	0%
Other TANF-funded services	5	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	5	0%
No sources (from Q26a2.)	285	21%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

The CoC completes an analysis of the project APRs on an annual basis. Projects that are identified as low performers are required to develop an action plan and will be monitored on a quarterly basis. APR data, in addition to other data, is used to assess the performance of each program.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If 'Yes', indicate all meeting dates in the past 12 months:

We do not have a planning committee specific to mainstream programs. However, this is something that the CoC Planning Subcommittee will address at future meetings, beginning in 2013.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? No

If 'Yes', identify these staff members:

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: No

If 'Yes', specify the frequency of the training:

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

N/A

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

Our community held SOAR training on March 27 and 29, 2012 as well as July 19, 2012. In addition, we held a brown bag training for Case Managers at homeless and domestic violence shelters on January 12, 2012.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	80%
Case Managers work with clients to determine if they are eligible for mainstream benefits. If clients are eligible, Case Managers work with clients assisting with completing applications, helping clients obtain necessary documentation, assist with follow up and sometimes provide transportation to and from appointments.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	72%
4a. Describe the follow-up process:	
Case Managers meet with clients on a routine basis to ensure benefits are received. Case Managers assess progres made on eligibility and applications submitted, set now goals with clients, if needed, and follow up with clients and mainstream benefit providers to ensure benefits are received.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

N/A

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

N/A

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

N/A

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

N/A

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

N/A

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ502-Certificati...	01/17/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: AZ502-Certification of Consistency with Consolidated Plan 2991

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/17/2013
1C. Committees	12/17/2012
1D. Member Organizations	01/17/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	01/07/2013
2A. HMIS Implementation	01/07/2013
2B. HMIS Funding Sources	01/04/2013
2C. HMIS Bed Coverage	01/04/2013
2D. HMIS Data Quality	01/17/2013
2E. HMIS Data Usage	01/04/2013
2F. HMIS Data and Technical Standards	01/04/2013
2G. HMIS Training	01/04/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	12/13/2012
2J. Sheltered Data - Collections	01/17/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	12/28/2012
2N. Unsheltered Data - Coverage	12/28/2012
2O. Unsheltered Data - Quality	01/17/2013
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Objective 6	01/17/2013
Objective 7	01/17/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/17/2013
3C. CoC Coordination	01/17/2013
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4A. FY2011 CoC Achievements	01/17/2013
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4F. Section 3 Employment Policy Detail	01/07/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/07/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/07/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required